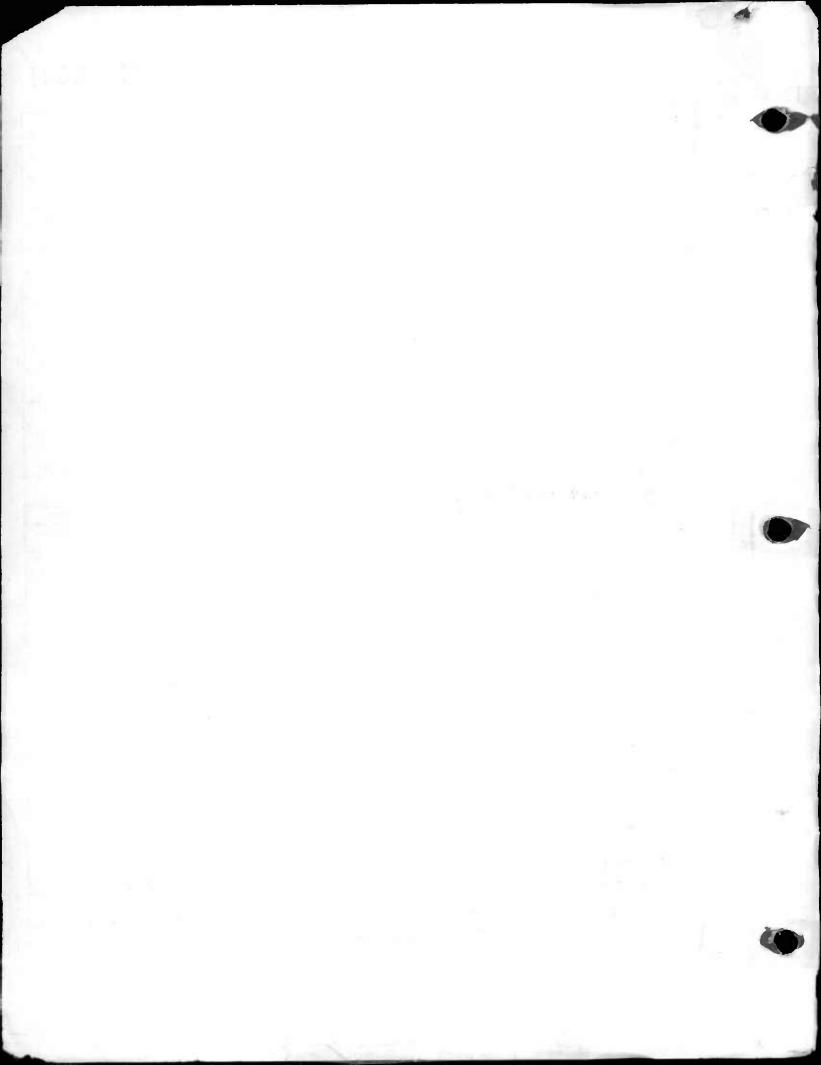
DHMH-16 Rev 1/89

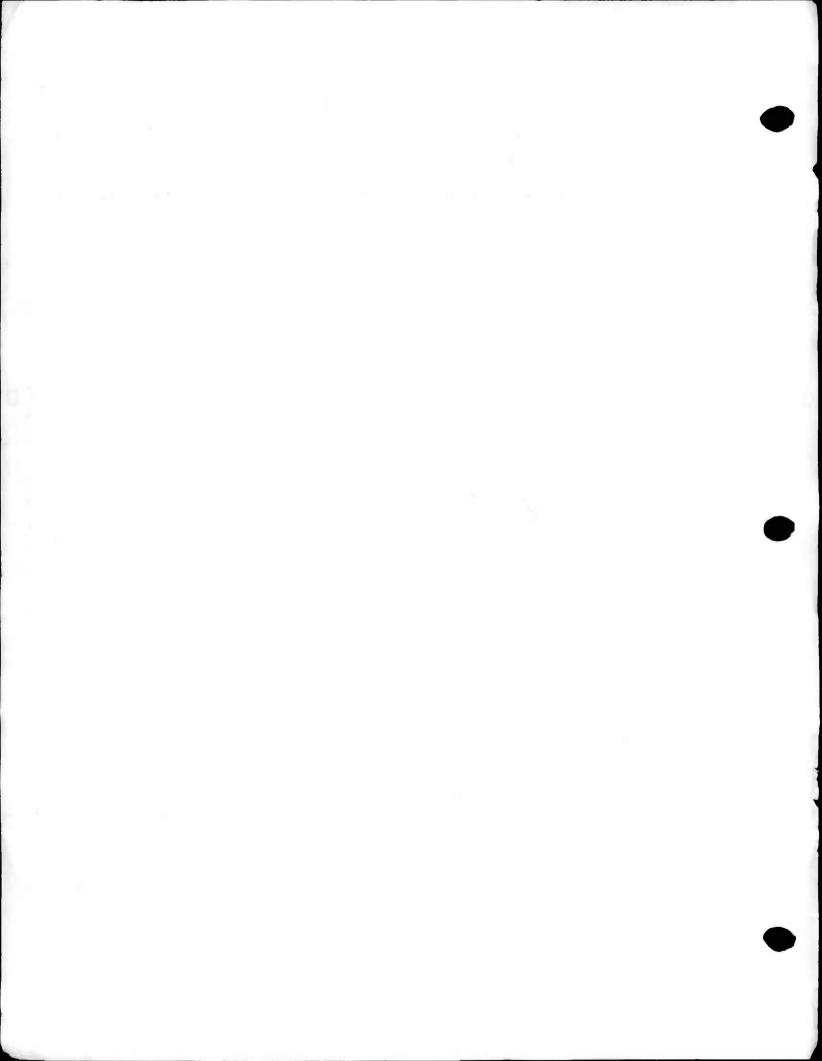
DI ISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	executed within impure after death. Page 6 may be retained by the hospital or attending	and completely filled in by the funeral director, page 5 should be detached for use as the burial cremation, or removal.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
DI' (SION OF VITAL RECORDS, P.O. BOX	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Tends after death. Page 6 may be retained by the hospital or attending physici	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-to-be filled within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	HADODTANT. IS from 90 to marked as from 90 shows an infinite an about the second shows the

	REGISTRAR		CE	RTIF	ICATE O	F DEATH	B	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF			3. TIME OF DEATH	
	Rita Ther	esa Ch	erry				MONTH	23	91	2:05 a	M
	4. SOCIAL SECURITY NUMBER		B. AGE (In yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E	PIRTH		BIRTHPLACE (State or Foreig	
	034 - 18 - 1279	1 🗆 M 2 💢 F	65	YRS.	MONTHS DAYS		(Month, Da	y, Year)		Country)	
	9a. FACILITY NAME (If not institution, give		6.0	2500	Ch CUTY TOWN		Aug. 2	4, 1		assachusetts	i
œ	Memorial H	Joenital				OR LOCATION OF E	DEATH		9c. COUNTY		
DIRECTOR	RESIDENCE OF DECEDENT	tospicai			Las	ton			'	Talbot	
EC	10a. STATE 10b. COUNT	TY		ine CIT	Y, TOWN OR LOC	471011					
뜻	Maryland Queer	n Anne's			sonvil					10d. INSIDE CITY LIMITS?	
7	10e. STREET AND NUMBER	1 1111110 0		-						1 - YES 2 X NO	
FUNERAL	Stoney Bar Bluff	Road, P.O.	Box 52	23		21638				d States	
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARM	MED	13. WAS D	CENDENT OF HISPA	NIC ORIGIN? (S	pecify Yea	or No.— 14.	RACE — American Indian.	_
	1 Never Married 2 Married	FORCES? 1 [0	If yes,	specify Cuban, Maxic S 2 NO Speci	an, Puarlo Ricar	1, alc.)		. RACE — American Indian, Black, While, etc.	
B	3 Widowed 4 Divorced					S ZX NO Speci	ny:			White	
	15. DECEDENT'S EDI (Specify only highest grad	UCATION	16a. DEC	EDENT'S	USUAL OCCUPA	ION	16b. KIN	D OF BUSI	NESS/INDUS		_
Ē	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Giv	re kind of w Do NOT us	rork done during r e retired.)	nost of working	Variates	J	11001	ini	
4	12	conege (1- or o -)	W	ife				Home			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)										
	John W.	Sali	isbury			18. MOTHER'S N.	AME (First, Middle ian	e, Maiden S	umame) L	Lynch	
BE	The supposition of the suppositi										
0	19a. INFORMANT'S NAME (Type/Print) I Debra Ann Weber	Jaugnier	St. 0	nailing	Bar BI	iff Road	Route Number, C	City or Town,	State, Zip Co.	de)	
			P	.0. I	30x 523	,	Grason	ville	, Mar	yland 21638	
	20e. METHOD OF DISPOSITION 1 ☐ Burlel 2 X Cremellon 3 ☐ Ran	Total Samuel Charles	20b. PLACE AF	ND DATE C	F DISPOSITION (Name of	DATE	20c. LOC	ATION - CIN	or Town State	
	4 Donellon 5 Other (Specify)	nover from State	Capito	OI CI	emator	Service	s 9/24	Dove	r. De	laware	
	21. SIGNATURE OF FUNERAL SERVICE LI										
	James H.	Barton, Jr				ton Fune				21617	
	H round	Barter	M.		P.0). Box 22	2, Cen	trevi	11e,	Maryland	
7.	23. PART i. Enter the diseases, or	complications that c	aused the dea	th. Do n	ot enter the m	ode of dyling, aud	ch aa cardlac	or reapin	tory arrest	, Approximate	_
	ahock, or heart failure. IMMEDIATE CAUSE (Final	List only one cause	on aach iina.					200000		Interval Between	
	disease or condition	: F								Onset and De	eath
	resulting in death)	8	160m	ころに	4						
			R AS A CONSECU	UENCE OF):						
CERTIFICATION	Sequentially list conditions,	b	Enter	LYR	ma						
Ě	if any, leading to immediate	DUE TO (OI	R AS A CONSEOL	UENICE OF):						
2	cause. Enter UNDERLYING CAUSE (Disease or injury	c									
발표	that initiated events resulting in death) LAST	DUE TO (OF	R AS A CONSECU	VENCE OF):						
ᇤ	resulting in dastn) LAST	d									
	PART II Other claudiness and dis-										
EDICAL	PART II. Other eignificant condition		eath but not re	sulting in	the underlyic	ng cause given in	Part i. 24a.	WAS AN A		24b. WERE AUTOPSY FINDIN	IGS
8 1	2001 sabbre	-Min					1.5	YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSI	E
								, 120 2		OF DEATH?	
- 1							-			1 TYES 2 NO	
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL										
일	EXAMINER?	HOSPITAL:			OTHER:	LACE OF DEATH (Ch	eck only one)				
₹	1 YES 2 PHO	1 Inpatient 2 E				me 5 🗆 Residence	6 Other (Spe	ecify)			- 4
표	27. MANNER OF DEATH	28a. DATE OF IN. (Month, Day,	JURY Year)	26b. TIME INJU		JURY AT ORK?	28d. DEŞCRIB	E HOW IN.	URY OCCUR	ED	
à l	Natural 5 Pending Accident Investigation					YES 2 NO					
	3 Suicide 6 Could not be	26a. PLACE OF III building, atc	NJURY — At hom	e, larm, st	reet, lactory, offi	ce	28f. LOCATION	V (Street and	d Number or F	Rural Route Number,	
COMPLETED	4 Homicide detarmined	bulling, are	. (Opacity)				City or Tou	vn, State)			
	29a. CERTIFIER	NOIANI T. d		_							
₽ I	(Check only one)	IICIAN: To the best of my	knowledge, deat	th occurred	I at the time, dat	and place, and due	to the cause(a)	and manne	or an atated.		
я I	2 MEDICAL EXAMINE	ER: On the basis of exam	nination and/or im	vestigation	, in my opinion,	death occured at the	Ilme, data and p	place, and	dua to the ca	use(a) and manner as stated.	i.
ш	296. SIGNATURE AND VITLE OF CERTIFIE	R				29c. LICENSE NUI	MBER	1:	9d. DATE SIG	GNED (Month, Day, Year)	_
0	the Value	N				1 12	. 21		D C	lask.	
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATH (ITEM	27) /Time	Print) Gary	r I Spmo	1156	D	1	23/7	
	Co. Com	a 4	00 0	£ . , (. , po, .	(Gary	J. Spro	use, M	.D.,	Queen.	stown, MD	
- 1	31. DATE FILED (Month, Del Year)	100 000000000	UV VY	(A'IN)	Mure.	Ches	3 Du	Mi) 21	658	
	SFP 2 4 1	Q 1 32. REGISTRAR	Signature	-n_78	ndope						



	E	
	If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner mus	
72 hours after death with the State Dept. of Health and Mehtal Hygiene phor to bunal, cremation, or removal.	medical	
anon.	the	
Crem	vent,	
DULIA	atic	
101 101	maeu	
nene pi	other	
Ę	5	
мена	njury.	
III and	any	
or Hea	hows	
Dept.	23 8	
State	Item	
ne	9	
MIT	rked	
death	S Ha	
after	28	
hours	met	
2	=	

1 - STATE REGISTRAR		CERTIFI	CATE O	F DEATH	REG. NO.					
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH DA	YEAR	3. TIME OF DEATH			
	Dorot	thy Jane (Creage	er	10 - 12	0 .	5 p. H			
4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)		ITHPLACE (State or Foreign intry)			
195-07-7781	1 🗆 M 2 💢 F	74 YRS.	MONTHS DAY	s HOOKS MIN.	08-27-1		eelton, PA			
9e. FACILITY NAME (if not institution, give s	street and number)		9b. CITY, TOW	N OR LOCATION OF DE	ATH	9c. COUNTY OF				
FALLSTON GENERAL HOSPITAL FALLSTON MD HARFORD CO.										
10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?										
Maryland Harford Jarrettsville										
10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEN O	F WNAT COUNTRY?			
1935 Youngston Road 21084 U.S.										
11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARMED	13. WAS (DECENDENT OF HISPAN	C ORIGIN? (Specify Yes	or No- 14. R/	ACE — American Indian,			
1 Never Merried 2 Merried	FORCES? 1 [specify Cuben, Mexice YES 2XXVO Specify		Sp	PLACE (State or Foreign 2 Iton, PA Eath PLOCO, 10d. INSIDE CITY LIMITS? 1 YES 2 NO (NAT COUNTRY? S. A. — American Indian, , White, etc. (White, etc. (White, etc. (White) G. 21084 WIN, State Harford e, MD Approximate Interval Batween Onset end Deeth (Weel) Weel Weel Were autopsy findings AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, e) end menner ee stated.			
3 Widowed 4 Divorced	1		1				white			
15. DECEDENT'S EDU (Specify only highest grade	ICATION e completed)	16a. DECEDENT'S L (Give kind of w	JSUAL OCCUP	ATION most of working	18b. KIND OF BUS	SINESS/INDUSTRY	′			
Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIe. Do NOT use	retired.)							
12		Secre	etary		U.	.S.F.&	G.			
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AE (First, Middle, Malden	Sumame)				
James Madis	on Dietr:	ich		Est!	ner Lerch	1				
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	AODRESS (Stre	et and Number or Rural I	loute Number, City or Tow	n, State, Zip Code)				
Robert M. C	reager	1935	Youngs	ton Road,	Jarrettsv:	ille, M	21084			
20a. METHOD OF DISPOSITION 1 ☑ Buriel 2 ☐ Cremetton 3 ☐ Rem	ouel from State	20b. PLACE OF DISPOSI	ITION (Name of	cemetery, crematory or	20c. LO	CATION — City or	Town, State Harford			
4 Donetion 5 Other (Specify)	- Total Holli State	Jarrettsv	ille C	emetery 1	0/16 Jarr	ettsvil	le, MD			
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			E AND ADDRESS OF FA	YILITY					
Thomas K.	Hollank	lem								
23. PART I. Enter the diesesee, or	complications that a	sused the death. Do no								
shock, or haart fallure.	List only ons cour	on each line.	.0	0						
IMMEDIATE CAUSE (Fine)										
resulting in dasth)	B. DUE 79 (0	AS A CONSEQUENCE OF	2				100.75			
1	43	doning	Jan J	butur.			(week)			
Sequentially list conditions,	DUE TO (OF	AS A CONSEQUENCE OF	. 0	1000	- 5		1			
If eny, issding to immediate cause. Enter UNDERLYING	Ch	leasted	V5 /	tudn	me.		1 week			
CAUSE (Disease or injury that initiated events	DUE TO (OF	AS A CONSEQUENCE OF	1		- 1					
resulting in death) LAST	W		,							
							1			
PART II. Other eignificent condition	ns contributing to da	sth but not resulting in	n the undsri	ying cause given in	Part I. 24s. WAS AN	AUTOPSY :	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
					1 _ YES 2	NO	COMPLETION OF CAUSE			
V										
					_					
25. WAS CASE REFERRED TO MEDICAL			20	8. PLACE OF OEATH (Ch	eck only one)					
EXAMINER?	HOSPITAL:	R/Outpatient 3 DOA	OTHER:	Home 5 - Residence	8 Other (Specify)					
27. MANNER OF DEATH	28e. OATE OF IN	JURY / 28b. TIME	E OF 28c.	. INJURY AT	28d. DESCRIBE HOW	INJURY OCCURED)			
1 Natural 5 Pending	(Month, Day,	(bar)/// INJI		WORK?						
2 Accident Investigation 3 Suicide • Could get be	28e. PLACE OF II	NJURY - At Nome, term, a			281. LOCATION (Street	and Number or Rui	ral Route Number			
a Codio Not be	building, etc	:. (Speg(y)//	•,		City or Town, State					
4 Homicide datermined										
200 CERTIFIED		10/4								
290. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my	knowledge, death occurre								
290. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my						se(e) end menner ee stated.			
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	SICIAN: To the best of my				time, data end place, ar		1 1			
29e. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my			on, death occured at the	time, data end place, ar	nd due to the caus	1 1			
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	SICIAN: To the best of my IER On the best of exam	OF DEATH (ITEM 27) (Type,	n, in my optnio	on, death occured at the 29c. LICENSE NUI	time, data end place, ar	29d. DATE SIGN	1 1			
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFY 30. NAME AND ADDRESS OF PERSON WITH	SICIAN: To the best of my IER On the best of exam	nination end/or investigation	n, in my optnio	on, death occured at the 29c. LICENSE NUI	time, data end place, ar	29d. DATE SIGN	1 - 19 mm			
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS ONE) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIED	SICIAN: To the best of my IER; on the best of exame the complete CAUSE S S A Y 32. REGISTRAR:	OF DEATH (ITEM 27) (Type,	Print)	on, death occured at the 29c. LICENSE NUI	time, data end place, ar	29d. DATE SIGN	1 - 19 mm			



TO THE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within the area death. Page 6 may be retained by the hos
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach:
be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

ဥ

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR						GIEN G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)			2.					2. DATE OF DE	ATH DA		YEAR	3. TIME OF DEATH
		Anna	Mae Ch	ance	€				Oct.	11	, 19	991	11:50a M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. ias	st birthday)	IF UNDER			R 24 HRS.	7. DATE OF BIR			8. BIRTH	IPLACE (State or Foreign
	217-12-4134	1 🗆 M 2 🏋 F	69	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, 0.7 – 28	3-2	2	Pon	dtown, MD
	9a. FACILITY NAME (If not institution, give st	treet and number)			9b. CITY	, TOWN C	OR LOCAT	ION OF DE			_	NTY OF C	
E	at her hom	е				Ch	urcl	n Hi	11		01	ieen	Anne's
DIRECTOR	RESIDENCE OF DECEDENT										20		
R	10a. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN C	OR LOCAT	TION						10d. INSIDE CITY LIMITS?
	Maryland Que	en Anne	e's		Ch	urc	h H:	ill					1 TYES 2 NO
A	10e. STREET AND NUMBER					101	. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL	Main Street	P.0	Box	162			-	2162	23			U.	S.A.
5	11. MARITAL STATUS		T EVER IN U.S. AF						NIC ORIGIN? (Spe		or No-	14. RACI	E — American Indian, k, White, etc.
ВУ Б	1 Never Married 2 Married 3 Widowed 4 Divorced		MAR OR DATES	140				Specif		atc.j		Spec	elfy:
	3 Widowed 4 Divorced												white
Ë	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(G	ECEDENT'S Silve kind of	work done	CCUPATIO	DN ast of work	ing	16b. KIND	OF BUS	SINESS/INI	DUSTRY	
Ë	Elementary/Secondary (0-12)	College (1-4 or 5	+) // // // // // // // // // // // // //	. Do NOT u									
AP		1		bod	okke	epe:	r			В	anki	ing	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16. MOT		ME (First, Middle,		,		
BE	Frank Jone	S						Mam	ie Reb	ec	ca C	arr	oll
10	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	S (Street a	and Numbe	or or Rural	Floute Number, City	y or Tow	n, State, Zij	p Code)	
F	M. Layton Ch	ance, S	Sr.	P.0). B	ox	162	, Ch	urch E	Hil	1, N	1D	21623
	20s. METHOD OF DISPOSITION 15 Burlal 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometer), crematory or other place) 20c. LOCATION — City or Town, State												
	4 Donation 5 Other (Specify)	Over 110111 State	Chur	ch F	Hill	Cei	mtei	ry	10/14	Chu	ırch	Hill	, MD OA C
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22.	NAME A	ND ADDRI	ESS OF FA	CILITY				
	> Thomas V	Mell.	· ho									нош	es, PA
	23. PART I. Enter the diseases, or o	They	yen	ooth Do					, MD		623		I Americana
	shock, or heart fellure.	List only one ca	at caused the di use on aech line	eath. Do	not enter	the mo	ode or dy	ying, suc	n ee cardiec o	r reep	iratory er	rreet,	Approximata Interval Between
	I IMMEDIATE CAUSE (FINE)							Onset and Death					
	disease or condition resulting in deeth)	a. ZM	A STA	51	5	0	1)					
	QUE TO (OR AS A CONSEQUENCE OF):												
Z	Sequentially list conditions,												
CERTIFICATION	if any, leading to immediate												
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	2 m	plugs	am	a				1				
H	that initiated events resulting in deeth) LAST	O SUE T	NOR AS A PONSE	DUENCE O	2 1		7	F	- V.		0		ì
Ë	Tooling in death, Exer	a con	gu	NVE	-	Anc		7 10					
	PART II. Other eignificant condition	s contributing to	death but not	resulting	In the ur	nderlyln	g cause	given in	Part I. 24a.		AUTOPSY	241	b. WERE AUTOPSY FINDINGS
CAL										PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
									— ¹"	YES 2	NO		DF DEATH?
Σ									_				1 YES 2 NO
AN													
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF	DEATH (C)	heck only one)				
YS	1 YES NO		☐ ER/Outpatient :	-	4 🗆 Nur	rsing Hon		Besidence	8 Other (Spec	**			
F	27. MANNER OF DEATH 1- Natural 5 Pending	28a. DATE O (Month,	FINJURY Day, Year)	28b. TH	JURY	WC	JURY AT DRK?		28d. DEŞCRIBI	E HOW	INJURY O	CCURED	
BY	2 Accident Investigation			<u> </u>	М		YES 2	□ NO					
	3 Suicide 8 Could not be		OF INJURY — At hi i, etc. (Specify)	ome, farm,	street, fac	tory, offic	00		28f. LOCATION City or Tow			er or Rural	Route Number,
	4 Homicide determined												
PLI	29e. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of	of my knowledge, d	eath occur	red at the t	time, date	and plac	e, and due	e to the cause(a)	and ma	nner aa str	ated.	
COMPLETED	one)	ER: On the basis of	examination and/or	Investigati	lon, in my	opinion, d	death occ	ured at the	time, date and p	olace, ar	nd due to t	the cause((s) and manner as stated.
EC	296. SIGNATURE AND TITLE OF CERTIFIE	R	1	-			29c. Lif	CENSE NU	MBER		29d, DA	TE SIGNE	D (Month, Day, Year)
8	SITILIAN	b	MI				1	30			•	26.	11001

29b. SIGNATURE AND TITE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D31048 199 10

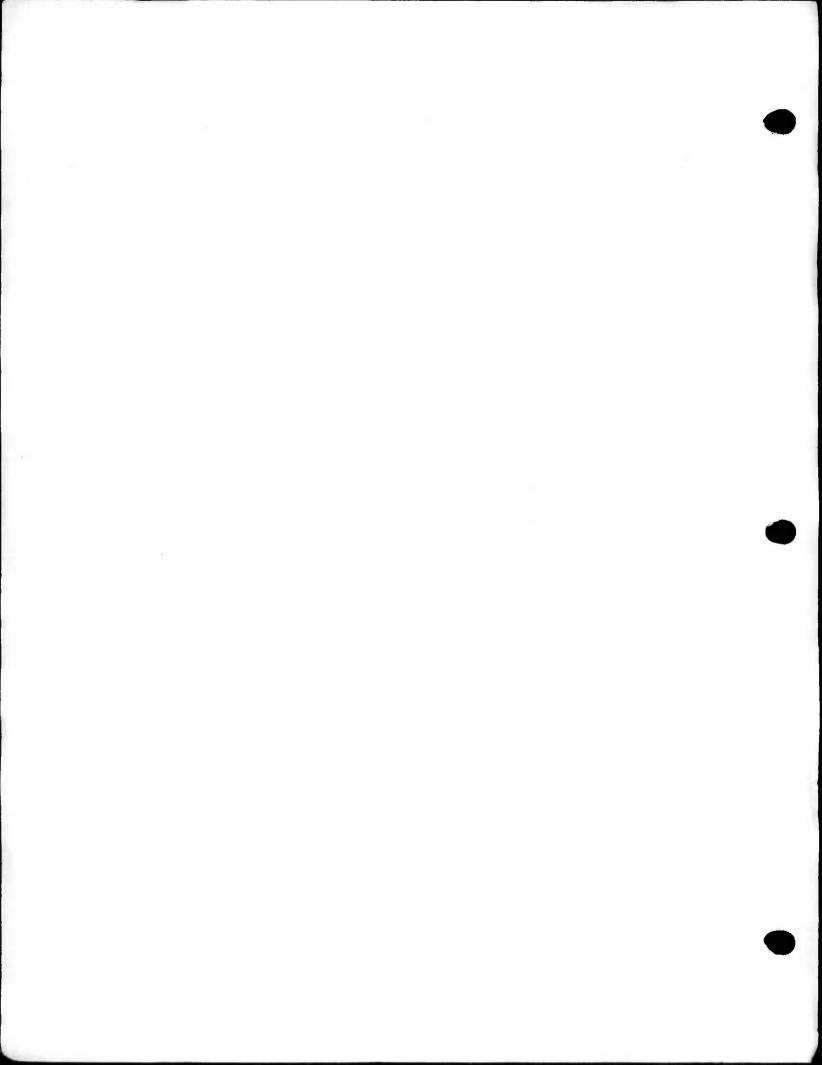
THO COMPLETED CAUSE OF BEATH (ITEM 27) (Type, Print)

21617 109 S. Commerce St., Centreville

Dr. Erid F. Ciganek 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 'Q

Luke Savidson-Randell

DHMH-16 Rev 1/89



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE CONTROL OF MAINTEAND / DEPARTMENT OF HEALTH AND MENIAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Last)						_	2. DATE OF DE	ATH		T	3. TIME OF DEATH
	_James	W.	C	ope.	SR.			MONTH	18		YEAR	3:15 PM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER I YEAR	IF UNDER 24		7. DATE OF BI	RTH	- 1		LACE (State or Foreign
8 1	237-34-8706	1 € M 2 □ F	67	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Day, DEC. 25		,,	Country)	
	9e. FACILITY NAME (If not institution, give s	treet and number)	07		9b. CITY, TOWN	OR LOCATION			, 194		NTY OF DEA	H CAROLINA
8	Holy Cros	е носъ	ital		Silve	C						
5	HOLV Cros		ILAI		SIIV	F 501	TIME			I MC	ontgo	omery
DIRECTOR				10c. CIT	Y, TOWN OR LOC	TION						IOd. INSIDE CITY
	MARYLAND M	<u>IONTGOMER</u>	Y		SILVER		r					YES 2 NO
MA I	C.C. C.				1	of. ZIP CODE				10g. CITI	ZEN OF WH	IAT COUNTRY?
FUNERAL	10709 TENBROOK DE						0901				_USA	
5	1 Never Married 2 X Married	FORCES? 1	T EVER IN U.S. ARM	MED O	If yes, s	CENDENT OF I	Maxican, I	ORIGIN? (Spe Puerto Ricen.	cify Yea	or No-	14. RACE - Bleck,	- American Indian, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE W			1 🗆 YE	S 2 X NO	Specify:				Specify.	A.C4.1
	15. DECEDENT'S EDU	CATION	18a. DEC	EDENT'S	USUAL OCCUPAT	ION		16h KIND	OF BUILD	INESS/IND		HITE
ᇤ	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	(Gh	to kind of to Do NOT us	vork done durina n	ost of working		Too. Killo	0, 200	M4E337 M4E	JOSINI	
립		4		COIIN	TANT			FEDE	DAT	COME	RNMEN	TOTO .
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			COUN	TANI	18. MOTHER	R'S NAME	(First, Middle,			RIVITED	VI.
BEC	LUCIUS L. CO	PE				NELL		J.		NTON		
TO B	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS (Street							
۲	EVELYN W. COPE	(WI										ND 20901
	20a. METHOD OF DISPOSITION 1/E Burial 2 Cremetion 3 Rem		20b. PLACE AI	NDDATE	OF DISPOSITION /						City or Town	
	4 Donation 5 Other (Specify)	oval from Stata	GATE O	F HE	AVEN CE	METERY	1:	0/22	STT.V	ER S	PRINC	MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. NAME /	ND ADDRESS	OF FACIL	.ПҮ				753-411-1
	Tous)	20			FRANC	IS J.	COLL	INS FU	JNER	AL H	OME,	INC.
	23. PART i. Enter the diseases, or o	omplications the	caused the dee	th Dor	1500 U	NIVERS	ITY	BLVD.	W.	SIL.	SPR.,	MD. 20901
	onock, or near rendre.	List only one ceu	se on each ilne.	/		ode or dying	, euch e	se cardiec o	rreepii	atory arr	eet,	Approximate interval Between
1	iMMEDIATE CAUSE (Final disease or condition	-	n ///		1/200	ne						Oneet and Deeth
	resulting in death)	DUE TO	OR AS A CONSECU	JENCE OF	11190	ne	7				-	
2												i I
2	Sequentielly list conditione, if any, leading to immediate	DUE TO	OR AS A CONSEQU	JENCE OF	7):							<u> </u>
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	2.										!
필	that initiated events	DUE TO	OR AS A CONSECU	JENCE OF	7):							
CERTIFICATION	resulting in deeth) LAST	1										
- 11	PART II. Other significant condition	e contributing to	deeth but not re-	euiting i	n the underluir	a cause alw	on in Do	a.				
DICAL	100		20111 201 1101 10	outing i	ii tile ullueriyii	g cadee give	en in Fa		PERFORI	MED?	A	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO
								- 17	YES 2	□ NO	0	OMPLETION OF CAUSE F DEATH?
PHYSICIAN: ME								-			ープ	YES 2 NO
¥ I	25. WAS CASE REFERRED TO MEDICAL											
S	EXAMINER? 1 K YES 2 NO	HOSPITAL:	50/0-/		OTHER:	LACE OF DEAT						
Ë∥	27. MANNER OF DEATH	28a. DATE OF		28b. TIM	4 Nursing Ho	JURY AT	-	Other (Spec		HIPV 0.00		
	1 Natural 5 Pending	(Month, Da		INJ	URY W	DRK?						
BÁ	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF	INJURY At hom	0:3	IAI	X	<u> </u>	TIVET bf. LOCATION				to impact
世	4 Homicide determined	building,	etc. (Specny)					City or Town	, State)			
١٣	290. CERTIFIER 1 CERTIFYING PHYSIC		treet		To-market	(If the Fig.	IG	atewo	od	& S	hund	er Drive
COMPLETED	(Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINE	3: On the basis of av	my knowledge, dast	n occurre	d at the time, dat	and place, an	d due to	the cause(a) s	nd mani	ner sa state	ed.	
	296. SIGNATURE AND TIPES OF CERTIFIER		<u> </u>	vestigatio	n, in my opinion,	eath occured	at the tim	e, deta and pl	eca, and	due to the	n cause(s) s	nd manner se stated.
ᆲ▮	2/1/2	14	100 1			29c. LICENS	E NUMBE	R	T	29d. DATE	SIGNED (N	fonth, Day, Year)
요 🖡	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CANO	E OF DEATH	AT) /T	Orlean)	O.C.	M.E			10	19	1991
4	Endough TOTA	STATE OF THE CAUS	E OF DEATH (ITEM									
- 1	31. DATE FILED (Month, Day, Year)	012 DECISION	3 SIGNATURE	Pe	nn Str	et, B	alt	imore	M	aryl	and	21201
18												

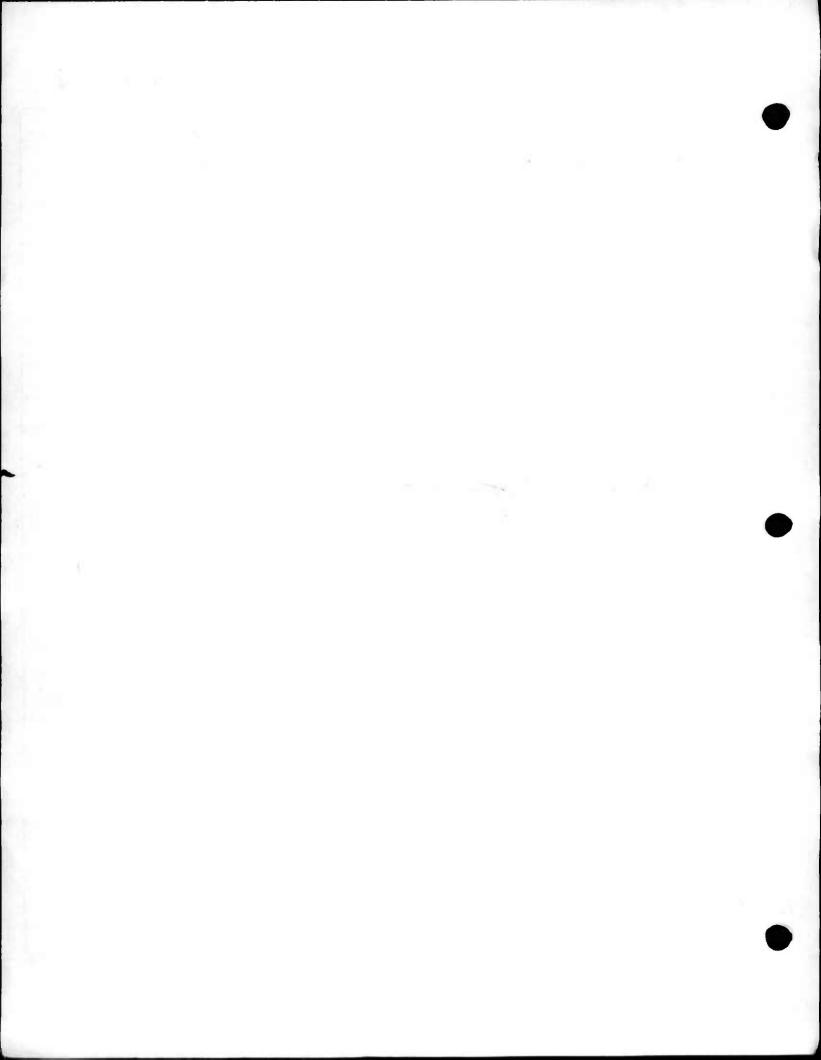
E 2 H -Y

BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending physician,	y the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, noval.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, hours after death with the State Dept, of Health and Mental Hygiene prior to burfal, cremation, or removal.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

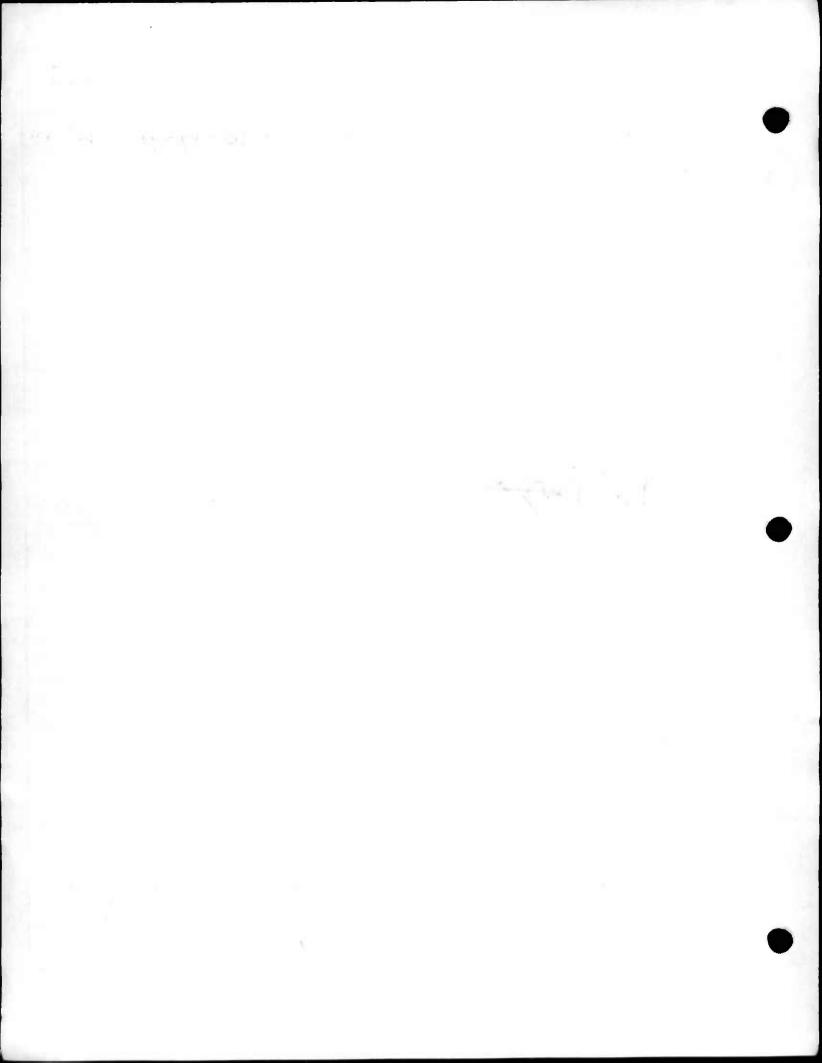
	REGISTRAR CERTIFICATE OF DEATH REG. NO.										
	1. DECEOENT'S NAME (First, Middle, Last) GEORGE SARANTAS, CHANCIERTS, 2. DATE OF DEATH 3. TIME OF DEATH										
	George SARANTOS Chancouris 10-17-91 9300.										
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (S											
1	The state of the s										
,	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH										
E I	and definition of the same of										
5	RESIDENCE OF DECEDENT HOSPITAL SILVER Spring Montgomery										
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY										
	MARYLAND MONTGOMERY SILVER SPRING										
AL	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?										
FUNERAL	12804 CRISFIELD ROAD 20906 USA										
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGINAL CONTROL OF A PARTY OF THE PROPERTY OF THE PROPER										
	1 Never Married 2 Married PORCES? 1 XYES 2 NO If yea, specify Cuban, Mexican, Puerto Rican, etc.) Black, Whita, atc.										
BY	3 Wildowed 4 Divorced WW II Specify: Specify: WHITE										
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working) 16b. KIND OF BUSINESS/INDUSTRY										
	Elementary/Secondary (0-12) College (1-4 or 5+) life. Do NOT use retired.)										
2	1 MAITRE D' RESTAURANT										
COMPLET	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname)										
BE (SARANTOS CHANGURIS POTA LEVIDY										
2	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
F	ETHEL F. CHANGURIS (WIFE) 12804 CRISFIELD ROAD SILVER SPRING, MARYLAND 20906										
	20e, METHOD OF DISPOSITION 20b, PLACE AND DATE OF DISPOSITION (Name of OATE 20c, LOCATION — City or Town, Starts										
commetery, crematory or other place) 4 □ Denation 5 □ Other (Specify) PARKLAWN CEMETERY 10/21 ROCKVILLE, N											
	21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC.										
	FRANCIS J. COLLINS FUNERAL HOME, INC.										
	500 UNIVERSITY BLVD., W. SIL.SPR., MD.20901										
	23. PART I. Enter the diseases, or complication that caused the dasth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between										
	IMMEDIATE CAUSE (Fine)										
	resoluting in design)										
	DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentisity list conditions, b. //// The respective of the respec										
ATI	tf any, leading to immediate consequence of):										
일	CAUSE (Disease or Injury C.										
Ē	that initiated events OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST										
B	d										
	PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS										
EDICAL	PERFORMED? AMALABLE PRIOR TO COMBINE STORY OF CAUSE										
	1 Tes 2 No OF DEATH?										
≥	1 TES 2 NO										
A	25. WAS CASE REFERRED TO MEDICAL										
PHYSICIAN: M	EXAMINER? 1 YES 2 N NO 1 IN Inpertant 2 FR/Outperlant 3 DOA 1 IN Inpertant 2 FR/Outperlant 3 DOA										
¥	27 MANNED OF DEATH										
	1 Natural 5 Pending (Month, Day, Year) Pending (Month, Day, Year)										
B	2 Accident investigation I TES 2 NO										
	3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, atreet, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
4	29s. CERTIFIER										
P I	(Check only 1 SCHIIPTING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as attated.										
COMPLETED	2 MEDICAL EXAMINER: On the baels of exemination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end manner as stated.										
ш	29b. TOLADURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)										
8	10/18/91 >Never mo										
2	30) NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)										
	leter Sherer mo 3947 ferrara Ur. Wheaton md 20906										
	31. OATE FILEO (Month, Dey, Year) 35, REQUSTRAP'S SIGNALURE 1										
	OCT 22 1991 Ala Davidson-None										



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	,
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	O Parties

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND /	DEPARTME	NT OF	HEALTH AND	MENTA	AL HYGIEN			
	1. DECEDENT'S NAME (First, Middle,	GIUSEPPE		CASTR	OGIQ	/ANNI		E OF DEATH		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	e Ce		-27L	091	O Va NW	1 1	1-6	7-91		1000 P
	577-48-9161	104105	E (In yrs. lasi	YRS. WONT	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE	th, Day, Year)		Country	
	9a. FACILITY NAME (If not institution,	Δ /	9		HTY, TOWN	OR LOCATION OF		13,19	912 I	TALY	
CTOR	11809 ASHLEY DR	IVE				WILLE			MONT		
III I	10a, STATE 10b. CO	UNTY		10c. CITY, TOW	N OR LOCA	ITION					10d. INSIDE CITY
L DIRI	MARYLAND M. 100. STREET AND NUMBER	ONTGOMERY		RO	CKVII	LLE					LIMITS?
ERAL	11809 ASHLEY D	RIVE			10	20952					HAT COUNTRY?
FUN	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARI	MED	13. WAS DE	CENDENT OF HISPA	ANIC ORIGI	N? (Specify Yes		USA 4. BACE	- American Indian.
ВУГ	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	DATES	°	It yes, s	S 2 X NO Spec	can, Puerto	Rican, etc.)		Black, Specify	White, atc.
ED B	15. DECEDENT'S	FOUNTION	-								ITE
	(Specify only highest selementary/Secondary (0-12)	grade completed)	16a. DEC	CEDENT'S USUAL ve kind of work do Do NOT use retire	L OCCUPATI ne during m d.)	ON ost of working	16	b. KIND OF BU	SINESS/INDU	STRY	
립	contentary/secondary (0-12)	College (1-4 or 5+)		CULATIO			IJΔ	SHINGT	ON DA	TTV	NELIS
COMPL	17. FATHER'S NAME (First, Middle, Last)			.,	18. MOTHER'S N				1111	NEWB
BE		ASTROGIOVANNI				VINCE		MOREL			
2	19a. INFORMANT'S NAME (Type/Print)	ANNT (******)				and Number or Rura					
	ANNA CASTROGIOVA			-		DRIVE 1					20952
	1 Donation 5 Other (Specify)	Ramoval from State Ce	metery, cren	ND DATE OF DISP	cel	ame of	DAT		CATION — CI	•	* 15.77
	21. BIGHATURE OF EUNERAL SERVICE	E LICENSEE	MIL	OF HEAV	22. NAME A	ND ADDRESS OF F	ACILITY				,MARYLAND
	MY I	1	-			CIS J. CO					
\neg	23. PART i. Enter the diseases,	Dr. committeelings that cause	of the de	th Do out on	500 L	NIVERSI'	ry bl	VD.,W.	SIL.	SPR.	,MD.20901
	ehock, pr heert fellt IMMEDIATE CAUSE (Finet disease pr condition resulting in desth)	are. List Drily One Ceuse on	eech line.			rryt					Approximate Interval Betwee Onset and Desi
N O	Sequentisity list conditions,	Б	200	ONO	ruy	a	12	evic	Sc(4	200	.(5)
CATION	If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS	A CONSEC	UENCE OF):)					
ERTIFI	that initiated events resulting in desth) LAST	DUE TO (OR AS	A CONSEC	UENCE OF):							
O	PART II ON 1 M	d									
DICAL	PART it. Other eignificent cond	tions contributing to death	but not re	eulting in the	underiyin	g ceuse given in	Pert i.	24a. WAS AN PERFOR	MED?	1	WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
. ME							_				YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICA	L	-		28. PI	ACE OF DEATH (C	heck only o	20)			
S	T YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out	ipatient 3 [DOA 4 N	EA:	e 5 Realdence					
H	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)		28b. TIME OF INJURY	28c. INJ		_	CRIBE HOW II	NJURY OCCU	RED	
5	Natural 5 Pending 2 Accident Investigation	on		М	1 🗆	YES 2 NO					
	3 Suicide 6 Could not datarmine		Y — At homecify)	ne, farm, atreet, f	actory, offic	a	261. LOC City	ATION (Street a or Town, State)	and Number or	Rural Roi	ute Number,
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PI	HYSICIAN: To the best of my know	wiedga, daa on and/or in	th occurred at the	e time, data y opinion, d	and place, and du	time, data	use(s) and man	ner as stated	cause(s) s	and manner as stated.
w	29b. SIGNATURE AND TITLE OF CERT	FIER	\			29c. LICENSE NU	MBER		29d. DATE S	IGNED (A	Month, Day, Year)
0 0	004	Sand	-		~	DOS	22	16	10	5-5	19-0-91
	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DE	EATH (ITEM	27) (Type, Print)	> _	6			73	CHI	N open
	31. DATE FILED (Month, Day, Year)	22 REGISTRAD'S SIGN	der		321	((a)	12 6	200c1	W	ac	se

32. REGISTRAN'S SIGNATURE
Julia Davidson-Pandall



TO BE COMPLETED BY FUNERAL DIRECTOR

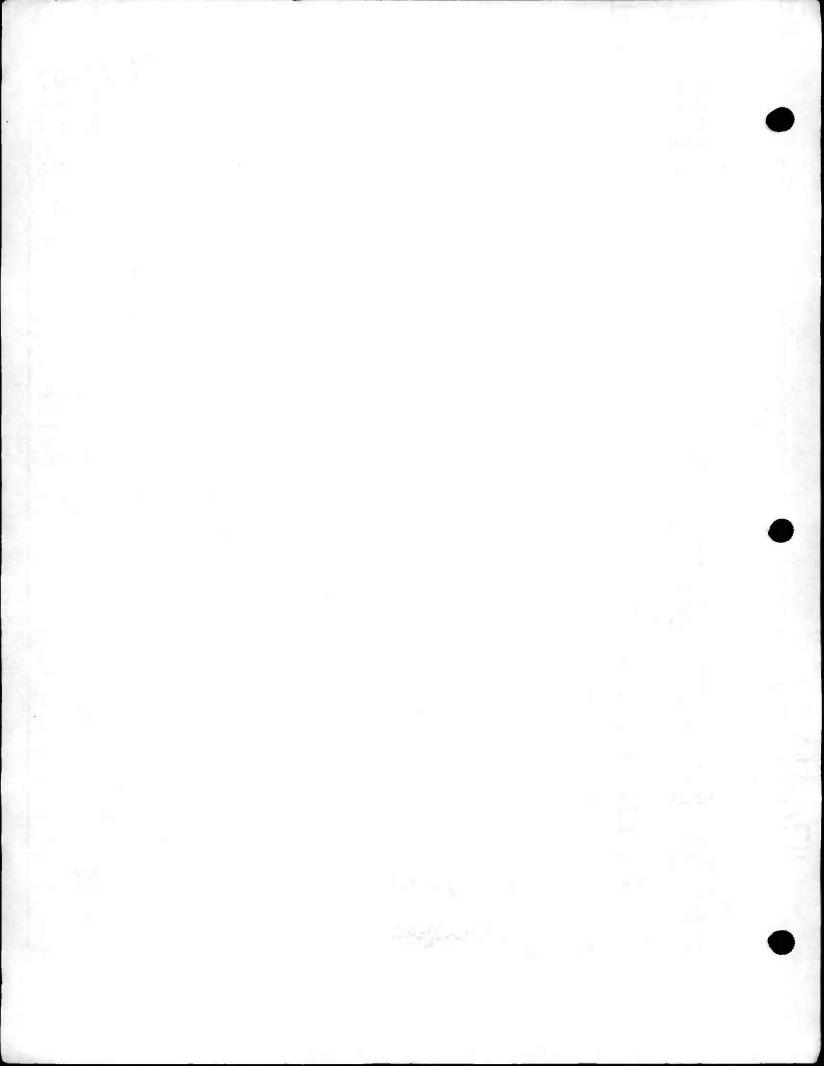
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit to	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending ph	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR	STATE OF MARY	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
1. DECEOENT'S NAME (First, Middle, Last	1)			2. DATE OF DEATH		3. TIME OF DEATH					
Patrick Jose	ph Ca	vanaugh, S	Sr.	Oct. 15	, 1991	9:30 1					
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	E (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BII	RTHPLACE (State or Foreign					
112-20-9434	1 ▼ M 2 □ F	93 YRS. M	ONTHS DAYS HOURS MIN.	Dec. 9,189	7 Nex	w York, N.Y.					
9n. FACILITY NAME (If not institution, give	street and number)		b. CITY, TOWN OR LOCATION OF D		9c. COUNTY O						
5320 Wakefield			Bethesda								
RESIDENCE OF DECEDENT	Noau		Dethesda		Montg	omery					
10s. STATE 10b. COUN	iTY	10e. CITY,	TOWN OR LOCATION			10d, INSIDE CITY					
Maryland M	fontgomery	Be Be	thesda			LIMITS?					
10e. STREET AND NUMBER	ione Bomery		10f. ZIP CODE		10g, CITIZEN O	OF WHAT COUNTRY?					
5320 Waltoffold B	lood		208	16	II	.S.A.					
5320 Wakefield R	12. WAS DECEOENT EVER	IN II C ADMED	13. WAS DECENDENT OF HISPA		_						
1 Never Married 2 Married	FORCES? 1 7 YES	S 2 NO	If yes, specify Cuben, Mexic	an, Puerto Rican, etc.)		ACE — American Indian, llack, White, etc.					
3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 ☐ YES 2 ☐ NO Speci	ty:	Sį	pocity: White					
15. DECEDENT'S ED	HICATION	16a, DECEDENT'S U	SILAL OCCUPATION	16b. KIND OF BUSI	NESS/INCHISTO	v					
(Specify only highest gra-	de completed)		rk done during most of working	IOU. KIND OF BOSI	NESS/INCOS I N						
Elementary/Secondary (0-12)	College (1-4 or 5+)		,	7	II () (0 11 4-					
	5+	Lawyer			U.S.	GOV L					
17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Malden S	urname)						
Michael Cavana	lugh			Fields							
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DORESS (Street and Number or Rural	Route Number, City or Town,	State, Zip Code,)					
Patrick J. Cavan	naugh, Jr.	3901 To	wanda Road, Al	exandria, V	irginia	a 22303					
200. METHOD OF DISPOSITION		20b. PLACE AND OATE C	OF DISPOSITION (Name		ATION — City o						
1 ⁽¹⁾ Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	of cemetary, crematory of Parklaum M	rother place) Memorial Cemete	ry 10-18 R	ockvil	le. MD.					
21. SIGNATURE OF FUNERAL SERVICE		I GERLAWII I.	22. NAME AND ADDRESS OF F	ACILITY							
n:4.11	2.11		Joseph Gawler	's Sons, In	c. N.1	W.					
Michael	ressor		5130 Wisconsi	n Ave.,, Wa	sh. D.	C. 20016					
disease or condition resulting in death)	a. Cardo DUE TO (OR AS	S A CONSEQUENCE OF):	heart fail	est							
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that infiliated events resulting in death) LAST	c	S A CONSEQUENCE OF):	0								
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. OUE TO (OR AS	S A CONSEQUENCE OF):				24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO					
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. OUE TO (OR AS	S A CONSEQUENCE OF):		n Part i. 24a. WAS AN /	MED?						
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. OUE TO (OR AS	S A CONSEQUENCE OF):		n Part I. 24a. WAS AN / PERFORI	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE					
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. OUE TO (OR AS	S A CONSEQUENCE OF):		n Part I. 24a. WAS AN / PERFORI	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificant conditions of the condition of the condi	c. OUE TO (OR AS	S A CONSEQUENCE OF):		n Part I. 24a. WAS AN / PERFORI	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are considered and conditions are considered and conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	oue to (on as	s A CONSEQUENCE OF:	the underlying cause given in 28. PLACE OF DEATH (COTHER:	n Part I. 24a. WAS AN / PERFORI 1 □ YES 2	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions and the conditions of the co	oue to (on as	but not resulting in	the underlying cause given in 28. PLACE OF DEATH (COTHER: Nursing Home 5 Residence	Part i. 24a. WAS AN / PERPORI 1	MED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions and the conditions of the co	oue to (on as	S A CONSEQUENCE OF): In but not resulting in The properties a DOA of the properties and DOA of	28. PLACE OF DEATH (COTHER: Nursing Home 5 & Residence OF 28c. INJURY AT WORK?	n Part I. 24a. WAS AN / PERFORI 1 □ YES 2	MED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the con	c. OUE TO (OR AS d	S A CONSEQUENCE OF): In but not resulting in Multiplication 3 DOA If 286, TIME INJU	the underlying cause given in 28. PLACE OF DEATH (COTHER: 5 Nursing Home 5 Residence OF 28c. INJURY AT WORK? M 1 YES 2 NO	1 Part i. 24a. WAS AN PERFORI 1 YES 2 theck only one) 6 Other (Specify) 2ad. DESCRIBE HOW IN	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificant conditions of the con	C. OUE TO (OR AS d	is a consequence of: In but not resulting in Multiple of the consequence of: It but not resulting in Multiple of the consequence of: It but not resulting in Multiple of the consequence of: It but not resulting in Multiple of the consequence of: It but not resulting in Multiple of the consequence of: It but not resulting in Multiple of the consequence of: It but not resulting in Multiple of the consequence of: It but not resulting in Multiple of the consequence of: Multiple	the underlying cause given in 28. PLACE OF DEATH (COTHER: 5 Nursing Home 5 Residence OF 28c. INJURY AT WORK? M 1 YES 2 NO	Part i. 24a. WAS AN / PERPORI 1	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
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31. OATE FILEO (Month, Day, Year) OCT 16 '91

e "		91 Items: 1- STATE G-681	:23 pa: 1 reb	rt I 27, t	oer N MARYL	MEO 11/ AND / DEP CERT	14/91 ARTMENT FICATE	OF H	IEALTH A	ND ME	NTAL HYG REG.		91	30008
		1. DECEOENT'S NAME (First,				Со	ulbar	У		2.	DATE OF DEAT	TH DAY	YEAR 991	3. TIME OF DEATH 2:37 P M
-		4. SOCIAL SECURITY NUMB 577-04-2773	3	5. SEX 1 M 2 X F		(In yrs. lest birthd	MONTHS	DAYS	10.000	MIN. A	DATE OF BIRTI (Month, Day, You Ug. 15	,1938	Country	PLACE (State or Foreign v) ul, Gambia
	TOR	9a. FACILITY NAME (# not in. Washingto RESIDENCE OF DEC			Hos	spital			Par				onty of be	comery
The state of the s	DIRECTOR	Maryland		tgomery			ilver							10d. INSIDE CITY LIMITS? 1 X YES 2 NO
an. ransii pen	FUNERAL	710 Roeder						2	20910			Sen	egal	HAT COUNTRY?
attending physician. se as the bunial-transit	B	11. MARITAL STATUS 1 Never Married 2 区 3 Widowed 4 Divo	proed	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 XNO								
spital or ath	APLETED	15. DECI (Specify only Elementary/Secondary (0- 12	CEOENT'S EDUC by highest grade 0-12)	College (1-4 or 5	+)	18a. OECEDEN (Give kind life. Do NO House	of work done of use retired.)	CUPATIO furing mos	iN st of working		Home	F BUSINESS/IN	IDUSTRY	
ed by the hould be detach	BE COMPL	17. FATHER'S NAME (First, Mi Samuel John	Forst	er Mahon	ıey						First, Middle, Ma			
may be retained or. page 5 should	5	196. INFORMANT'S NAME (7) Andre Jean 206. METHOO OF DISPOSITI	Coulba	iry	1	Tar	JIII J	1 -	Rome,	Rural Route to Ita.	тy			Del Monti
death. Page 6 may be funeral director, page 11.		1 Surial 2 Crematio 4 Donation 5 Other 21. SIGNATURE FUNERAL	on 3 Rame r (Specify)	CENSEE		PLACEAND DA	eek Ce	mete	ery	10/19	9/91 1	Washin	gton,	
DALITMO safer death, Page 6 by the funeral direct smoval. Ilcal examiner mu		Man	4 M	3/50	en	i	W	ashi	ington	n, D.		012		
24 hours filled in tion. or n		23 PART i. Entar the di ahock, or he iMMEDIATE CAUSE (Fin disease or condition resulting in death)	aart muura.	a. Arte	rios	tha death. Dach lina.	c Ca						rrast,	Approximata Intarval Batween Onaat and Daath
n certificate be execunding physician and Hygiene prior to bund or other traumatic	CERTIFICATION	Sequantially ilst conditi- if any, isading to immed- cause. Enter UNDERLYII CAUSE (Disease or inju- that initiated events resulting in death) LAST	diata ING ury	с		CONSEQUENCE								
w requires that been signed by or. of Health and shows any it	: MEDICAL	PART II. Other signification	nt condition	18 contributing to	daath b	ut not resultin	g in the un	deriying	causa give	an in Part	PEI	S AN AUTOPSY RFORMEO? ES 2 NO		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETIDN OF CAUSE OF DEATH? 1 YES 2 NO
The lar	SICIAN	25. WAS CASE REFERRED TO EXAMINER? 12 YES 2 NO	D MEDICAL	HOSPITAL:	₫ ER/Outp	estlant 3 DOA	OTHER	1:	ACE OF DEAT		only one) Other (Specify)			
를 를 를 하	ву рну		Pending inveatigation	28a. DATE OF (Month, D	INJURY	28b. 1	IME OF NJURY M	28c. INJU WOF		28d	1. DESCRIBE H		COURED	
OR ATTENDING IDIRECTOR: After hours after death item 28 is mai		3 Suicide 8 0	Could not be detarmined	28a. PLACE O building,	F INJURY atc. (Spec	— At home, tarr	n, atreat, facto	ry, offica		281.	LOCATION (St. City or Town, S	reet and Numbe itate)	er or Rural Ro	oute Number,
목적	COMPLETED	2 MEOK	ICAL EXAMINE											and manner as stated.
TO THE HOSPI TO THE FUNES DE filed within	TO BE	20 MARE AND ADDRESS OF	H	orle	M	0			O . C	SE NUMBER			O O	(Month, Oay, Year) 8 1991
5		JUAROL	U Co	CRE 1	M)	тн (ITEM 27) (7)		Str	eet.	Ba1	timor	e Mar	vlan	4 21201
		OCT 16 '9		32. REGISTRA	R'S SIGN	Angle 12								0 21201

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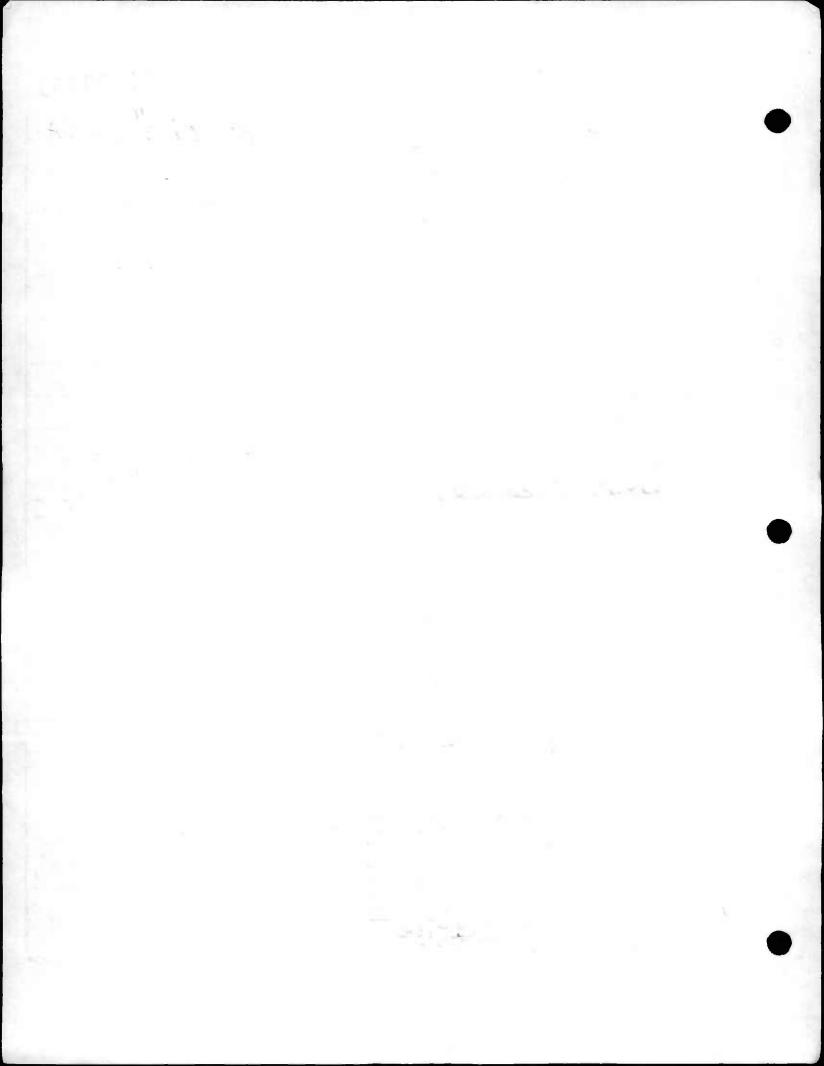
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	1. DECEDENT'S NAME (First	Middle, Last) Ferdi	nand	Espey		Car	tor			Octobe:		1.901	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER							T		_			111/6 FT M
	225-10-2401		5. SEX 1 💢 🎢 2 🗌 F	9. AGE (IN YI	s. last birthday) YRS.	MONTHS	DAYS	HOURS	MIN.	7. DATE OF BIRT (Month, Day,) August	26,18	397 W	THPLACE (State or Foreign intry) ashington, DC
ŀ	9a. FACILITY NAME (If not in	nstitution, give s	treet and number)	1		9b. CITY	r, TOWN	OR LOCATE	ON OF DE			COUNTY OF	DEATH
5	Suburba	in H	ospita			Be	th	850	0		m	Innt	gomery
5	RESIDENCE OF DEC	10b, COUNT	1		140.00	774 7704471							7
DIRECTOR	Maryland		gomery		10c, CI	TY, TOWN	ethe						10d. INSIDE CITY LIMITS? 1 YES 2XXNO
	10e. STREET AND NUMBER						10	H. ZIP COD	E		10g.	CITIZEN OF	F WHAT COUNTRY?
	7405 Fairfa	ax Roa	d					208	14			U.S.	Α.
BY FUNEHAL	11. MARITAL STATUS 1 Never Married 2 X 3 Vidowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE N	T EVER IN U.S	S. ARMED		If yes, s	CENDENT Coperation Coupers 2 X XNO	n, Mexica	NIC ORIGIN? (Specin, Puello Rican, a	Ify Yes or No tc.)	84	CE — American Indien, ack, White, etc.
			I WW:										
2		EDENT'S EDU ly highest grade		18	(Give kind of life. Do NOT	work done	during m	ION ost of workli	ng	16b, KIND (OF BUSINESS	INDUSTRY	
2	Elementary/Secondary (0-12)	College (1-4 or 5 5+		Owner/					Autor	nobile	dea	lership
COMPL	17. FATHER'S NAME (First, M	fiddle, Last)					-	18. MOT	HER'S NA	ME (First, Middle, I	Maiden Surnar	ne)	
BEC	William	(Golden		Carte	r		Ma	rgar	et	Jane	9	Espey
2	190. INFORMANT'S NAME (Route Number, City thesda,			20814
20c. METHOD OF DISPOSITION 1 Burlet 2XXCremetion 3 Removal from State 4 Donetion 5 Other (Specify) 20c. LOCATION - City or Town, State Montgomery Crematorium, Inc. Bethesda, Maryland													
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE M00522 22. NAME AND ADDRESS OF FACILITY ROBERT A. Pumphrey Funeral Home Bethesda-Chevy Chase, Inc., 7557 Wisconsin Avenue, Bethesda, Maryland 20814-3501												
	23. PART I. Enter the d												Approximata
	IMMEDIATE CAUSE (Fi		List only one ca	use on aach	iline.			7.0)				Intarval Between Onset and Desth
	disease or condition resulting in deeth)	→	· Com	resti	u He	2017	0/2	aile	112				15years
			DUE TO	(OR AS A CO	NSEQUENCE	OF):	71-60						5
2	Sequantielly list condit	tions	a Hotel	ial.	to DI	:1 la	100	J					3 weeks
E	if any, leading to imme cause. Enter UNDERLY	diata	A CT	O (OR AS A CO	NSEQUENCE O	OCIA	50	100	AI	Descore	0		Tuena
2	CAUSE (Disease or Inju		C. DUE TO	O (OR AS A CO	NSEQUENCE (DFI:		, ucc	44				gains
CERTIFICATION	that initisted events resulting in death) LAS	вт		(0.7.7.7.		/-							į i
5			d										
À.	PART II. Other aignifica	ant condition	ne contributing to	death but	not recuiting	in tha u	nderlyir	ng causa	given in	Part I. 24a, V	PERFORMED?		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL	USIPO	1111	1115	- n					01-		YES 2 X	0	COMPLETION DF CAUSE OF DEATH?
Σ	- UREN	1114 (lueto) are	eriole	arn	1601	nos	cle	<u>1920</u>			1 - YES 2 - NO
SICIAN:	25 1440 0405 BETTTOTO												
2	25. WAS CASE REFERRED T EXAMINER? 1 YES 2 XNO	TO MEDICAL	HOSPITAL:			OTHE	R:			neck only one)			
ZE	27. MANNER OF DEATH		280. DATE O	ER/Outpatie	28b. TI	1	_	me 5 □ R	esidence	8 Other (Special 28d. DESCRIBE	-	COCCURED	
		Pending		Day, Year)	11	NJURY	W	ORK? YES 2	NO	Loc. Seçonise	11011 1110011	00001120	25
2	2 Accident 3 Suicide	Investigation Could not be	28e. PLACE	OF INJURY -	At home, farm	, street, fac				28f. LOCATION	(Street and Nu	imber or Rur	al Route Number,
2	4 Homicide	determined	building	, etc. (Specify)						City or Town	, State)		
2	29a. CERTIFIER (Check only	TIFYING PHYS	StCIAN: To the best of	f my knowledg	e, death occu	rred at the	time, da	le end plac	e, end du	to the cause(e)	nd manner a	s stated.	
COMPLET	one)	DICAL EXAMIN	ER: On the basic of	examination er	nd/or investigat	tion, In my	opinion,	death occu	red at the	time, date and pi	ace, end due	to the caus	ee(s) and manner as stated.
BE C	295. SIGNATURE AND TITL	E OF CERTIFIE	5. b.	1		//×		296. LIC	ENSE NU	MBER	29d	DATE SIGN	IED (Month, Day, Year)
0	Mu	-111	comu	vux	7 1	10		0	00	544		Cetz	XXV1/141
-	JAMES F	PERSON WI	NURRY	JE OF DEATH	(ITEM 27) (Typ.	1 -	18	emo	CVO	CuBlu	Bet	trest	2 MD20817
	H. DATE FILED (Month, Day,	(Year)	32. BEGISTE	AR'S SIGNATE	Sindere.								
	ULI 22	91	A CONTRACTOR	A CANADA	The same of the sa								

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should		
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	REGISTRAR	YLAND / DEPARTMENT OF HEAL CERTIFICATE OF DE	TH AND MENTAL HYGIE				
	1. DECEMENT'S MARIE (First, Middle, Lest) 4. SOCIAL SECURITY NUMBER 5. SEX	URCh I GE (n yrs. last birthday) F UNDER 1 YEAR F U	2. DATE OF DEATH MONTH	3 91 0930A M			
	91.6-4486361 □ M 2 X F	80 YRS. MONTHS DAYS HOU	7005-	BIRTHPLACE (State or Foreign Country)			
DIRECTOR	SUBURBAN HOSPITAL	BET	HESDA	MONTGOMERY			
	100. STATE 100. COUNTY MONTGOME	KY CHEVY	CHASE	10d. INSIDE CITY LIMITS?			
FUNERAL	3703 HUSTEAD D	101. ZIP	815	10g. CITIZEN OF WHAT COUNTRY? U.S.A.			
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Drivorced 12. WAS DECEDENT EVER FORCES? 1 YES, GIVE WAR O	ES 2 WNO If yes, specify (INT OF HISPANIC ORIGIN? (Specify Y Cuben, Mexican, Puerto Rican, etc.) NO Specify:	RIGIN? (Specify Yee or No— erto Rican, etc.) 14. RACE — American Indian, Black, White, etc. Specify: WH TPE			
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of w	16b. KIND OF B	USINESS/INDUSTRY			
COMPLETED	Elementary/Secondery (0-12) College (1-4 or 5+)	STATISTIC IAN	29	D. GOV'T.			
8	17. FATHER'S NAME (First, Middle, Last)		MOTHER'S NAME (First, Middle, Maide	in Sumame)			
BE	BEN CHURCHILI 190. INFORMANT'S NAME (Type/Print)		UNKNOW				
2	CELIA GODY	19b. MAILING ADDRESS (Street and Nut					
1	20. METHOD OF DISPOSITION	20b. PLACE AND DATE OF DISPOSITION (Name of		CHASE, MD. 20815 OCATION — City or Town, State			
	4 U Donetion 5 Other (Specify)	cemetery, crematory or other place) CHAMBERS CREMATO		RIVERDALE, MD.			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		DRESS OF FACILITY				
200	Mill Chambre	M00091 W. W. CH	HAMBERS CO. INC	., SILVER SPRING, MD.			
Z		sed the death. Do not enter the mode of n each line. TIPLE M) S A CONSEQUENCE OF:		piretory arrest, Approximata interval Between Onset and Death			
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease pr injury	S A CONSEQUENCE OF):					
CAL	PART II. Other significant conditions contributing to death	n but not resulting in the underlying cause		PRMED? AVAILABLE PRIOR TO			
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER? VES 2 \(\text{NO} \) 1 \(\text{Input lent } 2 \) 1 \(\text{Imput lent } 2 \)	OTHER:	OF DEATH (Check only one)				
¥	27. MANNER OF DEATH 260. DATE OF INJUR	Y 26b. TIME OF 26c. INJURY AT	Residence 6 Other (Specify) Zed. DESCRIBE HOW	INJURY OCCURED			
ВУЯ	1 Netural 5 Pending (Month, Day, Yea 2 Accident Investigation		2 1 NO IN 15	e)			
	3 Suicide 6 Could not be 4 Homicide determined		261. LOCATION (Street City or Town, State	end Number or Rural Route Number,			
E.	An OFFICE	Home		#10			
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my kn one) 2 MEDICAL EXAMINER: On the best of examina	owledge, death occurred at the time, date end pl	lace, end due to the cause(e) end me	nner ee stated.			
	296. SIGNATURE AND TITLE OF CERTIFIER	1					
) BE	Accepell!	(4/1/2)	DATO99	29d. DATE SIGNED (Month, Day, Year)			
2	30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type: Print)	X	10/1-17/			
	31. DATE FILED (Month, Day, Year) 82. REGISTRAP'S SI	200 WISCONSON	NE FETUES	St MD 20814			
	NCT 16 91 Julie Davids	Mordelle					

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distributed in

· March 1975 - Land 1985 - 1995

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

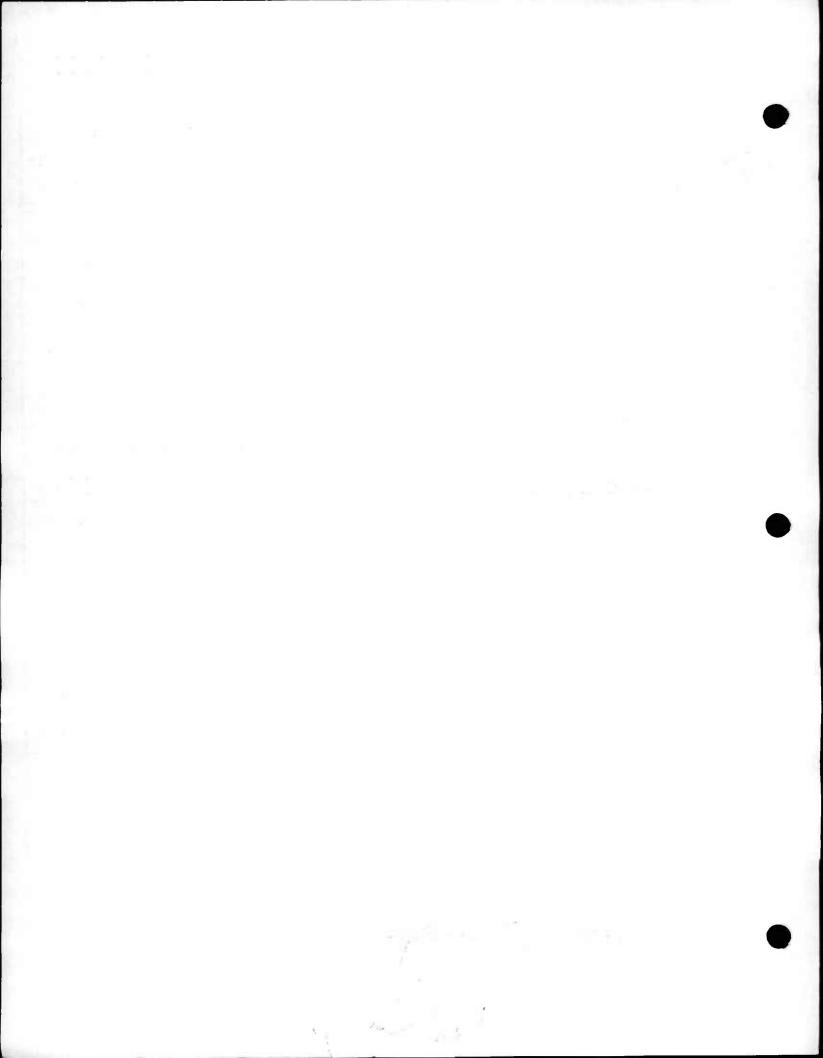
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

6

FOR

	1 - STATE REGISTRAR	SIAIE UF	ARTLAND /	DEPAR	ICATE	UF H	DEAT	AND F	MENTAL HYGIENI REG. NO.	E		
9	1. DECEDENT'S NAME (First, Midd	le, Lest)			10711		DEA.	-	2. DATE OF DEATH			3. TIME OF DEATH
	Daniel Bug	ell Charter							October 15		1991	3:30 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last	birthday)	IF UNDER		IF UNDER		7. DATE OF BIRTH	'	8. BIRTHE	PLACE (State or Formion
	040-16-6302	XX M 2 □ F	83	YRS.	MONTHS	DAYS	HOURS	MIN.	Dec. 6, 19	07	Nor	th Carolina
		ALTH NAME (If not institution, give sited and number) ATORS COMMUNITY HOSPITAL BELLY NAME (If not institution, give sited and number) ATORS COMMUNITY HOSPITAL BELLY NAME (If not institution, give sited and number) ATORS COMMUNITY HOSPITAL BELLY NAME (If not institution, give sited and number) ATORS COMMUNITY HOSPITAL BELLY NAME (If not institution, give sited and number) ATORS COMMUNITY HOSPITAL BELLY NAME (If not institution, give sited and number) PRINCE BELLY NAME (If not institution, give sited and number) I to COUNTY ATORS COMMUNITY HOSPITAL BELLY NAME (If not institution, give sited and number) I to County I to City, town or location Greenbelt 101. Zip code 20770 Unite 20770 Unite 102. Was Decembert of Hispanic Originaty (Specify Yea or No— If yea, specify Cuban, Marcian, Puerfor Rican, etc.) I yea, specify Cuban, Marcian, Puerfor Rican	INTY OF DE	ATH								
OR			L		L	ANHA	M			PRI	INCE (GEORGE
ב				40 . 017								
JIRE			-									10d. INSIDE CITY LIMITS?
1	Maryland Pi	cince George	<u>s</u> _	(-	reen	_						XX YES 2 NO
RA		wah Carret				101.				-		HAT COUNTRY?
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDEN	T FVFR IN U.S. ARI	4ED	12.1	THE DEC						
F	1 Never Married 2 Marrie	FORCES? 1	YES XX N	0		if yea, spe	ecify Cubar	n, Maxicar	i, Puerto Rican, etc.)	or No-		- American Indian, White, etc.
BY	3 Widowed 4 □ Divorced	n 100, 0110 11	MH UN DAICS		'	☐ YES	\$/Y NO	Specify			Specify	White
COMPLETED	15. DECEDEN' (Specify only highe	T'S EDUCATION part grade completed)	18a. DEC	EDENT'S	USUAL OC	CUPATIO)N		16b. KIND OF BUS	INESS/IN	DUSTRY	
	Elementary/Secondary (0-12)		Hfe.	Do NOT us	se retired.)	Junny mus	ST OF WORKIN	g	n'11	1		- C-100
MP	12 years		Sa	lesm	ıan				Plli	sbur	A LTC	ur corp.
										Sumeme)		
BE												
2							nd Number	or Rural R	loute Number, City or Town	, State, Zi	p Code)	
	Daniel Buell (harter, Jr.							,			
	1 Burial XX Cremation 3	Removal from State	cemetery, cren	ND DATE O	of DISPOSI	TION (Nat	me of	10	DATE 20c. LOC	ATION —	City or Tow	n, Stata
			Merrop	OTT	22. I	rella	DADDRES	TU	\1/\21 VT6	xanc	iria,	Virginia
	161	4			Do	nald	l V. :	Borg	wardt Fune	ral	Home	, P.A.
	W. D.G	un			44	00 P	'owde	r Mi	ll Rd. Bel	tsvi	lle,	Md. 20705
	23. PART I. Enter the disease shock, or heart for	a, or complicetione theteliure. List only one ceu	ceused the dee se on each line.	th. Do n	ot enter	the mod	de of dyle	ng, such	as cerdiec or respir	etory ar	reet,	Approximata interval Between
	IMMEDIATE CAUSE (Final disease or condition	1)	4. 1.	A							Onsat and Death
	resorting in destri)											
_		JOUE TO	OR AS A CONSECU	JENCE OF	ት :	1	- /	11	1 0-	1		
ON	Sequentially list conditions,	b. DUE TO	OR AS A CONSECT	IENCE OF	D. 1	7	de	797	Gell	~		
CAT	cause. Enter UNDERLYING		Carlotter - delication		, 0							
ĬĘ	CAUSE (Disease or injury thet initiated events	DUE TO	OR AS A CONSEOL	JENCE OF	F):							-
CERTIFICATION	resulting in deeth) LAST	d										
	PART II. Other eignificent co	nditions contribution to	death but not re		- 45 - 440	for the later	at country					
DICAL	Chrones	13 /	h_ L	euiting	n the unc	derlying	ceuae g	0	PERFORM		1	WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO
G	- Ri	D	1 range	en	00	1	-1	Second	15/1ES 2	KNO		COMPLETION OF CAUSE OF DEATH?
Σ	P69 (8	let In	1 yes	Our	W	<i>P</i>	cife	cry	- E		1	I □ YES 2 NO
AN	25. WAS CASE REFERRED TO MED	4CA1					/_					
PHYSICIAN: ME	EXAMINER?	HOSPITAL:			OTHER	1:			ck only one)			
HYS	27. MANNER OF DEATH	1 Inpstient 2 28a. DATE OF	ER/Outpatient 3	28b. TIME	4 🗆 Nursi			_	Other (Specify)			
	1 Natural 5 Pendin	(Month, Da			URY	WOR	RK?	/	28d. DEȘCRIBE HOW IN	JURY OC	CURED	
BY	2 Accident Investig	28a. PLACE OF	F INJURY — At hom	o. term, s	treet, facto				28f. LOCATION (Street an	- Al-mahar	0:1 0	
TED	4 Homicide 8 Could	Duliding.	atc. (Specify)		troot,	19, 011.00			City or Town, State)	NUTRIUS	Of HURST FIOR	Ite Number,
L	29a, CERTIFIER 1 CERTIFYING	DHYSICIAN: To the heat of	- beeutades dest									
COMPLETED	(Check only one) 2 MEDICAL E	PHYSICIAN: To the best of ax	my knowledge, dest amination and/or in	h occurre	d at the tin	ne, data s sinion, de	and place,	and due t	o the cause(a) and mann	or no stat	led.	**************************************
	29b. SIGNATURE AND TITLE OF CE				4							
H H	1 -	CC (C)	1				29c. LICEN	NSE NUME	BER D	29d. DAT	E SIGNED (A	Monthy Day, Year)
2	30. NAME AND ADDRESS OF PERS	The same	E OF DEATH (ITEM	27) /Type	Printl	-	2/	50	71		10,	16/91
	D134 C	unning	- di	120	}	Le	vns	Letterer	fle Ala	/	2r	1
	31. DATE FILED (Month, Day, Year) OCT 17 '91	32. TEGISTRA	SIGNATURE AND ADD	ndelle			0		9		2	27611



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28 item

MPORTANT:

COMPLETED

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or removal.	PORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examine
or removal.	dieai ax
or remov	dicai
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	filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.

91 30012 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN TOLA M. CONRAD 10/19/91 2: 15 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 24 HRS. 6. BIRTNPLACE (State or Foreign Country) 1 □ M 2 🕁 F 214 05 9822 3/16/08 MARYLAND 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR 108 ORMOND STREET FROSTBURG ALLEGANY RESIDENCE OF DECEDEN 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND ALLEGANY FROSTBURG 1 TYPES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 108 ORMOND STREET 21532 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 27 NO WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify Cuben, Mexicon, Puerto Ricen, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Merried 2 Merried 3 Widowed 4 Divorced ΒY 1 TYES 2 TYNO Specify WHITE ETED. 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondery (0-12) College (1-4 or 5+) COMPL HOUSEKEEPING DEPT. UNIVERSITY 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Malden Sumame) WILLIAM MORGAN CARRIE SPEIR BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) JOAN THOMPSON YODER DRIVE, GLEN OAKS, CUMBERLAND, MD 21502 20e. METNOD OF DISPOSITION

X Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State ☐ Donetton 5 ☐ Other (Specify) FROSTBURG MEMORIAL. PK 10/21 FROSTBURG MD 21. SIGNATURE OF FUNERAL SERVICE, LICENSEE 22. NAME AND ADDRESS OF FACILITY OWERS FUNERAL HOME 60 W. MAIN STREET, FROSTBURG, MD 21582 01 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heert feilure. List only one ceuse on each line. interval Between **IMMEDIATE CAUSE (Finel** Onset end Death diseese or condition Carcinoma, Biliary and colon 2 years resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in deeth) LAST PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Pert i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 1 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)

1 YES 2 NO	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Outpatient :	6 Other (Specify)		
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	26d. DEŞCRIBE HOW INJURY OCCURED
3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	oma, ferm, street, fac	tory, office	26f. LOCATION (Street end Number or Rural Route Number, City or Town, State)
				e to the ceuse(e) end menner ee stated. e time, date end place, end due to the ceuse(s) end menner ee stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER D = 1316 529d. DATE SIGNED (Month, Day, Come

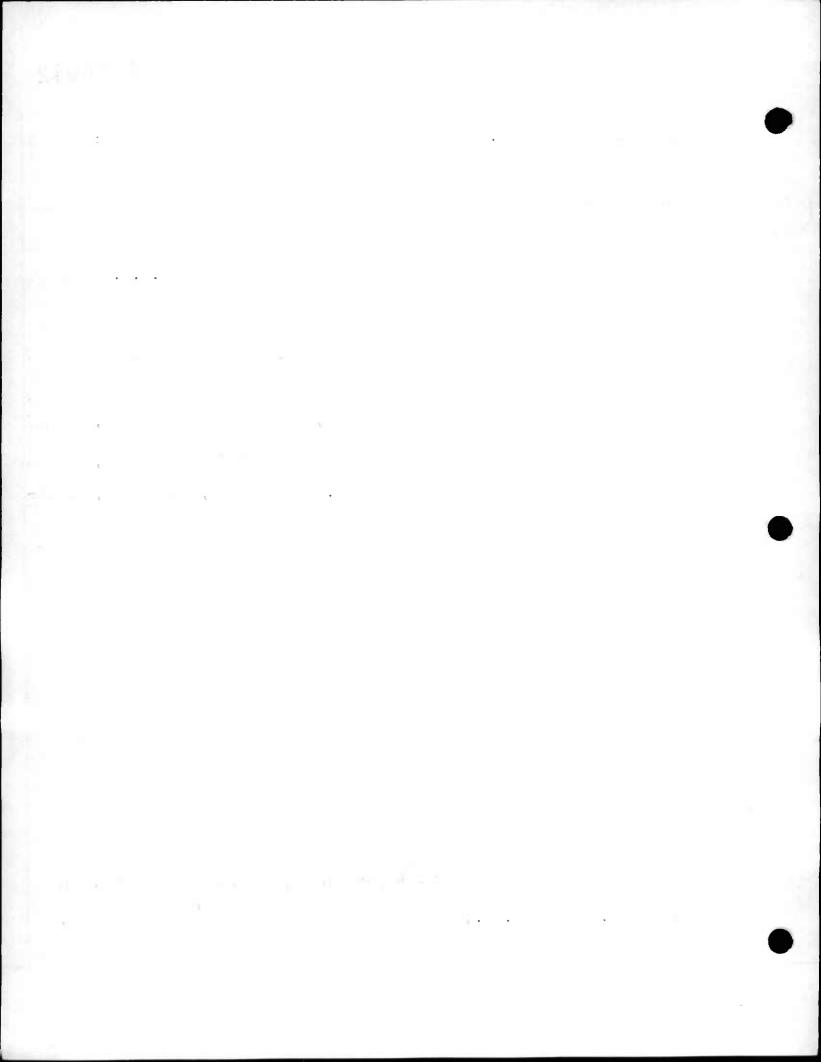
10-210931 -13166 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) FROSTBURG, MD 21532

ANGEL H FROSTBURG COMMUNITY HOSPITAL MEDICAL ROOUE 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) OCT 2 3 1991

Achie Navidson-Randale



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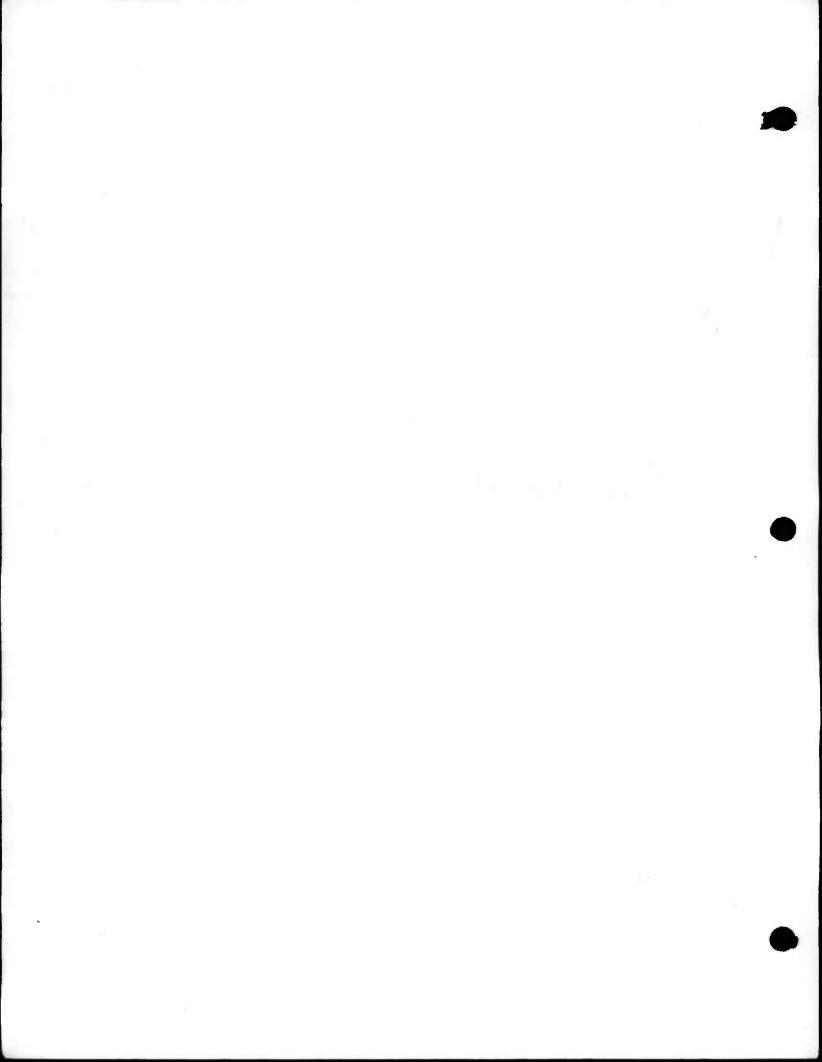
	1 - STATE REGISTRAR	STATE OF M	ARYLAND / CE		ICATE					IYGIENI REG. NO.	E		00013	
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF MONTH	DEATH DA	v	YEAR	3. TIME OF DEATH	
		Marga	ret Ma	rie	Dav	is			Öct.		199	1 1	10:54 p	A
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF I (Month, De	BIRTH sy, Year)		6. BIRTH Countr	IPLACE (State or Foreign y)	
	216-18-8698	1 - M 2 XX	87	YRS.	2.1. 2.2.2		2001			0/0			ntreville M	D
m	9a, FACILITY NAME (If not institution, give s				9b. CITY,		R LOCATIO				200	NTY OF D		
2	Meridian/Corsica	<u> Hills Nur</u>	sing Hor	me_		Cer	ntre	vil.	le		Qu	een	Anne's	_
DIRECTOR	10a. STATE 10b. COUNT				Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY LIMITS?	٦
	Maryland Qu	een Anne	e's		Gı	caso	nvi	lle					1 YES 2 NO	
M	10a. STREET AND NUMBER					10f	ZIP CODI				10g. CIT		VHAT COUNTRY?	
FUNERAL	Rt. 1 Box 9							216					S.A.	
ᆵ	11. MARITAL STATUS 1 Never Merried 2 Married		YES 2 N		1	if yes, spe	cify Cuba	n, Mexicar	IC ORIGIN? (S n, Puario Rica		or No-	14. RACI Bleck	E — American Indian, k, Whita, stc.	
B	¥(XWidowed 4 □ Divorced	IF YES, GIVE W	AR OR DATES		1	I 🗌 YES	2)KN0	Specify.	:			Spec	white	
	15, DECEDENT'S EDU		16a. DEC	CEDENT'S	USUAL O	CCUPATIO)N	6	18b. Kil	ND OF BUS	INESS/INC	DUSTRY	W11200	
	(Specify only highest grade Etementary/Secondary (0-12)	College (1-4 or 5+	life	Do NOT u	work done o se retired.)	during mo	st of workir	ng						
M M	9			НС	usev	νif∈	€							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16. MOTI	HER'S NAM	ME (First, Midd	lle, Maiden	Surname)			
B	Howard Witby								s Joh					_
2	19a. INFORMANT'S NAME (Type/Print)								Route Number,				24.620	3
	Charles E. D	avis	20b. PLACE O	₹t.					Grasc		LIE,		21638	_
	15 Burial 2 Cremation 3 Rem	oval from State	other pla	ce)					0/7/91				OA CO	,
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	7		22.	NAME AN	ID ADDRE	SS OF FAC	CILITY					٦
	Mymas K. 9	Lestenbe	n										es, PA MD 21619	
	23. PART I. Enter the diseasee, or												Approximete	
	ehock, or heert failure. IMMEDIATE CAUSE (Finel	Liet Dnly Dne ceu	se on eech line.		0	01		2	_				Onset and Deati	
	disease or condition resulting in deeth)	e	/00 40 4 00 WOOD			0							(who	_
_			(OR AS A CONSEC	IUENCE C) -):								<i>V</i>	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEC	UENCE C	OF):									
S	cause. Enter UNDERLYING CAUSE (Diseasa or Injury	C	OD AS A SOMETO	MENOE 6				_						_
	thet initiated events recuiting in death) LAST	DOE TO	(OR AS A CONSEC	DENCE C	r):								İ	
E I		d												
DICAL	PART II. Other significant condition	e contributing to	death but not re	esulting	in the ur	nderiyin	g cauea	given in	Part I. 24	Ia. WAS AN		241	o. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	;
음									_ 1	☐ YES 2	□ NO		COMPLETION OF CAUSE DF DEATH?	
ME									_				1 YES 2 NO	
ÿ														_
PHYSICIAN: MEI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL;			OTHE		ACE OF D	EATH (Che	eck only one)					\dashv
ΥS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 I		DOA 28b, TII		sing Hom		ealdance	6 Other (S	,,	N ILIBA OC	CHRED		4
	1 Natural 5 Pending	(Month, D			JURY M	WC	PRK?] NO	290. DE 3011	IDE HOW I	NOONI OC	CONED		
р Вү	3 Suicide s Could not be		F INJURY — At horate. (Specify)	me, farm,	atreet, fect	tory, offic	•			ON (Street l		er or Rural	Route Number,	_
COMPLETED	4 Homicide determined								Oily or					
PE	29a. CERTIFIER CERTIFYING PHYS	ICIAN: To the best of	my knowledge, de	ath occur	red at the t	time, date	and place	, and due	to the cause	(s) and ma	nner sa sta	nted,		٦
NO.	one) 2 MEDICAL EXAMINI	ER: On the baels of a	camination and/or i	nvestigst	ion, in my d	opinion, c	lasth occu	red at the	time, data an	d place, ar	d due to t	tha cause(a) and manner as stated.	
BE C	29b. SIGNATURE AND THE OF CERTIFIE	R R	7) (λ.	1		29c. LIC	ENSE NUM	MBER				(Month, Day, Year)	
10 B	Then	61	Int	COL	111	7	I	0123	45			10 -	7-91	
-	Dr. John R.			103		Bro	adwa	3 V -	Cent	revi	110	ME	21617	
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE				W C	~ 1 1	501101	^ 1		, 1711	21017	-
	007 0 7 '91	Julia	Davidson-A	ander	2									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

DHMH-16 Rev 1/89

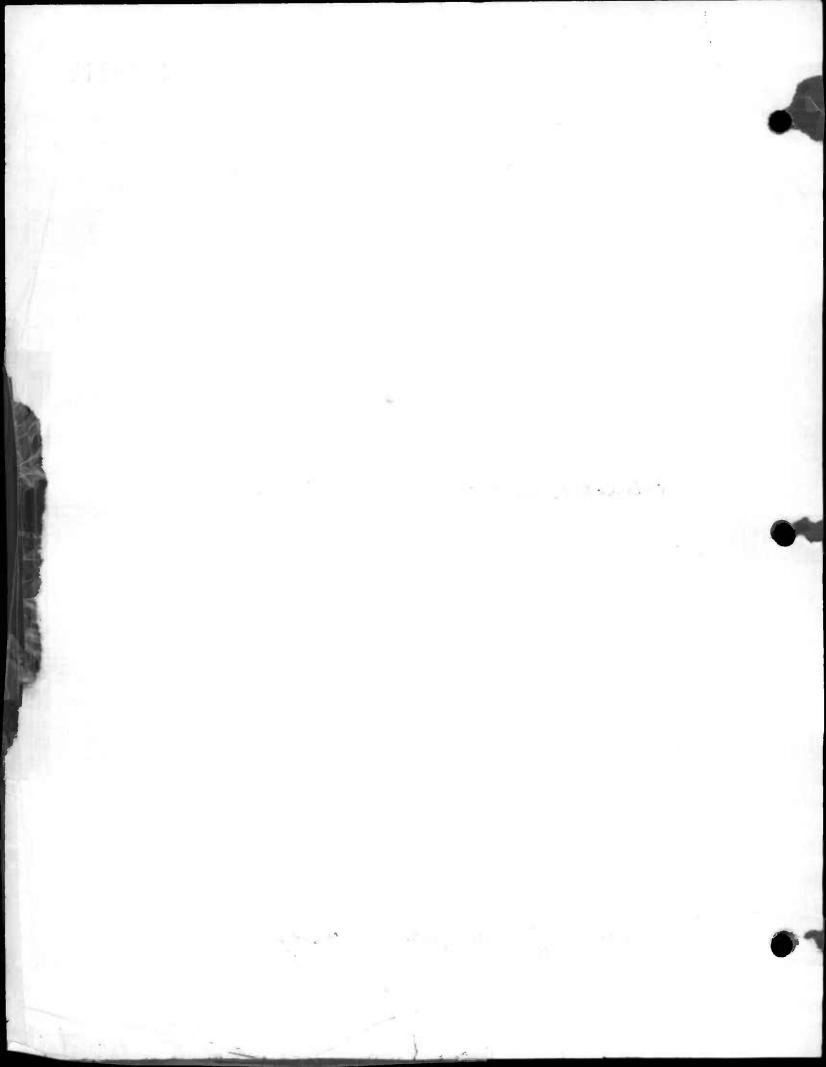


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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician at	8
	-	

31. DATE FILED (Month, Day, Year)

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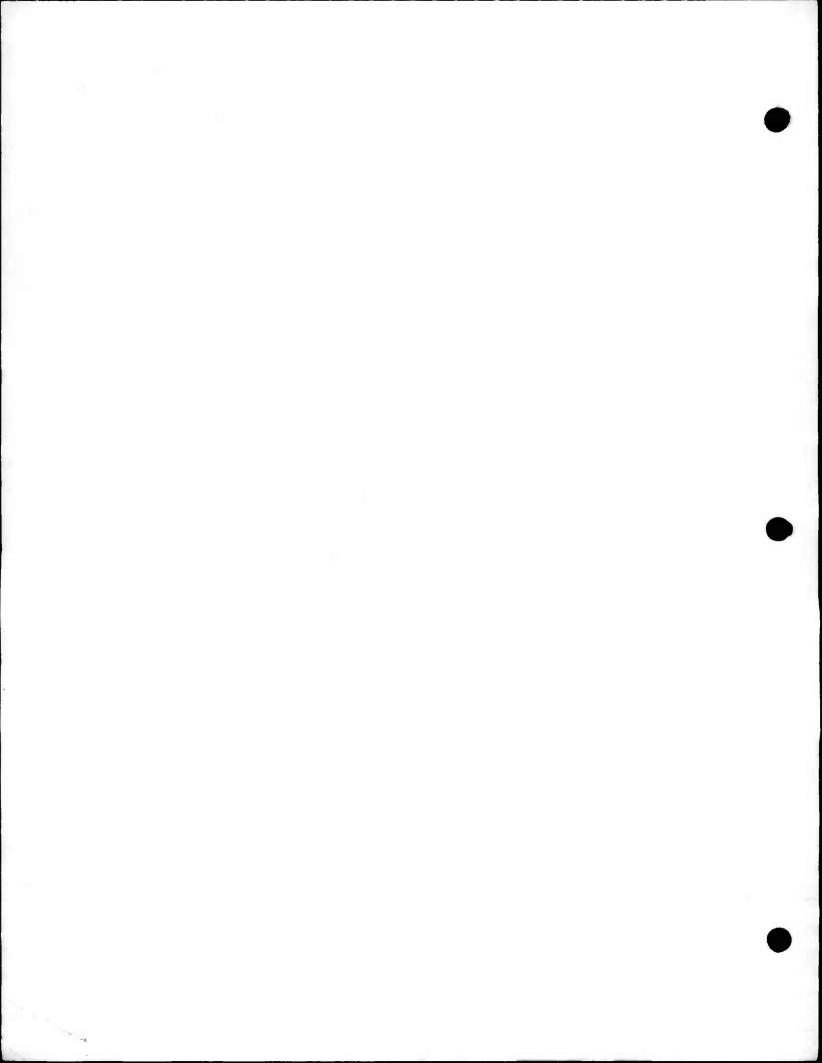
	FOR					9	30014				
_	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART CERTIFI	MENT OF HEALTH A	ND MENTAL	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)	and the same of th				OF OEATH	YEAR 3. TIME OF OEATH				
	1. SOCIAL SECURITY NUMBER		Dears	1 3 1 30		-19-9	1 DEAD BA				
	23.3-24-3029	1 M 2 XF 8		IF UNDER 1 YEAR IF UNDER 24 MONTHS DAYS HOURS	MIN. (Month	DF BIRTH Day, Year) 15, 1907	8. BIRTHPLACE (State or Foreign Country) Tennessee				
-	9e. FACILITY NAME (If not institution, give			9b. CITY, TOWN OR LOCATION			TY OF DEATH				
CTOR	Holy Cross Hosp	ital		Silver Spri	ing	Mon	tgomery				
1 22	10e. STATE 10b. COUNT	Y	10c. CITY,	TOWN OR LOCATION			10d. INSIDE CITY				
اد 10	Maryland Mo 100. STREET AND NUMBER	ntgomery	R	ockville			1 YES 2 NO				
FUNERAL	5227 Russett Ro	EN OF WHAT COUNTRY?									
3	11. MARITAL STATUS	12. WAS DECEDENT EVER		20853			ted States				
B	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 TYES		If yes, specify Cuben, I t ☐ YES 2 X NO	Mexicen, Puerlo R	icen, efc.)	14. RACE — American Indian, Black, White, etc. Specify:				
100	15. OECEDENT'S EOU (Specify only highest grade	ICATION	16a. DECEDENT'S U	SUAL OCCUPATION	16b.	KIND OF BUSINESS/INDL	White				
Ē	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	rk done during most of working retired.)							
once.	12		Home	maker		Own Hor	me				
	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER	R'S NAME (First, M.	iddle, Maiden Surneme)					
B B	Marion McAf	ee				Claxton					
TO BE				DDRESS (Street end Number or							
pe	Arlena B. Clark 200, METHOD OF DISPOSITION	201		DISPOSITION (Name of							
SIL	t ABurlel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify)	ioval from State cer	netery, crematory or other	er plece)	DATE						
196	21. SIGNATURE OF FUNERAL SERVICE LI		100381	22. NAME AND AODRESS	TU/23/9 OF FACILITY	IGreenvill	e, Tennessee				
medical examiner must	* Larbara Jo mich			22. NAME AND ADDRESS ROBERT A. P Rockville, Avenue, Roc	umphrey Inc. 3 kville.	Funeral Ho 00 West Mon Maryland	ome/ otgomery				
edica	23. PART I. Enter the diseesea, pr shock, pr heart fellure.	complications that ceuse List only one ceuse on e	d the death. Do no	t anter the mode of dying	, such as cardi	oc Dr respiratory arre	st, Approximate				
the m	IMMEDIATE CAUSE (Final						Intarval Batwe Onaet and Des				
	disease or condition resulting in deeth)	a	ardia	anny	the an	~0					
event,		OUE TO (OR AS A	CONSEQUENCE OF):	and and							
y, or other traumatic CERTIFICATION	Sequentially list conditions,	b. DUE TO (OR AS A	CONSEQUENCE OF:	ar	tar 10	2010000	(2)				
A Tag	If any, leading to immediate cause. Enter UNDERLYING	202 10 (011 70 7	CONSEGUENCE OF):								
HE HE	CAUSE (Disease or Injury that initiated events	C. DUE TO (OR AS A	CONSEQUENCE OF):								
S F	resulting in death) LAST	d.									
5 5	PART II. Other significant condition	as contributing to death h									
any in	and any and any and any	e contributing to death to	de not resulting in	the underlying couse give	en In Part I.	24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDING: AVAILABLE PRIOR TO				
MEDICA						1 TES 2 X NO	DF DEATH?				
·							1 TYES 2 NO				
AN I	25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEAT	H (Cheek and and						
SICI,	EXAMINER?	HOSPITAL:		THER:							
HY OF	27. MANNER OF DEATH	280. DATE OF INJURY	28b. TIME (☐ Nursing Home 5 ☐ Reelde DF 28c, INJURY AT		Specify) RIBE HOW INJURY OCCU	RFO				
marked, BY PH	Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	WORK? M 1 YES 2 N							
E C	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stre	et, fectory, office	281. LOCAT City or	TON (Street end Number or Town, State)	Rural Route Number,				
E W	29e. CERTIFIER										
= 5	(Check only one) > MEDICAL EXAMINE	(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end memor ee stated.									
BE BE	206. SIGNAPLIBE AND TITLE OF CHATIFIES			29c. LICENSE			BIGNED (Month, Day, Year)				
우	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Time Pr	int)	083	16 10	14.00				
	Oshus	reduc		218 00180	ionsin	5 Acres	Bethis.				



TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NAME (First	1. DECEDENT'S NAME (First, Middle, Asst) PERRY E. DUFFIN, SR. 2. DATE OF DEATH TO SAY 7-9 TEAR 3. TIME							2. DATE OF DEAT	5 my 7 -	9 JEAR	3. TIME OF DEATH 2347 M
4. SOCIAL SECURITY NUMBER 578-14-31		5. SEX	6. AGE (In yr	-	IF UNDER 1 YE	AR IF U	INDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Yes 2-25-1	3	Country	PLACE (State or Foreign
Shady Gr SHADY UTO	OVE A	tred and number). dventis	HOSPI	sp.			cation of or		9c. CO	UNTY OF DE	
RESIDENCE OF DEC	10b. COUNT	7		10c. CITY,	TOWN OR L	OCATION					10d. INSIDE CITY LIMITS?
Maryland 100. STREET AND NUMBER		lontgome	ery		Roc	kvil					1 X YES 2 NO
406 McLan		ırt				10f. ZIP	2085	0	10g. CI	USA	/HAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 3 Never Married 4 Divo	Married	12. WAS DECEDED FORCES? IF YES, GIVE	I YES 2	NO NO	If ye	s, specify		IIC ORIGIN? (Specifin, Puerto Rican, ato			- American Indian, , Whita, atc. /y: Black
15. DEC (Specify on	CEDENT'S EDU ly highest grade	CATION completed)	16	a. DECEDENT'S U (Give kind of wo life. Do NOT use	SUAL OCCU	PATION ng most of v	vorking	16b. KIND OI	BUSINESS/II	DUSTRY	
Elamentery/Secondary (6	0-12)	Collage (1-4 or 5	+)		chan:			So	uther	n St	ates
17. FATHER'S NAME (First, A	Aiddie, Last)					18.		ME (First, Middle, Me			
Arthur C.		in						n Thom			
Perry E.	Duffi	n, Jr.	(son	406	McLa:	ne C	ourt,	Rock V	ille,	MD	
20a. METHOD OF DISPOSIT 1 Burial 2 □ Crematic 4 □ Donation 5 □ Other	on 3 🗆 Ram	oval from Stata	St.	ACE OF DISPOSI	s Cei	of cometery mete	crematory or	20	Boyd		
2) SIGNATURE OF FUNERA	AL SERVICE LI	man	Lu		S	NOME	DEN FU	CILITY JNERAL , MD 20	HOME, 850	P.A	
shock or the shock	Aspiration Pneumonia Onset end Death Aspiration Pneumonia Due to (oh as a consequence of): Dementing In death) Onset end Death									Approximate Interval Between Onset end Death	
If eny, leeding to imme ceuse. Enter UNDERLY	ING	N	Maln	NSEQUENCE OF	on						į
CAUSE (Disease or Injuthat Initiated events resulting in deeth) LAS		DUE TO	O (OR AS A CO	ONSEQUENCE OF):						
PART II. Other eignifica	ant condition	ns contributing to	o death but	not resulting in	the unde	riying ce	use given in	Part I. 24a. W	S AN AUTOPS	Y 24b	WERE AUTOPSY FINDINGS
urinai	14 7	vact	inf	ection	1				RFORMED?		AMAILABLE PRIOR TO COMPLETION DE CAUSE DE DEATH? 1 YES 2 NO
25. WAS CASE REFERRED 'EXAMINER?	TO MEDICAL	HOSPITAL:	m en e		OTHER:		OF DEATH (Ch				
1 YES 2 NO		1 Nopetient 2 28a. DATE O	F INJURY	28b. TIME	OF 28	c. INJURY		6 Other (Specify 26d, DESCRIBE I		CCURED	
1 Natural 5 2 Accident	Pending Investigation		Day, Year)	INJU	JRY	WORK?	2 NO				
a Dulaida	Could not be detarmined		OF INJURY — j, atc. (Specify)	At home, farm, st	treet, factory	, office		26f. LOCATION (S City or Town,		ber or Rural I	Route Number,
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and dua to the cause(a) and manner as stated. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and dua to the cause(a) and manner as stated.											
29b. SIGNATURE AND TITL	E OF CERTIFIE	1-60	Har	DW A	uD	290	LICENSE NU	503	29d. D	LO T	(Month, Pay, Year)
19530	DOCT	OS D	V LVE	H (ITEM 27) (Type,	Print)	nto	nw	nd	306	324	
	31. DATE FILED (Month, Day, Year) OCT 2 2 91 Grand Sandson - Bandson - Ban										

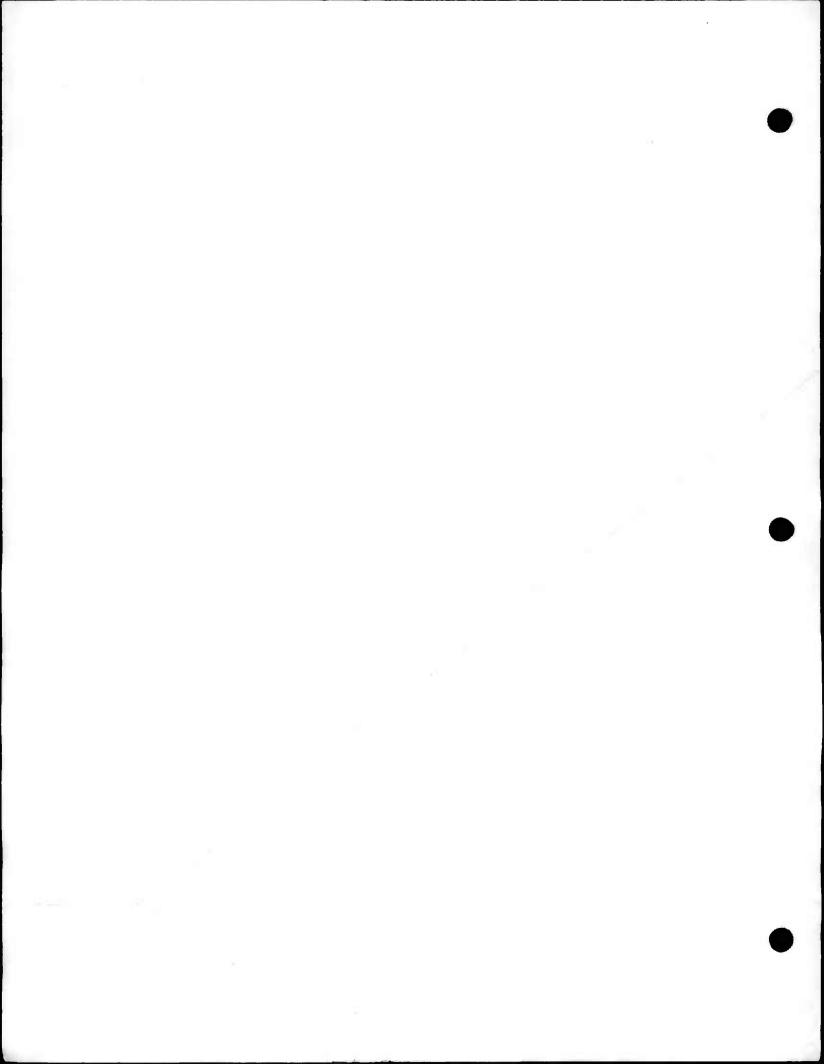


BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAN		- 01	→111111	OAIL	71 L	76711		ne	G. NO.				
	1. DECEDENT'S NAME First, Middle, Last) PLICE du VAL						2. DATE OF DEATH MONTH DAY 3			YEAR	3. TIME OF OEATH 0320 M			
ļ	4. SOCIAL SECURITY NUMBER	ETT	IF UNDER 1 YE	IF UNDER 1 YEAR IF UNDER 24 HRS.			10							
			SEX 6. AGE (In yrs. lest birt			_		0.0004	7. DATE OF BIRTH (Month, Day, Year)			Countr		
l	214-03-0513	1 XXM 2 □ F	79	YRS.		-		1	March 1	9,1	912	Mar	yland	
ľ	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY, TO	WN OR	LOCATION	N OF OEA	NTH .		9c. COU	NTY OF D	EATH	
Œ	Shady Croye Advan	tict Hoc	nital		Pocks	7111	۵				Montgomery			
6 1	Shady Grove Adventist Hospital					Rockville						Honegomery		
	10a. STATE 10b. COUNTY	10c. CITY	TY, TOWN OR LOCATION 10d. INSIDE CITY											
E	Manual on d Monta	Cod									LIMITS?			
51	Maryland Monte	Gai	Gaithersburg											
FUNERAL DIRECTOR											WHAT COUNTRY?			
쁘Ⅱ	10004 Stedwick Ro			2	0879				U.S	. A .				
5	11. MARITAL STATUS	MED									E — American Indian, k. White, etc.			
-	1 Never Married 2 Married	IF YES, GIVE V	YES 2XXX	NO			Specify:	1, 1 00110 1110011, 0101)			Speci			
Æ	3 Widowed 4XXDIvorced												White	
	15. OECEDENT'S EDUC	CATION	16a. DE	CEDENT'S	USUAL OCCUPATION 16b, KINO OF BUSINESS/INDUSTRY									
E	(Specify only highest grade		life.	iive kind of w . Do NOT us	ork done durir e retired.)									
2	Elementary/Secondery (0-12)	College (1-4 or 5		ac D				l Re	anki	nα				
Σ		0	I VI	ice P.	reside									
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAME (First, Middle, Maiden S							17		
BE	Marion Duckett Jr	•				1	Marga	aret	R. St	ephe	en			
	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (S	treet and	d Number o	or Rural Ro	oute Number, City	y or Town	, State, Zi	p Code)		
2	Helen Bowman		5	592 I	eakwo	od	Ct.	Fred	lerick,	Man	ryla	nd 2	d 21701	
- 1	20e. METHOD OF DISPOSITION				SITION (Name								own, Stata	
	1XXBurial 2 Cremation 3 Remo	oval trom State	other pl	lace)								•		
-	4 Donation 5 Other (Specify)	Succession	- Holy T	<u> Prini</u>						COT	Ling	gton,	, Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LIC) A			22. NA	ME ANO	AOORESS	S OF FAC	The The	Vo1	Fun	eral	1 Home	
	1.2.6	.)		MOOO	10	E.	Door	Dar					g, MD 20877	
	23. PART i. Enter the diseases, or o	annila salana Ab								_				
	shock, or heart fallure.	List only one ce	use on each line	0.						-			Approximate Interval Between	
	IMMEDIATE CAUSE Finel Onset and Deeth													
- 1	immediate Cause Finel disease or condition resulting in death) a. Chalminal ATA-C Analysm Rupture Onset and Death [Luck]													
	resulting in death)	OUE TO	(OR AS A CONSE	OUENCE OF	F):									
-														
MEDICAL CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):													
A	If any, leading to immediate cause. Enter UNDERLYING													
5	CAUSE (Diseese or injury	C. DUE TO	(OR AS A CONSE	OUENCE OF	n.								<u> </u>	
Ē	that initiated events resulting in daeth) LAST	502 10	(OIL NO A CONSE	OOLHOE O	1.								j	
E		d												
0	PART II. Other significent condition	a contributing to	death but not	resulting	in the unde	rivina	cause di	iven in i	Part i 24s	WASAN	AUTOPSY	241	b. WERE AUTOPSY FINDINGS	
¥	Novmotuse Hypeotus	of Hu	11.100	ha a		i iying .	couse gr	10011 111 1	240.	PERFOR		24	AVAILABLE PRIDR TO	
8	10cv1v610636	00	0100 081	740	_				_ 1 🗆	YES 2	ONO		COMPLETION OF CAUSE OF DEATH?	
	Hypert	4314											1 YES 2 NO	
3									_					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PLA	CE OF DE	ATH (Che	ock only one)					
0	EXAMPLE TO	HOSPITAL:			OTHER:				111 - 121 - 111	-11				
₹ I	1 YES 2 40		☐ ER/Outpetlent 3					eldenca (6 Other (Spec					
표	27. MANHEN OF DEATH	26a. DATE O (Month,	F INJURY Day, Year)	28b. TIM	IURY	IC. INJU		- 1	28d. OESCRIBE	E HOW II	NJURY O	CUREO		
BY	1 Meturel 5 Pending				М	1 🗌 YE	E\$ 2 🗌	NO						
	3 Suicide 8 Could not be	28e. PLACE	28e. PLACE OF INJURY — At home, farm, building, etc. (Specify)						28t. LOCATION (Street and Number or Rural Route Number,					
	4 Homicide detarmined	bulluling	, etc. (Specify)						City or Tow	m, state)				
COMPLETED	29e. CERTIFIER													
<u>a</u>	(Check only 1 Check only 1 Chec													
5	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurse at the time, data and place, and due to the cause(s) and manner as stated.													
S I	296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)													
0	(//wmw/ n-2092) 1 10/n/c/													
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GRATH (ITEM 27) (Inc. Print)													
.	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)													
		1 100			114	>//	1	17	1	201	IV.	11/) , , , , , ,	
	31. DATE FILED (Month, Day, Year)	31. DATE FILED (Month, Day, Your) 32. REGISTRARE SIGNATURE ADVISED TO THE PROPERTY OF THE PROP												



8. BIRTHPLACE (State or Foreign

3. TIME OF OEATH

1:00 AMM

DIRECTOR

FUNERAL

BY

BE COMPLETED

2

1. OECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

JOHN

5. SEX

Dougherty

8. AGE (In yrs. last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS.

1991

11

2. OATE OF OEATH MONTH

October

7. DATE OF BIRTH

204-18-000	8	1 🖾 M 2 🗆 F	64	YRS.	MONTHS	DAYS	HOURA	MIN.	Oct.	22, 1	926	Penn	sylvania
9e. FACILITY NAME (If not in	stitution, give :	street and number)			9b. CIT	y, TOWN	OR LOCATI	ON OF DE	ATH		9c. COU	NTY OF OEA	TH
4515 Will		re. #2121S			Ch	evy	Chas	e			Mon	tgome	ry
10a. STATE	10b. COUNT	Υ		10c. CITY	Y, TOWN	OR LOCA	TION					1	IOd. INSIDE CITY LIMITS?
Maryland	Mon	tgomery		Chev	vy C	hase	4					1	YES 2 NO
10e. STREET AND NUMBER		ASS.				10	f. ZIP COD	E			10g. CIT	ZEN OF WH	IAT COUNTRY?
4515 Willa:	rd Ave	•					2081	5			11	.S.A.	
11. MARITAL STATUS 1 💢 Never Merried 2 🗍 3 🗍 Widowed 4 📗 Divo		12. WAS DECEDENT EVE FORCES? 1 X YI IF YES, GIVE WAR OF W.W. II	ES 2 N		13.	If yes, s		n, Maxica	n, Puerto	i? (Specify Yea Rican, atc.)		14. RACE -	
15. DEC	CEDENT'S EDU	JCATION	18a. OEC	EDENT'S	USUAL C	CCUPATI	ON ost of worki		18b	KIND OF BUS	SINESS/INC	USTRY	
Elementary/Secondary (College (1-4 or 5+)	life.	Do NOT us	se retired.)				n II	.S. Go	vern	ment	
17. FATHER'S NAME (First, A	Airidia I net)	•								Middle, Maiden			
Cornelius		cherty								Donne1			
19a. INFORMANT'S NAME (ignercy	1 405	14411 (1)40	100056	0.00				ber, City or Tow		- Onde)	
													015
Joseph E.									Une	vy Cha			
20e. METHOD OF OISPOSIT 1 ↑ Burial 2 Cremati 4 Donation 5 Othe	on 3 🗌 Ren	noval from Stata	other pla Gate	(C8)								City or Tow	n, State
21. SIGNATURE OF FUNERA	AL SERVICE L	ICENSEE		02.			ND ADDRE		CILITY .	DeVo1		•	•
> John	F. X	Je Vel			2	222	Wisc	onsi					ome ton,DC
ahock, or h	neart fallure.	complications that cau. List only one cause of											Approximate interval Between Onset and Deeth
IMMEDIATE CAUSE (FI disease or condition	nel												Oliset and Deeth
resulting in death)	\rightarrow			Nyocardial infarction B A CONSEQUENCE OF):									sudden
Sequentially list condi	tions.	advanc				rter	y di	seas	e				years
if any, leading to imme	ediate	DUE TO (OR A	IS A CONSEC	DUENCE O	F):								
CAUSE (Disease or in)		C			_								
that initiated events resulting in death) LAS	eT.	DUE TO (OR A	IS A CONSEC	DUENCE O	H-):								i
resulting in Gastil) Ex-	"	d											1
		ona contributing to deat				ındariyi	ng ceuee	given in	Part i.	24a. WAS AN			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
diabetes	melli	tus, insuli	n depe	ender	nt_					1 TES	X NO		COMPLETION OF CAUSE OF DEATH?
													1 YES 2 NO
			_									- 1	
25. WAS CASE REFERRED	TO MEDICAL	- H-157				28.	PLACE OF	DEATH (C)	heck only o	ne)			
EXAMINER?		HOSPITAL:	Dutpatient 3	□ DOA	OTHE	ER:	me s Xi s	tesidence	8 🗆 046	er (Specify)			
27. MANNER OF DEATH		28a. DATE OF INJU	RY	28b. TIN	AE OF	28c. II	JURY AT			SCRIBE HOW	INJURY OC	CURED	
37	Pending	(Month, Day, Ye	er)	IN.	JURY	A	ORK? YES 2	□ NO	-				
2 Accident	Investigation	28a PLACE OF INJ	URY — At ho	me, term	atreet fo				28f. LO	CATION (Street	and Numbe	or Or Prunsi Pa	oute Number
3 Suicide 6	Could not be	building, atc. (Specify)	ered, resettly	annar! 16	July, on	-			or Town, State		a or regress rec	sere . varinos,

1 🖹 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated.

3301 New Mexico Avenue, N.W., Washington, D.C

29c. LICENSE NUMBER

3332

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within X. Sours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BE

2

4 Homicide 29a. CERTIFIER

6 Could not be determined

Lo

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

REGISTRAR'S SIGNATURE ulia Davidson

29b. SIGNATURE AND TITLE OF CENTIFIER

31. DATE FILED (Month, Day, Year)

Oscar Mann, M.D.,

91

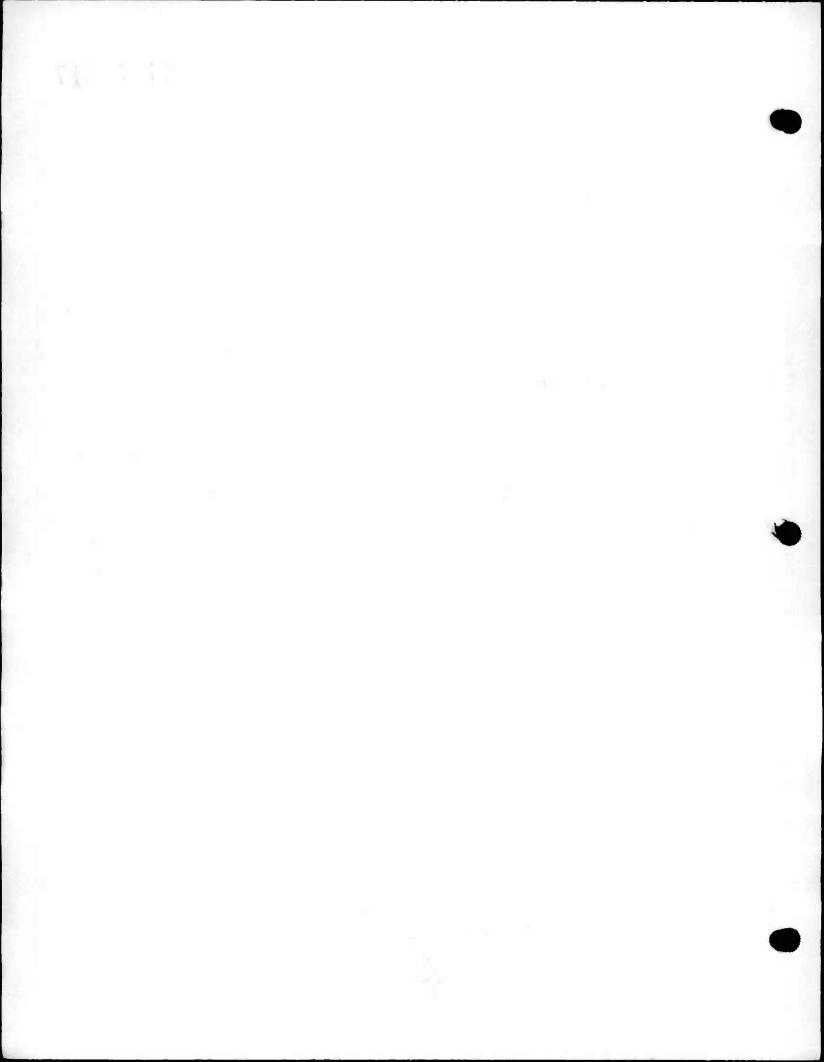
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-18 Rev 1/89

11,1991

29d. DATE SIGNED (Month, Day, Year)

Oct.



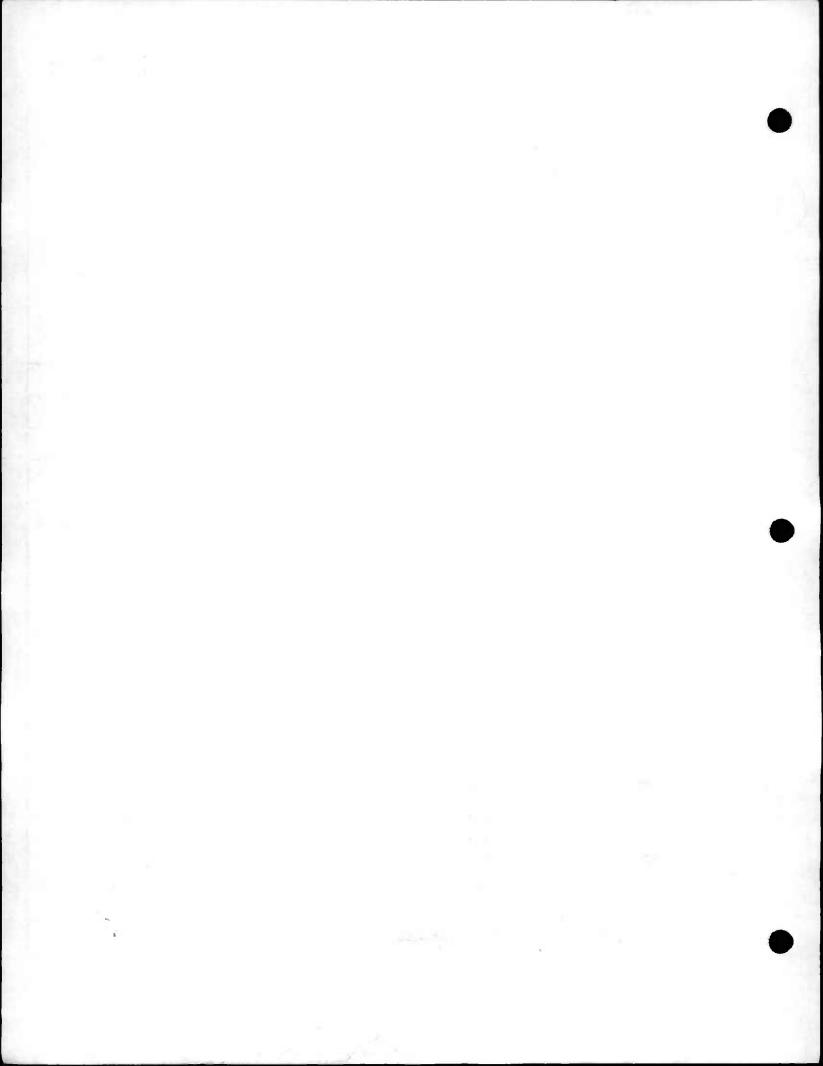
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit be filled within 72 hours after death with he State Debt of Health and Mental Hygiene prior to burlal, cremation, or removal.

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	* REGISTRAR		CE	:KIIIFI	CALE	UF	DEAL	п	REG. NO					
,	1. DECEOENT'S NAME (First, Middle, Last)	son		П			October 1	3. TIME OF OEATH 3:40 A M						
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.		i. last birthday)		IF UNDER 1 YEAR		24 HRS.	7. OATE OF BIRTH			PLACE (State or Foreign		
	579-50-6192	51				HOURS	MIN.	Nov. 21,	1939	9 Maryland				
Ì	9a. FACILITY NAME (If not institution, give st	reet and number)									9c. COUNTY OF DEATH			
DIRECTOR	6811 Calverton Drive				Hyattsville Prince Geo:							eorge's		
Ñ.	10a. STATE 10b. COUNTY	,		10c. CITY	TY, TOWN OR LOCATION 10d. INSIDE C LIMITS?									
ā	Maryland Princ	Ну	Hyattsville							1 🗆 YES 2 💢 NO				
₹	10e. STREET AND NUMBER			101	. ZIP CODI			10g. CITIZEN OF WHAT COUNT						
FUNERAL	6811 Calverton Di						0782			States				
5	11. MARITAL STATUS 1 Never Married 2 (Married	MED O	1 1	yes, sp	ecity Cuba	n, Maxicar	IC ORIGIN? (Specify Yen, Puerto Rican, etc.)	American Indian, White, etc.						
à l	3 Wildowed 4 Olivorced		1	☐ YES	2)(_)(NO	Specify			Specify	hite				
COMPLETED	15. OECEDENT'S EOU (Specify only highest grade		(Gh	CEDENT'S USUAL OCCUPATION the kind of work done during most of working 18b. KIND OF BUSINESS/INDUSTR							DUSTRY			
9	Elementary/Secondary (0-12)	College (1-4 or 5	·)	Do NOT us					1 3	11.				
N N	17. FATNER'S NAME (First, Middle, Last)	l l	lanag	er				L,IQUC	Liquor Store					
8	Clarence Vernor	n Dawson								Broderick				
B	19a. INFORMANT'S NAME (Type/Print)		196	MAILING	ADDRESS	(Street e			Route Number, City or Tox			CK		
2	Carolyn A. Daws	son							Hyattsvi			0782		
	20a. METNOD OF DISPOSITION 1 ☐ Burlel 2X☐ Cremation 3 ☐ Rem	ovel from State	20b. PLACE	ANO OATE	or other of	OSITION	(Name		OATE 20c, L					
	4 Donation 5 Other (Specify)	crematory Dan (ver S	pring	, Maryland				
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Rapp Funeral Services, P. A. 933 Gist Avenue, Silver Spring									١.	MD 00010				
_	rien	N,	apa	0	_									
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arreat, abook, or heart feilure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Imministration of the disease of condition resulting in death)													
_	DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate COUR AS A CONSEQUENCE OF):													
FIC	CAUSE. (Disease or injury DUE TO (OR AS A CONSEQUENCE OF):													
E	that initiated events resulting in death) LAST													
	PART II. Other algnificant condition	e contributing to	death but not r	eculting i	n the un	derivin	0.001100	alven in	Part I. 24s, WAS A	u alimonev	1 245	WERE AUTOPSY FINDINGS		
EDICAL	TAIT II. Ollar algillioant condition	osulting i	ii dia dii	dariyin	g cause	given in	PERFO	RMED?	240.	AVAILABLE PRIOR TO COMPLETION OF CAUSE				
			1 TYES					2 NO OF DEATH?		OF DEATH?				
Σ	1 YES 2 NO										T TES 2 NO			
¥	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF C	DEATH (Ch	eck only one)					
Sic	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1													
PHYSICIAN:	27. MANNER OF OEATN 1 X Netural 5 Pending 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 28b. TIME OF INJURY AT WORK? 1 V ES 2 NO													
D BY	2 Accident Investigation 3 Suicide 8 Could not be building, stc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, factory, office City of four, State) 28d. LOCATION (Street and Number or Rural Route Number, City of four, State)									loute Number,				
E	4 Nomicide determined													
COMPLETED	29a. CERTIFIER (Check only One) Check only Check onl													
00	2 MEDICAL EXAMINER: On the besia of examination and/or investigation, in my opinion, death occursed at the time, data and place, and dua to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Vest)													
BE														
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF CEATN (ITEM 20) (Type, Prigr)													
	7525 Green way Center Dr. Greenbelt MD20770													
	31. DATE FILED (MONTH, Day, Year) OCT 17 91 June Day													

12

OHMH-18 Rev 1/89



GEÓRGE

31. DATE FILED (Month, Day, Year)

OCT 29 '91

C.

	500						91	3	0019
	FOR STATE REGISTRAR	STATE OF MARYLAND	DEPAR	TMENT	T OF HEALTH AND E OF DEATH				
	1. DECEDENT'S NAME (First, Middle, Last)		CATIF	CATI	E OF DEATH	REG. NO).	123	TIME OF DEATH
	THELMA JEA	NNETTE DI	FEND	DERF	ER	MONTH D	6,1991	EAR	ME OF DEATH
	4. SOCIAL SECURITY NUMBER 5	s. SEX 6. AGE (In yrs. Ia	st birthday)	IF UNDER		7 DATE OF BIRTH	8.	BIRTHPLA	CE (State or Foreign
	<u> </u>	□ M 2 💢 F 68	YRS.	MONTHS	DAYS HOURS MIN.	DEC. 14	1922	Country)	IRGINIA
œ	9e. FACILITY NAME (If not institution, give street				GERSTOWN	DEATH	9c. COUNTY	OF DEATH	
DIRECTOR	WASHINGTON COUNT		WASH	HING	I O N				
REC	10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10								
RAL	To. Street and number 100. STREET AND NUMBER 101. ZIP COOE 102. CITIZEN O 21.7 MARBERN ROAD 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No								
JNE	127 MARBERN RO	MAC DECEDENT FUED IN 11 0 11	200		21740			J.S.	
	1 Never Married 2 Married	FORCES? 1 YES 2 FIF YES, GIVE WAR OR DATES	MO AWED		WAS DECENDENT OF HISP/	en, Puarto Rican, etc.)	8 or No — 14.	Black, Wh	merican Indian, ita, atc.
ВУ	3 Widowed 4 Divorced				1 YES X NO Spec	my:		Specify:	WHITE
TED	15. DECEDENT'S EDUCAT (Specify only highest grade con	npleted) (0	ECEDENT'S Sive kind of w	rork done	CCUPATION during most of working	16b. KIND OF BU	SINESS/INDUS	rry	
PLE	Elementary/Secondary (0-12)	2011ege (1-4 or 5+)	. <i>Do NOT us</i> EAD		ED	BANK	,		
COMPLET	17. FATHER'S NAME (First, Middle, Last)	1110	- 70			AME (First, Middle, Maiden			
BE C	WILLIAM WES	SLEY TUCKER	3		VIOL		SIMM	1S	
TO B	19a. INFORMANT'S NAME (Type/Print)	19	b. MAILING	ADDRESS	S (Street and Number or Rural	Route Number, City or Tow	n, State, Zip Co	de)	
-	LINDA A. STAHL	22	25 J/	ACKS	SON AVENUE	, HAGERST	TOWN, M	ID.23	1740
	20a. METHOD OF DISPOSITION 1 W Burlel 2 Cremation 3 Ramoval	from State 20b. PLACE	AND DATE O	FDISPOS	SITION (Name of	DATE 20c. LO	CATION — City	or Town, 8	iteta
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENS		HAVE		EMETERY 1		IAGERS	UWN ,	NASH.,MD.
		Brache		Al	NDREW K. COI O E. ANTIET	FFMAN FUNER	RAL_HOM	E, I	VC.
			-41 - 5						21740
		t only one ceuse on each line	etn. Do n e.	ot enter	the mode of dying, su	ch as cardiec or reepi	iratory arrest	.	Approximete intervai Between
	iMMEDIATE CAUSE (Fine) disease or condition	Cardinoul	mar	100	1 0550-	f			Onaet and Death
	resulting in death) a	Cardiopuli DUE TO (OR AS A CONSE	OUENCE OF):	y arres	1			
NO	Sequentially liet conditions,	Hepatic F	Tail	ur	e				
ATI	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSE):					
FIC	CAUSE (Diseese or injury that initieted events	CITTHO SIS):					
CERTIFICATION	resulting in death) LAST							ļ	
<u> </u>	PART II. Other eignificent conditions of	ontributing to death but not a	neuitina i	a the un	decluing enus since i	Part I amount			
<u>8</u>	Crohn's disc	ase wit			Hiple bo	PERFOR	MED?	AVAIL	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION DF CAUSE
밀	resections h.	you the mic	Pisn)	me tabal	1 TYES 2	NO	OF D	EATH?
Z Z	eurephalop	othu		1	METADO			1	YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PLACE OF DEATH (C	heck only one)			
1 YES 1 NO 1 Inpetiant 2 ER/Outpetiant 3 DOA 4 Nursing Home 5 Realdence 8 Other (Specify)									
	27. MANNER OF DEATH Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF JRY	28c. INJURY AT WORK?	28d. DESCRIBE HOW II	NJURY OCCUR	ED	
2 Accident Investigation Investigation									
E	4 Homicide determined	building, atc. (Specify)	, ,		.,,	281. LOCATION (Street a City or Town, State)	ind Number or F	lurar Houte r	rumber,
COMPLET	290. CERTIFIER Check only	Y: To the best of my knowledge, de	ath occurred	d at the ti	me, data and place, and dur	to the cause(a) and man	mer as etated		
8	one) 2 MEDICAL EXAMINER: 0	nythe basis of examination and/or	Investigation	, in my o	pinion, death occured at the	time, deta and place, an	d due to the ce	use(a) and	manner as stated.
BEC	29b, SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU		29d. DATE SIG		
0	30-40MF AND ADDRESS OF DEBSON WHO CO	wwwII	M-D.	Ph	D. 117	591	•		

NEWMAN II 1799 HOWELL ROAD,

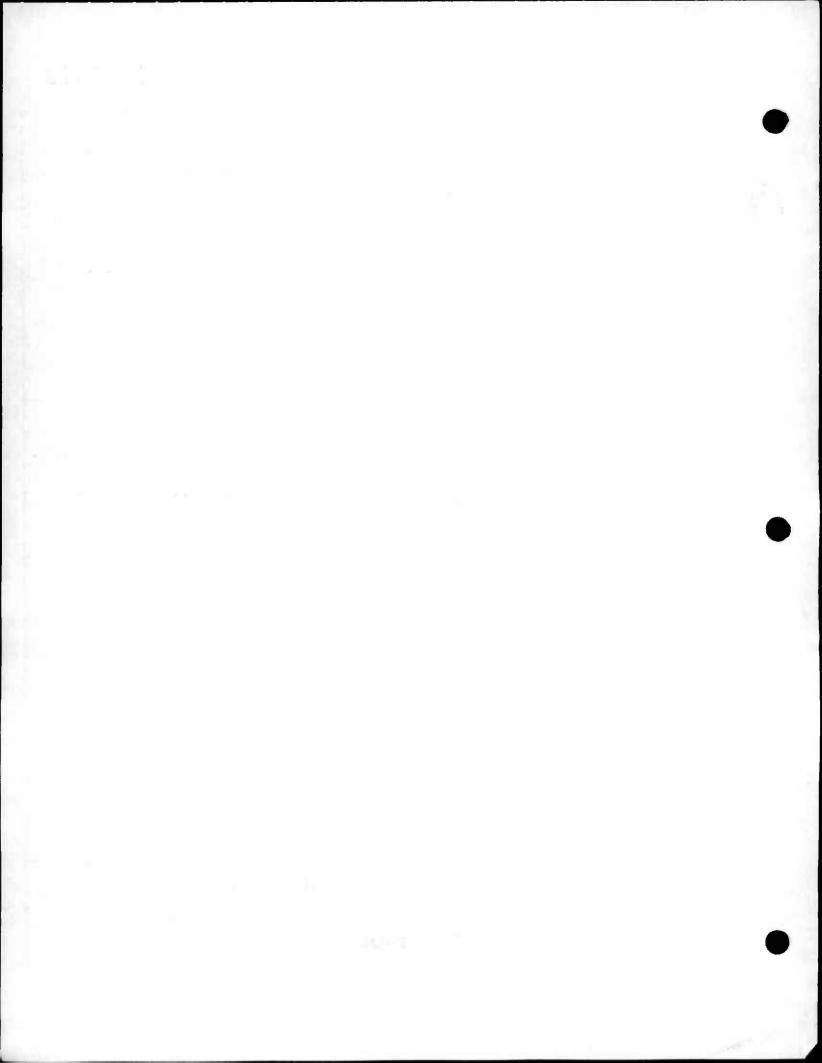
32. REGISTRAR'S SIGNATURE

Julia Davidson-Rondale

21740

MARYLAND

HAGERSTOWN,

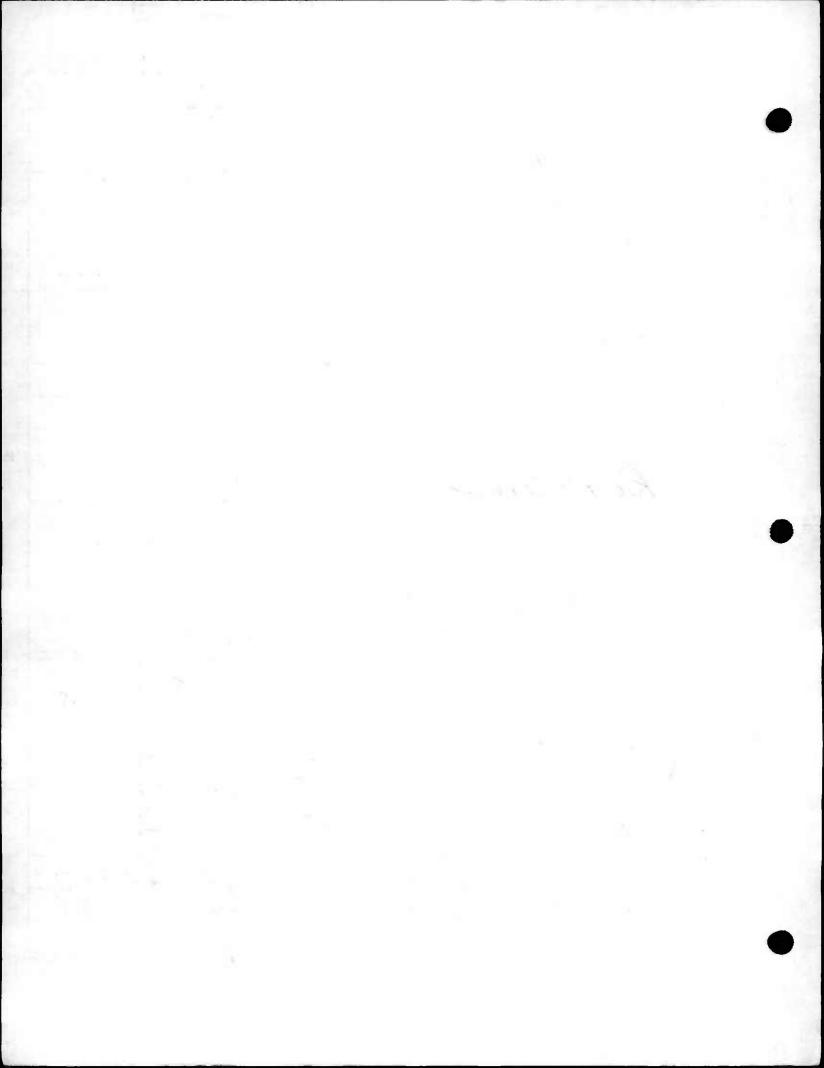


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ATTE	6	afte	28
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	POUR	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notiffed at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	0
	2. DATE OF DEATH DAY YEAR OCTOBER 20,1991	3.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.										
1. DECEDENT'S NAME (First, Middle, Last)	DEATH	2. DATE OF DEATH 3. TIME OF DEATH								
ALBERT LEE DAWSON	N					0.1991	3:14	рм		
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (II	IF UNDER 24 HRS.								
234446962 9e. FACILITY NAME (If not institution, give s.	1 M 2 □ F 6	2 YRS.	DAYS	HOURS MIN.	Mar. 17.		Md.			
SACRED HEART HOS				mberlan		ALLEGA				
10e. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ION			10d. INSIDE CITY	,		
Md.	Allegany	100	Cumb	erland			LIMITS?	NO		
10e. STREET AND NUMBER	ATTERATIV			, ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?			
606 Elm	St			2150)2	176	II S A			
11. MARITAL STATUS	12. WAS DECEDENT EVER IN			ENDENT OF HISPAI	NIC ORIGIN? (Specify Ye	s or No— 14. RA	CE — American Indi	len,		
1 Never Merried 2 Merried 3 Widowed WDVpivorced	FORCES? 1 TYES IF YES, GIVE WAR OR DA	TES NO		2 NO Specif	an, Puerto Rican, etc.) ly:		whit	A		
							"III C			
15. DECEDENT'S EDU- (Specify only highest grade		16e. DECEDENT'S US (Give kind of work	k done durina mo	ON at of working	16b. KIND OF BU	SINESS/INDUSTRY				
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re Labor				Congr	tructio	n		
		Lauti	GT				ti uctio	11		
17. FATHER'S NAME (First, Middle, Last)	Dawson				ME (First, Middle, Meiden e Milous					
	Dawson									
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	ODRESS (Street a	nd Number or Rural	Route Number, City or Tox	vn, State, Zip Code)				
Roger Dawson		606 E1	m St	Cumbe	erland M	d 2150	12	0		
20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem	oval from State	p. PLACE AND DATE Of cemetary, crematory or		(Name	DATE 20c. LC	CATION — City or	Town, State			
4 Donation 5 Dother (Specify)		Forest G	Jen C	emetery	10/24 1	991 G	reensnr	ing W.		
21. SIGNATURE OF TUNERAL SERVICE LIC	CENSEE		22. NAME A	ND ADDRESS OF FA	CILITY		1			
* Kalut (1	Odane.	ر ر	Merri	tt-Adam	ns Funera	.1 Home				
22 PART I Enter the diseases of	complications that course	the death De set			ir St C					
23. PART I. Enter the diseeses, or a shock, or heart fellure.	Liet only one cause on a		antar the mo	de or dying, euc	on ee cardiec or reep	iretory erreat,	Approxin	Batween		
IMMEDIATE CAUSE (Final	· Mulasa	Phone	in 5	Tost.	hi (1)	2. A/c	Onsat an	d Death		
disease or condition resulting in death)	Levelle	Wioni	00	648UG	THE TACK	M. 1015	ere			
	DUE TO (OR AS A	CONSEQUENCE OF	200110	mic						
C	1 TCUT	e syll	wum	oma	<i></i>	_				
Sequentially list conditions, if any, leading to immediate	BUE TO (OR AS A	CONSEQUENCE OF):	1.7	ton	1:000	10				
CAUSE (Disesse or Injury	· / 8/674	ery	ari.	cy c	men					
that initiated events	DUE TO (OR AS A	CONSEQUENCE OF:	0 1	16/20	-//	0				
resulting in death) LAST	a 119	BGTW	0	esus	RIGA	es				
PART II. Other eignificent condition	no contribution to daily b	ant met mandelme in	Abo conduction		Deat Law was as		4b. WERE AUTOPSY			
PART II. Othan eighticent condition	is contributing to depart b	out not resulting in	the undarryin	g cause given in		RMED?	AWAILABLE PRIOR			
-					1 YES	2 NO	OF DEATH?	CAUSE		
					′		1 🗆 YES 2	566		
						1		`		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOEDITA:			LACE OF DEATH (C	heck only one)					
1 WES 2 W NO	HOSPITAL: 1 Inpatient 2 - ER/Outp		THER:	ne 5 🗆 Residence	e 🗆 Other (Specify)					
27. MANNER OF DEATH	8e. DATE OF INJURY (Month, Day, Year)	286. TIME (OF 28c. IN.	JURY AT ORK?	28d. DESCRIBE NOW	INJURY OCCURED				
1 Natural 5 Pending Investigation	(morkii, bay, idar)	INJUN		YES 2 NO						
2 Outside	28e. PLACE OF INJURY	- At home, farm, stre	eet, factory, offic		281. LOCATION (Street	and Number or Run	al Route Number,			
4 Homicide 6 Could not be	building, etc. (Spec	слу)			City or Town, State)				
29e. CERTIFIER	WOULD TO SEE	rat maximum e	49.565 =	San Carrie	1974 Service Service	A 10 - 27 11				
(Check only	SICIAN: To the best of my know									
Z MEDICAL EXAMINI	ER: On the basie of examination	m und/or investigation,	in my opinion, o	seath occured at the	e time, date and place, e	na due to the ceus	ele) and manner as	STATEG.		
296 HIGHATURE AND TITLE OF CENTREE	11114 6	/ /	n	29c. LICENSE NU	IMBER LI	29d. DATE SIGN	ED (Month, Day, Year	3/		
MUMMY	gunda	101	V	1129	4951	(0)	de	7		
HANG H	COMPLETED CAUSE OF DE	ATH JITEM 27) (Type, P	rint)			0	- 101 -	1		
the second secon	7. mo. L	HY IAVI	1/ /2	POACT-	- HPX	THILLAY	Z VIIC	/		

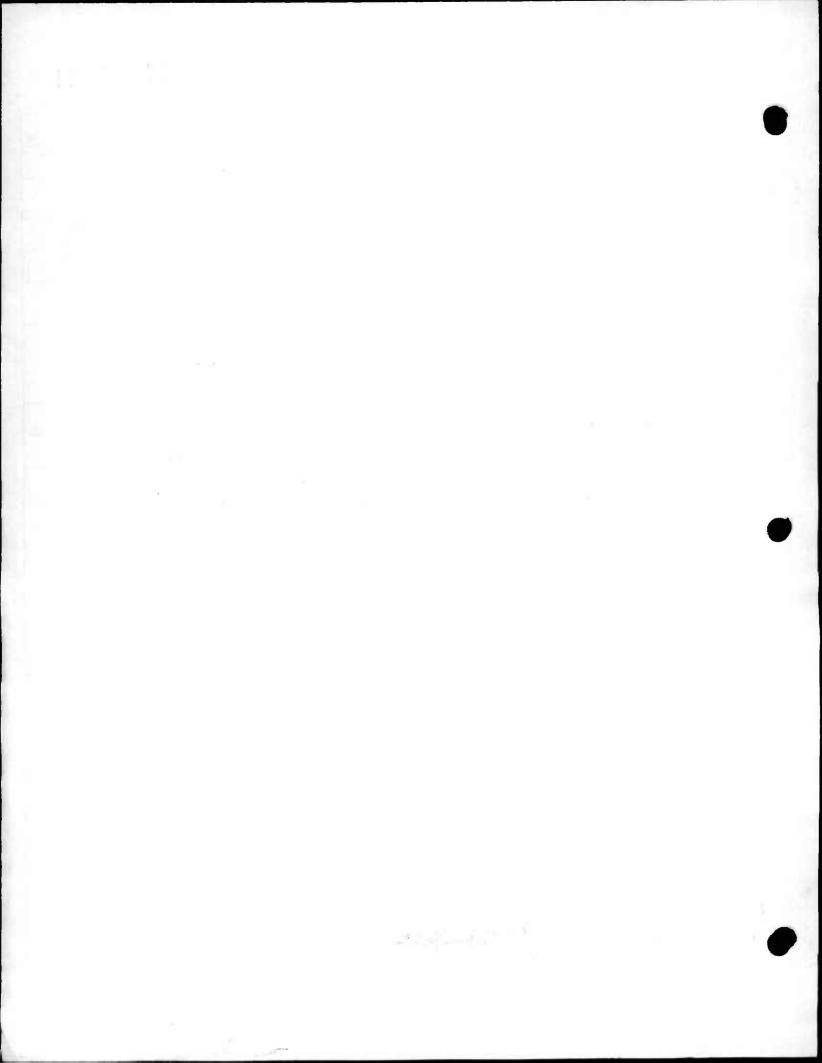


BALTIMORE, MARYLAND 21215-0020	hours efter death. Page 6 may be retained by the hospital or attending physician.	ed in by the funeral director, page 5 should be detached for use as the burial-transit p or removal.	medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours efter death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMEN	T OF H	EALTH A	ND MI	ENTAL HYGIEN		30021
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH		3. TIME OF DEATH
	Gerard L. Elki	ins						October 1		EAR
	The state of the s	6. AGE (HOURS IN	HRS 7	May 28, 19		BIRTHPLACE (State or Foreign Country)			
		New York								
œ	99. FACILITY NAME (If not institution, give street end number) 90. CITY, TOWN OR LOCATION OF DEATH 90. COUNTY OF DEATH 90. COUNTY OF DEATH 80. CITY, TOWN OR LOCATION OF DEATH 90. COUNTY OF DEATH									
DIRECTOR	RESIDENCE OF DECEDENT	ntgomery								
R	10e. STATE 10b COUNTY									10d. INSIDE CITY
		gomery		Bet	hesc	la				LIMITS?
BY FUNERAL	6325 Tone Court									d States
5		2. WAS DECEDENT EVER IN FORCES? 1 YES		13.	WAS DEC	ENDENT OF H	ISPANIC	ORIGIN? (Specify Yee	or No- 14.	RACE — American Indian,
3⊀	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA				2 XNO		Puerto Rican, atc.)		Black, White, etc. Specify:
	15. DECEDENT'S EDUCAT	ION I	18e. DECEDENT'S	Hellar	001101710	41		T		White
ETE	(Specify only highest grade con	mpleted) College (1-4 or 5 +)	(Give kind of v	vork done				16b. KIND OF BUS	SINESS/INDUS	TRY
APL	(0.12)	2	Draftsm	nan				U.S. C	Govern	ment.
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18, MOTHER	'S NAME	(First, Middle, Maiden		
BE (Richard Elkins					Ma	deli	ne Lonsda	ale	
0	19e. INFORMANT'S NAME (Type/Print)							ite Number, City or Town		de)
	Geraldine N. Elkin							da, Maryl	land :	20817
	20e. METHOD OF DISPOSITION 1XI Burlel 2 Cremetton 3 Removal 4 Donation 5 Other (Specify)	from State 20b.	PLACE AND DATE OF OF OF OF OF OR	of DISPOS	ITION (Na	me of 10/	19/9			or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENS		orge was	22	NAME AN	D ADDRESS (DE EACH	ITM		Maryland
	1. 1. 1. L.	/	M0019	8 Rc	bert	A. P	umph	rey Funer	al Ho	me/ MD_20814-3501
	23. PART I. Enter the diseases, pr com	non		75	57 W	iscon	sin	Ave Bethe	esda, 1	MD 20814-3501
ATION	ahpck, or haart failura. List IMMEDIATE CAUSE (Final disease pr condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	LIVER DUE TO (OR AS A MUTON)	CONSEQUENCE OF	re G		r Ca			atory arrest	Approximata Interval Batween Onset and Death
CERTIFICATION	cause (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	ን፡						
	PART II. Other significant conditions of	ontributing to death bu	it not resulting i	n tha un	darlying	cause give	n in Par	rt I. 24a. WAS AN	MUTOPSY	24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL								PERFORI		AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
CA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:				CE OF DEATH	H (Check	only one)		
YSI	1 YES 2 XNO	☐ Inpatient 2 ☐ ER/Outpi	itlent 3 🗆 DOA	OTHER		5 Preside	ince 8	Other (Specify)		
ВУ РН	27. MANNER OF DEATH 1 XNetural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME		28c. INJU WOR 1 YI	RY AT IK? ES 2 NO	. 1	Bd. DESCRIBE HOW IN	JURY OCCUR	ED
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, ferm, s	tract, facto	ory, office		28	Bf. LOCATION (Street er City or Town, State)	nd Number or R	Bural Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 X CERTIFYING PHYSICIAN ONE) 2 MEDICAL EXAMINER: O	N: To the best of my knowle	edge, death occurre	d at the ti	me, date e	and place, and	due to t	the ceuse(e) and mann	ner ee stated,	ruse(e) end menner ee stated,
	29b. SIGNATURE AND TITLE OF CERTIFIER									
BE	Aleson (Marti				29c. LICENSE		283		Ober 17, 1991
임	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEA	TH (ITEM 27) (Type,	Print)		J.		100	, 0000	J. ET 17, 1991
	Alison Martin M.D.	5401 West			N.W.	Wash	ingt	on, DC 2	0015	
	31. DATE FILED (Month, Day, Year) OCT 18 '91	32 REGISTRAR'S SIGNA						,		
	001 2 0 0 1	<u> </u>	Q , 417							

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permibe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

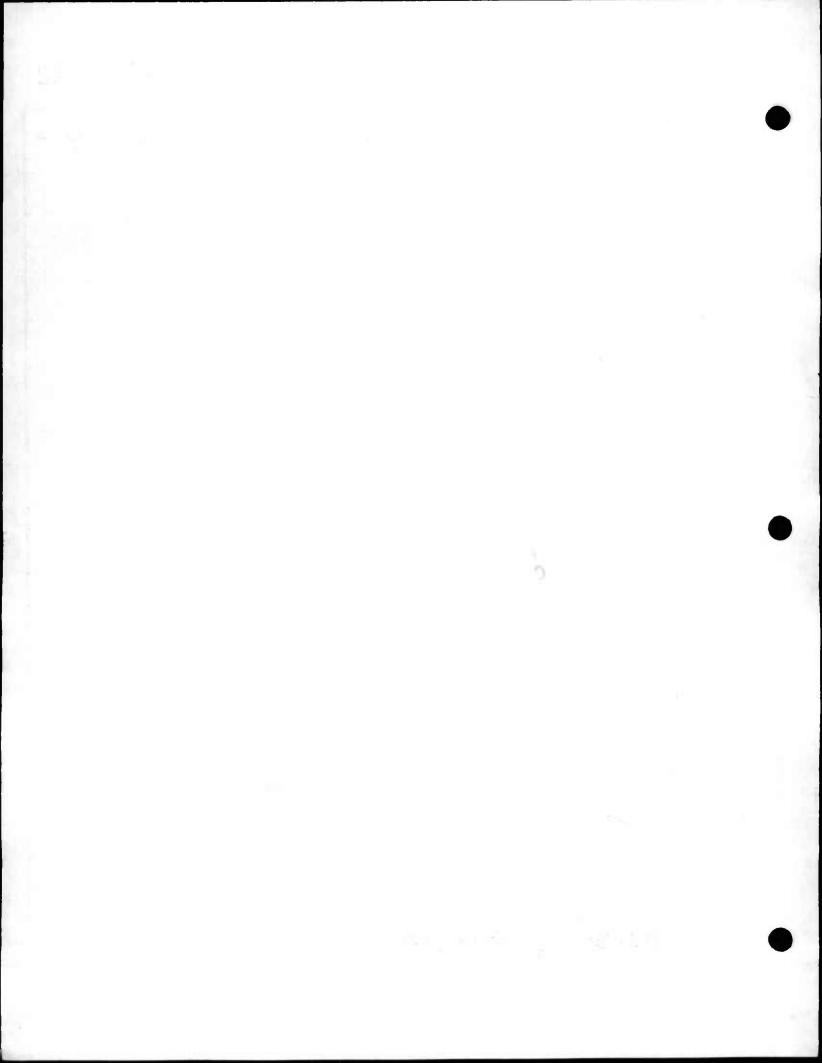
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)
OCT 21 '91

	1 - FOR STATE REGISTRAR	STATE OF M	IARYLAND /	DEPAR	RTMENT	OF H	EALTH	AND I	MENTAL HYGIEN		91	30022
	1. DECEDENT'S NAME (First, Middle, Last)		0 0						2. DATE OF DEATH			3. TIME OF DEATH
	Jatar (NON	E) Es-	ta An	hs.	2 200				MONTH D	7 -	YEAR	0115
	4. SOCIAL SECURITY NUMBER	t birthday)	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF BIRTH		A BIRTH	IPLACE (State or Foreign		
1	578-98-1599	1 XM 2 - F	62	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)		Countr	y)
	9a. FACILITY NAME (If not institution, give s	treet and number)	02		9h CITY	TOWN C	DR LOCAT	ION OF DE	March 10.		INTY OF D	ran
8	Suburban Hosp							ION OF BE	SAIR			
DIRECTOR	RESIDENCE OF DECEDENT	Ital			Deti	hesc	ıa,			Mo	ontgo	mery
1 11	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN O	R LOCAT	ION				1	10d. INSIDE CITY
	Maryland Montg	omery		Po	toma	С					- 1	LIMITS?
FUNERAL	10e. STREET AND NUMBER					101	. ZIP COD	E		10g. CIT	IZEN OF V	VHAT COUNTRY?
1 111	10021 Hall	Road						208	854	1	Iran	
3	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR	MED	13. V	VAS DEC	ENDENT (OF HISPAN	IIC ORIGIN? (Specify Yes			American Indian
BY F	1 Never Married 2 Married	FORCES? 1	YES 2 N	10	10	yes, spe	ecify Cubi	nn, Mexice Specify	n, Puarto Rican, atc.)		Black Speci	— American Indian, C, White, atc.
	3 Widowed 4 Divorced						- 22	Spoony				White
밀	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DE	CEDENT'S	USUAL OC	CUPATIO	N et of worki	aa.	16b. KIND OF BU	SINESS/INI		
Ä	Elementary/Secondary (6-12)	College (1-4 or 5+)	life.	Do NOT us	se retired.)				Self I			
COMPLET		T	Int	erna	tiona	al T	rade	2	Export	:/Imp	ort	Co.
8	17. FATHER'S NAME (First, Middle, Last)	c 1 .					18. MOT	HER'S NA	ME (First, Middle, Maiden	Surname)		
BE	Bagher Es	tahanian					Mas	soum	eh Akhava	ın		
2	19e. INFORMANT'S NAME (Type/Print)		19b	. MAILING	ADDRESS	(Street a	nd Numbe	r or Rural F	loute Number, City or Tow	n, State, Zip	p Code)	
	Homa Esfahanian			Same	as #	10						
	20a. METHOD OF DISPOSITION 1 ∑Burial 2 ☐ Cremetion 3 ☐ Rem	oval from State	20b. PLACE A	ND DATE	OF DISPOSIT	TION/Nai	me of		DATE 20c. LO	CATION -	City or To	wn, Stata
	4 Donetion 5 Other (Specify)		Ray C	emet				10	-25-91 Tel	ran,	Ira	n
	21. SIGNATURE OF FUNERAL SERVICE LIC	20/1/	///		22. N	AME AN	D ADDRE	SS OF FAC	DeVol I	uner	21 H	omo
	1 Ames 1	95/14				2222	Wis	c. A	Ve., N.W.,	Was	h D	C 20007
	23. PART I. Enter the diseases, or o	omplications that	ceused the de-	ath Dor	ot enter t	the mov	de of du	ine much		was	11. D	
- 1	anoun, or mount failure.	List only one caus	e on each line.		or orner i	1110	ae or ay	mg, auci	r ear cerdiec or reapi	ratory an	reet,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	PILL	mala	-	1	- 1 70	4					Onset and Death
	reaulting in deeth)	DUE TO (OR AS A CONSEC	HENCE OF	3:	10	KO.	41				115
7		C. HRAAT	a ARC	* 0 * * * *	,. 	- 1	PULL	Manu	Ma.	6-	1	INDUT
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQ	UENCE OF	TIVE			LOW	May 1	7 81	456	110001
S	cause. Enter UNDERLYING								,			İ
Ē	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A CONSEO	UENCE OF	7:							
ᇤ	resulting in death) LAST	4										
	DART II ON A LOS											
Ä	PART II. Other eignificent condition	s contributing to d	leeth but not re	euiting I	n the und	lerlying	cause	given in i	Part I. 24s. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC	SEPSIS								1 D YES 2			COMPLETION OF CAUSE DF DEATH?
¥												1 TES 2 NO
PHYSICIAN:												
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF D	EATH (Che	ck only one)			
YSI	1 TES 2/11-MO	Inpatient 2	ER/Outpetlant 3	□ DOA	OTHER:		5 🗆 Re	sidence i	B ☐ Other (Specify)			
H	27. MANNER OF DEATH	28s. DATE OF II (Month, Day		28b. TIM	7	Bc. INJU	IRY AT		26d. DESCRIBE HOW I	JURY OC	CURED	
ВУ	1 Natural 5 Pending 2 Accident Investigation			-	M		ES 2	NO				
	3 Suicide 6 Could not be	28e. PLACE OF building, at	INJURY At hon	ne, farm, s	treet, tector	y, office			28f. LOCATION (Street a	nd Number	or Rural R	oute Number,
	4 Homicide determined								City or Town, State)			
7	29e. CERTIFIER Check only	CIAN: To the best of m	ly knowledge, des	th occurre	d at the tim	e, data	and place	and due	to the cause(a) and man	nes en -1.1	ad.	17
COMPLETE	one) 2 MEDICAL EXAMINE	R: On the basis of exa	mination end/or in	vestigation	n, In my ool	inion, de	ath occur	ed at the i	ime, date and place and	due to the	e cours(c)	and manner so stated
- 1	296. SIGNATURE AND THREE OF CERTIFIER		-									
800	1	11/1/1	Mary	-	2		D - T	NSE NUMI	ion	29d. DATI	E SIGNED	(Mopth, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	Of DEATH (ITEM	27	\cup		00/	0/9	1	-/	9714	141
- 1	THE PROPERTY OF PERSON WITH	COMPLETED CAUSE	OF DEATH (ITEM	Al) (Type,	rimi) A							

NOB STATES

3 REGISTRAR'S SIGNATURE
Gwia Davidson Randall



13146,	
BOX	
. P.O.	
RECORDS	
VITAL	
OF	
DIVISION	

20

Donald 31. DATE FILED (Morith, Day, Year) OCT 22 '91

32 RESISTRANS SIGNATURE AND SELECTION OF THE SECOND

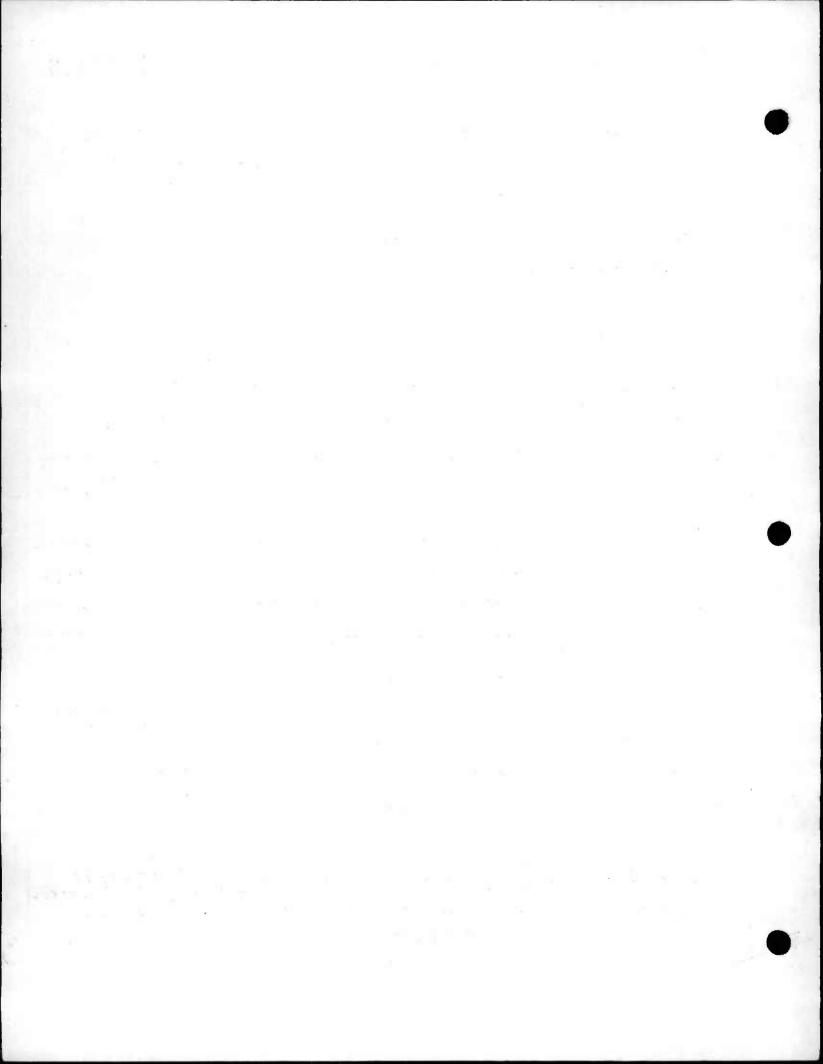
849 B

Quince Orchard B

	A SECTION		7
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the bunda-transit manner.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	12500075MV. If the southed or them 92 shows our interest or other transfer event the medical avention much be notified at once

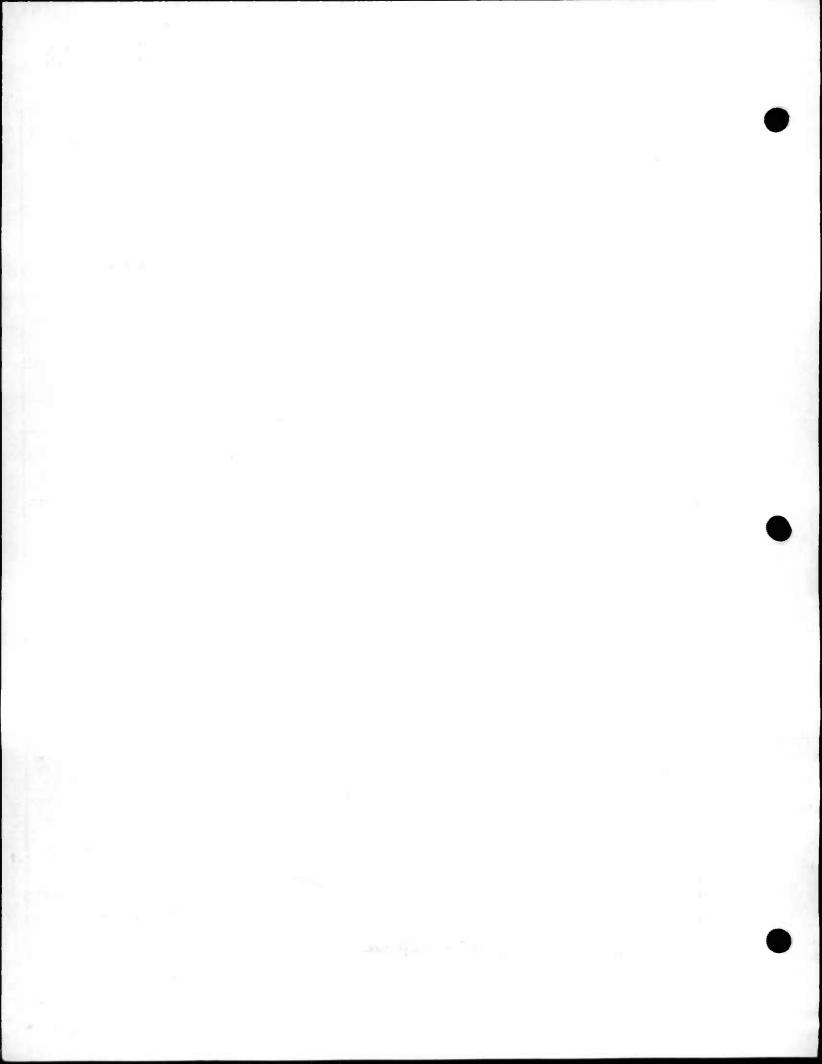
											9	1	30023
	1 - STATE REGISTRAR	STATE OF M	MARYLAND /	DEPAR					MENTA	HYGIEN REG. NO	E		
	1. DECEDENT'S NAME (First, Middle, Last)	-1		1.0					2. DATE	OF DEATH	.v	VEAD	3. TIME OF DEATH
	Margaret E	hrman	trau	I					MONT	10	19	9/	1145/7 M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday) YRS.	IF UNDE	DAYS	IF UNDER	MIN.		OF BIRTH		8. BIRTHP Country)	PLACE (State or Foreign
	393-09-6433	1 M 2 F	78			- 1-2			. 17,			consin	
-	9a. FACILITY NAME (If not institution, give st					Y, TOWN O	R LOCATIO	ON OF DE	EATH		11 970	NTY OF DE	
DIRECTOR	Shady Grove Adven	tist Nur	sing Cer	nter	Roo	ckvil	lle_				Mont	gome	ry
E C	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	IDN						10d. INSIDE CITY
H	Maryland Montg	omerv		Bo	vds							- }	LIMITS? 1 YES 2 XXIO
A	10e. STREET AND NUMBER				7 - 0	101.	ZIP COD	E			10g. CIT	ZEN DF WI	HAT COUNTRY?
FUNERAL	22600 Peach Tree	Rd.				_ 2	20841	1			U.5	S.A.	
5	11. MARITAL STATUS	12. WAS DECEDENT	T EVER IN U.S. AR	MED	13.	WAS DEC	ENDENT D	OF NISPAN	NIC ORIGIN	i? (Specify Ye. Rican, atc.)	or No	14. RACE Black.	- American Indian, White, etc.
BY	1 Never Married 2 Married 3 XWidowed 4 Divorced	IF YES, GIVE W	AR DR DATES			1 TES						Specify	
	15. DECEDENT'S EDUC	CATION	16a DE	CEDENT'S	HEHAL C	CCUDATIO	NAI .		166	KIND OF BU	CINECCIIN	MICTOV	White
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed) Coffege (1-4 or 5 +	(G	live kind of Do NOT u	work done	during mo-	st of working	ng	100	KIND OF BU	SINE SS/INL	JUSTINI	
급	clementary/secondary (0-12)	College (1-4 or 5+		achei	_					Educat	ion		
S S	17. FATHER'S NAME (First, Middle, Last)		110.	achei			18. MOTI	HER'S NA		Middle, Maiden			
BEC	John Ryan						Agn	es R	agan				
	1Se. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street a	nd Number	r or Rural i	Route Num	ber, City or Tow	n, State, Zip	Code)	
5	Patricia E. Cole		2	2606	Pea	ch Ti	ree I	Rd.	Boyds	s, MD	20841		
50	20a. METNOD OF DISPOSITION 1 X Yourlai 2 Cremation 3 - Family	oval from State	20b. PLACE	OF DISPO	SITION (N	ame of con	netery, crer	matory or		20c. LC	CATION -	City or Tow	vn, Stata
	4 Donation 5 Other (Specify)		St. M.		Chi	urch	Ceme	eter	V	Bar	nesvi	11e.	Maryland_
	21. SIGNATURE OF FUNERAL SERVICE LIC	anden)	0		22	NAME AN	ID ADDRE	SS OF FA	CILITY	Vol F			
EXA	1.4	. Jan	MO	0896	110) E	Deer	r Pa					, MD 20877
T C S	23. PART i. Enter the diseasee, or o	complications that	t caused the de	eth. Do	not enta	r the mo	da of dy	ing, auc	h as can	diac or reap	iratory an	reet,	Approximate
20	ehock, or heert fallure.	List only one ceu	ise on each ilne	a.									intervel Between Onset and Death
	disease or condition reaulting in deeth)	Res	pira_ (DR AS A CONSE	to	~ ~	Fa	.: 1.	ur.	-				48hoan
	(eaditing in deep)	DUE TO	(DR AS A CONSE	OUENCE C	F):				-				1000
Z		Pne	umor	ric	_								10/12/91
	Sequentially liet conditions, if eny, leading to immediate	DUE TO	(DR AS A CONSE	OUENCE O	F):			_					
CERTIFICATION	CAUSE (Disease or injury	c (01	OR AS A CONSE	7	Ar	ter	7	D;	50	u se	-		yeurs
	that initiated events resulting in death) LAST												
		d. Dia	abete	•	Me	11.4	45						2 ears
	PART ii. Other eignificant condition	e contributing to	death but not a	resulting	in the u	nderlying	g cause	given in	Part I.	24s. WAS AN		24b.	WERE AUTOPSY FINDINGS
E 3	(erebrovas	calu-	Accia	le-						PERFO			AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
												- 1	1 YES 2 NO
2 2													NIN
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF E	DEATH (Ch	neck only o	ne)		-	
SIC	1 YES 2 THO	HOSPITAL: 1 Inpatient 2	ER/Outpatient 3	DOA	OTHE 4 KM	R: Irsing Hom	6 5 R	esidençe	a 🗆 Othe	er (Specify)			
PH.	27. MANNER OF DEATN	26a. DATE OF (Month, D		28b. T/8	AE OF	28c. INJ	URY AT		28d, DE	SCRIBE NOW		CURED	
BY BY	1 Netural 5 Pending 2 Accident Investigation		14		М		YES 2 [ND			NA		
	3 Suicide 8 Could not be	28e. PLACE O building,	of INJURY - At he etc. (Specify)	ome, farm,	street, fa	ctory, offic	•			ATION (Street or Town, State		r or Rural R	oute Number,
ETE	4 Homicide determined		-	NI	A								
APLE		CIAN: To the best of	my knowledge, de	eath occur	red at the	time, data	and place	e, end dus	to the ca	use(a) and ma	nner as sta	ted.	
	one) 2 MEDICAL EXAMINE	R: On the basis of e	xamination and/or	Investigati	on, In my	opinion, d	leath occu	red at the	fime, data	and place, a	nd due to f	ha cause(a)) and manner ea stated.
BE CO!	29h. SIGNATURE AND PITLE OF CERTIFIES	a ()					29c. LIC	ENSE NU	MBER		29d. DAT	E SIGNED	(Month, Day, Year)
E 0	Thed Z	· **	we.i),			Da	53	37		1	0/2	0/9/
1 =	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED OF	F OF BEATH ATE	71. OT /T-	D-(~			-	

DHMH-18 Rev 1/89



	ŀ	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	Dorotha Eliz		icate oi		REG. NO 2. DATE OF OEATH		3. TIME OF DEATH
		Dorotha E	. Easter	day			0.00	C 9	
		4. SOCIAL SECURITY NUMBER 215-44-9932	1 M 2 X F	(In yrs. last sirthday) 3 0 YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Mpnth, Day, Year) Feb. 22,	1011	HRTHPLACE (State or Foreign Country) HYLAND
	œ	9a. FACILITY NAME (If not institution, give				OR LOCATION OF D	EATH	e. county Washi	OF DEATH
1	ᅙ	Washington County	Hospital		Hagers	LOWN		wasnu	ngcon ———————
1	DIRECTOR	10a. STATE 10b. COUNT			Y, TOWN OR LOC				10d. INSIDE CITY LIMITS?
,	- 11	Maryland Fred 100. STREET AND NUMBER	erick	My	persvill				1 TES 2 NO
	FUNERAL	10508 Easterday	Road		1	21773		10g. CITIZEN	of what country?
		11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEOENT EVER I FORCES? 1 YES	2 NO	13. WAS DI	ECENOENT OF HISPA	NIC ORIGIN? (Specify Year, Puerto Rican, atc.)		RACE — American Indian, Black, White, atc.
	à I	3 💢 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR D	ATES		ES 2 NO Specif			Specify: White
		15. OECEDENT'S EOU (Specify only highest grad	JCATION e completed)	18e. OECEOENT'S	USUAL OCCUPAT	TION	16b. KINO OF BU	ISINESS/INDUST	
Ľ	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homema	work done during rise retired.)	nost or working	Own Hom	0	
		17. FATHER'S NAME (First, Middle, Lest)		Homena	ucel				
	<u>й</u>	Jacob E. Flook				Vergi	e Pettinga	Surname)	
1	2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	t and Number or Rural	Route Number, City or Tox	vn, State, Zip Codi	9)
ľ	=	C. Donald Easter	3	2540 C	lanada H	lill Rd.,	Myersville	e, Md.	21773
		20e METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Ref	noval from State 20t	PLACE AND DATE of	OF DISPOSITION (I	Name of 0/29/	91 OATE 20c. LC	CATION — City	or Town, State., Maryland.
		4 Donation 5 Other (Specify) 21. SIGNATURE OF EUNERAL SERVICE U	CENSEE	t. Zion Un	uted Me	AND ADDRESS OF FA	Cemt. Mye	rsville	, Maryland
L		· Litter L.	Rickette						n Street lle, Marylan
		23. PART I. Enter the dispases, or shock, or heart failure.	complications that cause List only one cause on e	d the death. Do n	not enter the m	ode of dying, auc	ch aa cardiac or reap	iratory arrest,	Approximate
		IMMEDIATE CAUSE (Final disease or condition	0 1		-		F 1 -		Interval Between Onset and Deati
		resulting in death)	a. Breat	CONSEQUENCE OF	a wit	h motast	ans to t	Teuspid	
	<u>.</u>	83	V 6		•	1 - 21/2	y metastas	7	
F	LICATION	Sequentially list conditiona, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	1	es yupprove	1 meres (as	1	
3	2	CAUSE (Disease or injury	C						
į		that initiated eventa resulting in death) LAST	OUE TO (OH AS A	CONSEQUENCE OF	7:				
5	3		d						
3	¥	PART II. Other significant condition	ns contributing to death b	.,/	n the underlyle	ng cause given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
3	EDICA	- Makroce	t til	1055.6/2 4	Indocardi	Tur	1 _ YES 2	NO	OF DEATH?
13	Σ	Chi.	M infection	1+	- C11	N'-	_		1 TYES 2 NO
CICIANI		25. WAS CASE REFERRED TO MEDICAL	(Sprint) will	may 18 p	28.1	PLACE OF DEATH (Ch	eck only one)		
2	8	EXAMINER? 1 YES 2- NO	HOSPITAL: 1 Vinpstlent 2 ER/Outp	eitlent 3 DOA	OTHER:	me 5 - Residence			
And		27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME	E OF 28c, IN	JURY AT	28d. OESCRIBE HOW I	NJURY OCCURE	D
2		1 Netural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO			
ا ا	3 N.	3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF INJURY building, etc. (Spec	— At home, ferm, s	treet, factory, offi	lea	26f. LOCATION (Street City or Town, State)	and Number or Ru	ral Route Number,
Ū	: П	29e. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my know	ledge, death occurre	d at the time, dat	le and pleca, and dua	to the cause(s) and ma	nner se stated	
H						, 000		an attenda.	
MDI CTC		one) 2 MEDICAL EXAMINI	ER: On the basis of exemination	n and/or investigation	n, in my opinion,	death occured at the	time, data and place, an	d due to the cau	se(s) and menner as stated.
SOME ETE	3	2 MEDICAL EXAMINI 29b. SIGNATURE AND THE OF CERTIFIE	ER: On the basis of exemination	n and/or investigation	n, in my opinion,	death occured at the			se(a) and manner as stated. NED (A h, Day, Year)
MDI CTC		2 MEDICAL EXAMINI	ER: On the basis of exemination	n and/or investigation	n, in my opinion,				

DHMH-16 Rev 1/89



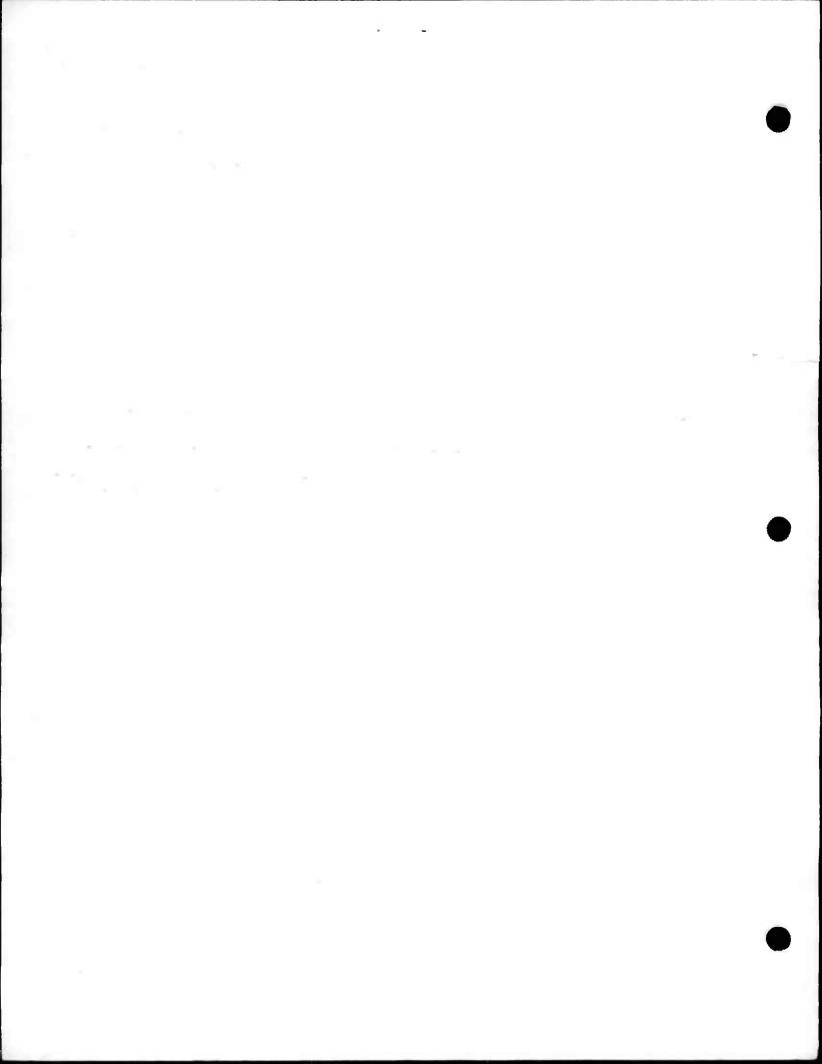
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detach; if for use as the burial-training be filed within 72 hours after death with the State Dept, of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR	STATE OF MARYLAND) / DEPARTM			MENTAI	HYGIENI REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last) JOHN EDWARD EY	/RICH				2. DATE MONTH	of DEATH Ober 22	1995	3. TIME OF DEATH 11:39 PM M
	SEX 8. AGE (In yrs.		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7 DATE	of BIRTH 1, Day, Year) 20,193	0.1	BIRTHPLACE (State or Foreign Country) Aryland
98. FACILITY NAME (II not Institution, give street Franklin Square Hos		96	ROSSV	ille	DEATH		Balt:	of DEATH imore
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c, CITY, TO	OWN OR LOCA	TION				10d. INSIDE CITY
The state of the s	timore		te Mar					LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 11162 Red Lion Roa	ad		10	7. ZIP COOE 21162	2			OF WHAT COUNTRY? SA
11. MARITAL STATUS 12. 1 Never Married 2 XMarried 3 Widowed 4 Divorced	WAS OECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES		If yes, sp	ecify Cuben, Mexic 2 NO Spec	en, Puerto			RACE — American Indian, Black, While, etc. Specify:
15. DECEDENT'S EDUCATION (Specify only highest grade complete (9-12) 12	ON 16a ploted) 16a oflege (1-4 or 5+)	DECEDENT'S USU (Give kind of work Me. Do NOT use re Welde	done during me tired.)			Constr	e retrocalite	
17. FATHER'S NAME (First, Middle, Last) Ralph Edward Ey:	rich			18. MOTHER'S N Helen	Loui.		Sumeme) inko	
190. INFORMANT'S NAME (Type/Print) M. Faye Eyrich		196. MAILING AD 11162	red I	ion Road	d, Wh	ite Ma	rsh, M	ä. 21162
20s. METHOD OF DISPOSITION 1	from State 20b. PL/oths	ACE OF DISPOSITION PROPERTY PR	N (Name of ce	metery, crematory or natory	,			er, Pa.
21. SIGNATURE OF FUNERAL SERVICE LICENS HOWARD (1)	Comes	111	Howar 1317	Cokesbu	Comas ry Ro	ad, Ab	ingdon	Home, P.A. , Md. 21009
23. PART I. Enter the diseases, or com shock, or heart failure. List iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST d	DUE TO (OR AS A COR	NSEQUENCE OF):						interval Between Onset and Death
PART II. Other significant conditions of	ontributing to death but n	not rasulting in t	he underlylr	g ceuse given i	n Part I.	24s. WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINOINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. F	LACE OF DEATH (Check only o	ne)		
EXAMINER?	OSPITAL:		THER:	ne 5 🗆 Residence		- 11		
27. MANNER OF DEATH The Natural S Pending	26s. DATE OF INJURY (Month, Day, Year)	26b. TIME O	Y W	JURY AT ORK?	28d. DE	SCRIBE HOW I	NJURY OCCUR	RED
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — A building, alc. (Specify)	Al home, larm, stre		YES 2 NO	261. LOC City	CATION (Street of Town, State)	and Number or	Rural Route Number,
(Orloan orly)	N: To the bast of my knowledge On the basis of examination en-							euse(s) end menner es stated.
296. SIGNATURE AND TITLE OF CERTIFIER	Shopero			29c. LICENSE N			29d. DATE S	IGNEO (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WAS C								

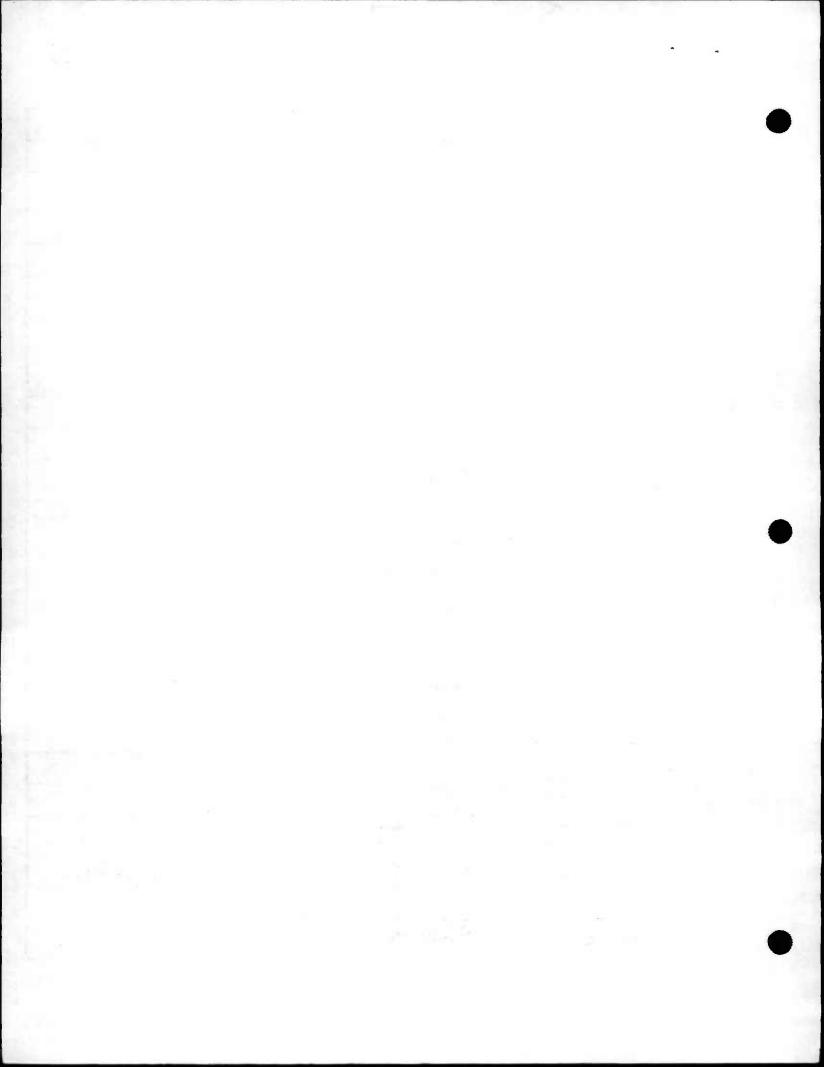




s 1, 2, 3 should

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	FICATE OF	DEATH	REG. NO.				
100	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
1	DUDLEY PAT	RICK	FENWICK				7,1991	8:50A M		
3	4. SOCIAL SECURITY NUMBER	5. SEX 6	S. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. 8	BIRTHPLACE (State or Foreign		
	214-14-1065	1 ▼ M 2 □ F	93 YRS.	MONTHS DAYS		MARCH 17,	1898 MA			
OR	99. FACILITY NAME (If not institution, give of PHYSICIANS .MEMO)	11 11 - 11-1	TAL	LA PLAT	OR LOCATION OF DEA	ATH	9c. COUNTY CHARL			
5	RESIDENCE OF DECEDENT							10d. INSIDE CITY		
DIRECTOR	MARYLAND CHARLES 106. CITY, TOWN OR LOCATION POMFRET									
FUNERAL	P.O. BOX #3			10	20675		_	OF WHAT COUNTRY? D STATES		
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced		EVER IN U.S. ARMED YES 2 NO R OR DATES	If yes, sp	CENDENT OF HISPAN secify Cuben, Mexican S 25 NO Specify.		1 7 1	RACE — American Indian, Black, White, atc. Specify:		
	15. OECEDENT'S EDU	ICATION .	Late December	S USUAL OCCUPATI	•	Lan warm on nu		BLACK		
밀	(Specify only highest grad	e completed)	(Give kind o	work done during m	ost of working	16b. KIND OF BU	SINESS/INOUST	RY		
COMPLETED	Elementary/Secondary (0-12) UNKNOWN	UNKNOWN	11.1	UCTION H	ELPER	CONSTR	UCTION			
Ž	17. FATHER'S NAME (First, Middle, Last)	OMENOWN	CONDIN	OOIION II		WE (First, Middle, Maiden				
BE CC	JOHN FENWICK					OOKS FENWI				
10 B	19e. INFORMANT'S NAME (Type/Print)					loute Number, City or Tow				
F	DELORES BRAWNER					A, MARYLAN				
	20a. METHOD OF CISPOSITION 1 ☑ Buriel 2 ☐ Cremation 3 ☐ Ren 4 ☐ Donation 5 ☐ Other (Specify)	noval from State	SI . JOSEF			ERY10/22/9	1 POMF	or Town, State RET, MARYLAND		
	21. SIGNATURE OF FUNERAL SERVICE L	hourted !	sheson		ND ADDRESS OF FAC					
	LYDIA C. THOR	NTON JOHNS	SON	THORN	TON'S FUI	NERAL HOME	, POMOI	NKEY, MARYLAND		
	23. PART I. Enter the diseeses, or shock, or heert failure. IMMEDIATE CAUSE (Final diseese or condition resulting in death)	RES	e on each line.	Y FA	J LURE		iretory arreet,	Approximate interval Between Onaet and Death		
NO	Sequentially list conditions,	· PNE	OR AS A CONSEQUENCE	A·						
CERTIFICATION	if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c	OR AS A CONSEQUENCE	OE)·						
ERTIF	that initiated events resulting in death) LAST	d	JII AO A CONSEGUENCE	J. 7.						
Ö	PART ii. Other aignificant condition	na contributing to d	leeth but not resulting	in the underlyin	d cause given in	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS		
S	SEPSIS	•				PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
EDICAL	CONSEST	TVE	HEART	PML	uet.	1 _ YES :	2 DANO	OF DEATH?		
PHYSICIAN: MI	CONOLLI		1) 0	1 101-	MIPO	_		1 TYES 2 NO		
A	25. WAS CASE REFERRED TO MEDICAL			26.1	LACE OF DEATH (Ch	ack ante anni				
S	EXAMINER?	HOSPITAL:	ER/Outpetlant 3 🗆 OOA	OTHER:						
¥	27. MANNER OF/DEATH	28a. OATE OF II			ne 5 Residence	28d. DESCRIBE HOW	INJURY OCCUR	FD		
ВУ РІ	1 Pending S Pending Investigation	(Month, Day	y, Year)	NJURY	ORK? YES 2 NO	2001 0 200110 2 11011				
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, e	iNJURY — At home, farm tc. (Specify)	ı, street, fectory, offi	C•	28f. LOCATION (Street City or Town, State		lural Route Number,		
COMPLETED	(orloan only	CP- I I III - I I I I	ny knowledge, death occu smination end/or investiga					suse(s) and manner as stated.		
H	29b. SIGNATURE AND TITLE OF CERTIFIE	e	en	>	D-28281	MBER	29d. DATE 50	GNED (Morph, Day, War)		
2	38, NAME AND ADDRESS OF PERSON W									
	NELSON BENGERS A	1.D. 8926 W	CODYARD RD	CLINTO	V.MD. 20	735				
	31. DATE FILED (Month, Day, Year) 0077 2 4 *91	Sima D	es signature auguson Andel	EQ.						
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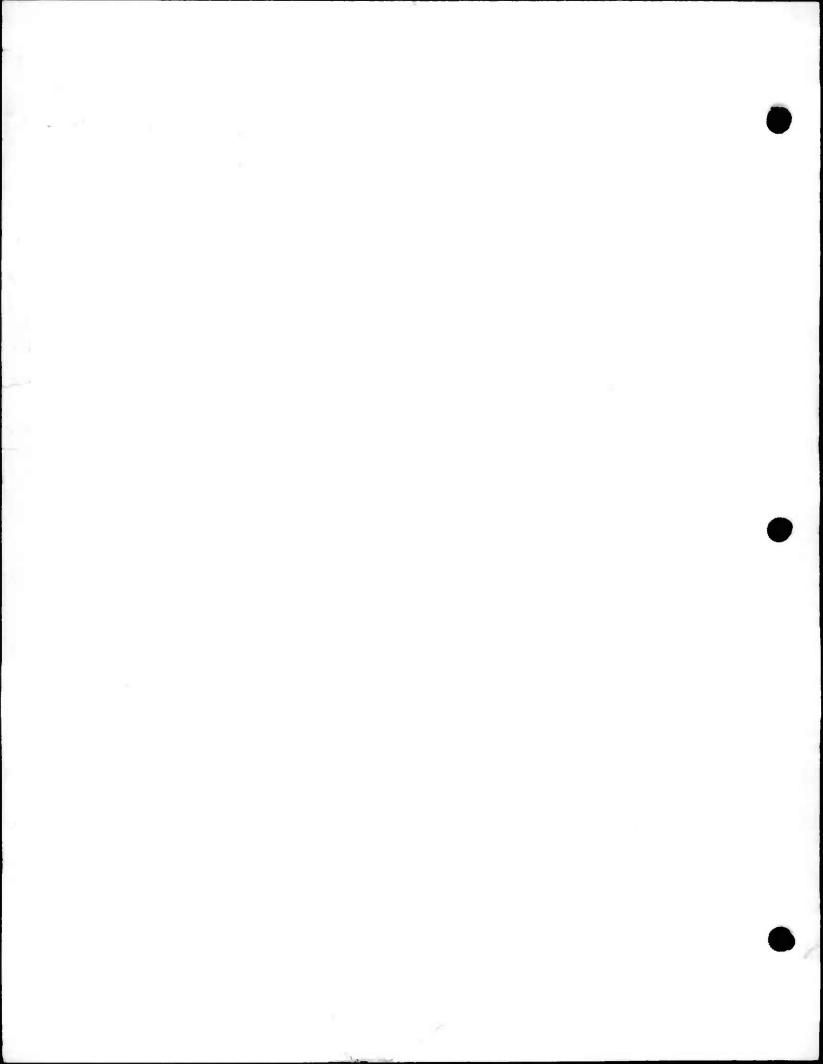
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 June after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for u	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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31. OATE FILED (Month, Day, Year) OCT 22 91

PERSON WHO COMPLETEO CAUSE OF OEATH (ITEM 27) (Type, Print) MO

	FOR 1 - STATE REGISTRAR	STATE OF MA	ARYLAND /	DEPAR	TMEN1	OF H	EALTH DEAT	AND I	MENTAL	HYGIEN REG. NO.	_		30027	
	1. DECEOENT'S NAME (First, Middle, Last)	_		_				•		OF DEATH	-	1,47	3. TIME OF DEATH	
	ARLENA	E,	<i>[</i> -	-w	ema	6.	E_		MONTH	- 2		YEAR	0240 A	M
	4. SOCIAL SECURITY NUMBER	5. SEX	S. AGE (In yrs. last	birthday)	IF UNDER		IF UNDER		7. DATE C	OF BIRTH Day, Year)		8. BIRTH	IPLACE (State or Foreign	\neg
	578-10-8859	1 ☐ M 2 🄀 F	77	YRS.	MONTHS	DAYS	HOURS	MIN.		10,	1914		nsas	
1	Sa. FACILITY NAME (If not institution, give stre	set and number)		,	9b. CITY	TOWN C	R LOCATION	ON OF DE	ATH		9c. COU	NTY OF D	DEATH	\neg
8	SHADY GROVE	ADUE	UTIST A	POSPIT	44	R	ockv:	ille			Mon	tgom	ery	
DIRECTOR	RESIDENCE/OF DECEDENT	- 100	7	-2///										=
HE	10a. STATE 10b. COUNTY			10c, CIT	Y, TOWN	OR LOCAT	ION						10d. INSIOE CITY LIMITS?	
		gomery		Ga	ithe	v							1 X YES 2 □ NO	_
₹	10e. STREET AND NUMBER						ZIP CODE	E			10g. CIT	IZEN OF	WHAT COUNTRY?	
FUNERAL	301 Russell Avenu						0877	O. 111114			-	_	States	
ᆵ	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	EVER IN U.S. ARI						NIC ORIGIN In, Puarlo R	? (Specify Yas lican, atc.)	or No—	14. RAC Blac	E — American Indian, ik, Whita, atc.	
ВУ	3 X Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES			1 TYES	2 🔀 NO	Specif	y:			Spec	White	
	15. DECEDENT'S EDUC	ATION	100 050	CEDENT'S	USUAL O	CCLIDATIO	M		1 105	KIND OF BU	CIMECOUN	DUCTRY	WIII CE	_
빌	(Specify only highest grade of	completed)	(G/	ve kind of	work done se retired.)			ng	100.	KIND OF BU	SINE 33/IIVI	JUSTRY		
٦	Elementary/Secondary (0-12)	College (1-4 or 5+) 5+		ache					P	ublic	Scho	ols		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	<u> </u>					18 MOT	HER'S NA	ME (First A	tiddle, Maiden	Sumama			_
	Ambrose B. Jennin	nas					. anaman		S. W		Guriamay			
띪	19a, INFORMANT'S NAME (Type/Print)	190	101	MAILIM	AODRES	e (Street s				es L er, City or Tow	n State 7/	n Code)		
유	Arlena M. Bergen									New Y			.10	
			20b. PLACE						IIIO,				OL9 own, Stata	_
	20a. METHOD OF DISPOSITION 1	val from State	other pla	ICB)										
	21. SIGNATURE-OF FUNERAL SERVICE LICE	ENSEE	Montg	Omer	22	NAME A	ID ADORE	SS OF FA	CILITY				ryland	_
	Port and a	L	/ M	0019	8 Ro	bert 00, W	A. est	Pump	hrey	Funer	ral H	ome/	Rockville.	
	Many	runa	^											_
	23. PART I. Entar tha diseasea, or contact the entart feliure. L				not antai	tna mo	da ot dy	ing, suc	n aa cerc	liac or reap	iretory at	rest,	Approximeta Intarval Between	
	IMMEDIATE CAUSE (Final	D.	(0)	1.									Onset and Dee	th
	disease or condition resulting in death)	Jeri4	onit	r s									d wee	k.
		DUE TO	OR AS A CONSEC	DUENCE C		0	. (1				1 2004	1
No.	Sequentieily list conditions,	Ter4	OR AS A CONSE	2 3		15 8	7'. 2	v	lce	1			T WILLIE	L
CERTIFICATION	if any, leading to immediata cause. Enter UNDERLYING	DOE 10 (OH AS A CONSEC	DUENCE ()F):								i	
5	CAUSE (Disease or Injury	DUE TO 6	OR AS A CONSEC	DUENCE (NE)								<u> </u>	_
Ē	that initiated events resulting in death) LAST	202 10 (OH AS A CONSEC	JOENOL (,.								İ	
览													+	_
-	PART II. Other significant conditions					nderlyin	g cause	given in	Part I.	24a. WAS AN PERFO		24	b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO	iS
2	Kheyona	todal a	certhi	18	7					1 TYES	./		COMPLETION OF CAUSE OF DEATH?	
삘										_	/- \		1 TES 2 NO	
2														
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF D	DEATH (C	heck only on	10)				_
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE		a 5 🗆 R	ealdence	6 🗆 Otha	r (Specify)	·			
Η	27. MANNER OF BEATH	28a. DATE OF		28b. Tf	WE OF	28c. IN.	IURY AT		7	CRIBE HOW	INJURY O	CCURED		_
	1 Natural 5 Pending Investigation	(Month, Da	y, Year)		JURY M	1 🗆	YES 2 [NO						
ВУ	2 Accident investigation 3 Suicide 6 Could not be	28a. PLACE OF	INJURY — At ho	ma, farm,	street, fac	tory, offic						er or Rural	Route Number,	_
TED	4 Homicide determined	building, (rtc. (Specify)						City	or Town, State	"			
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSIC	TAN: To the best of	mu kramulastna sta	ath cas	rad at the	time det	and sta-		a to the a-	reale) and are	mmar	atad		
MP	(Check only one) 2 MEDICAL EXAMINE												(a) and manner as stated	
8					,	.,,								_
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	AI	1				29c. LIC	ENSE NU	MBER -	76	1,000		D (Month, Day, Year))
0	Our Sie	2	Waster Comment					>8		10	1 0	ICT.	20,199	/

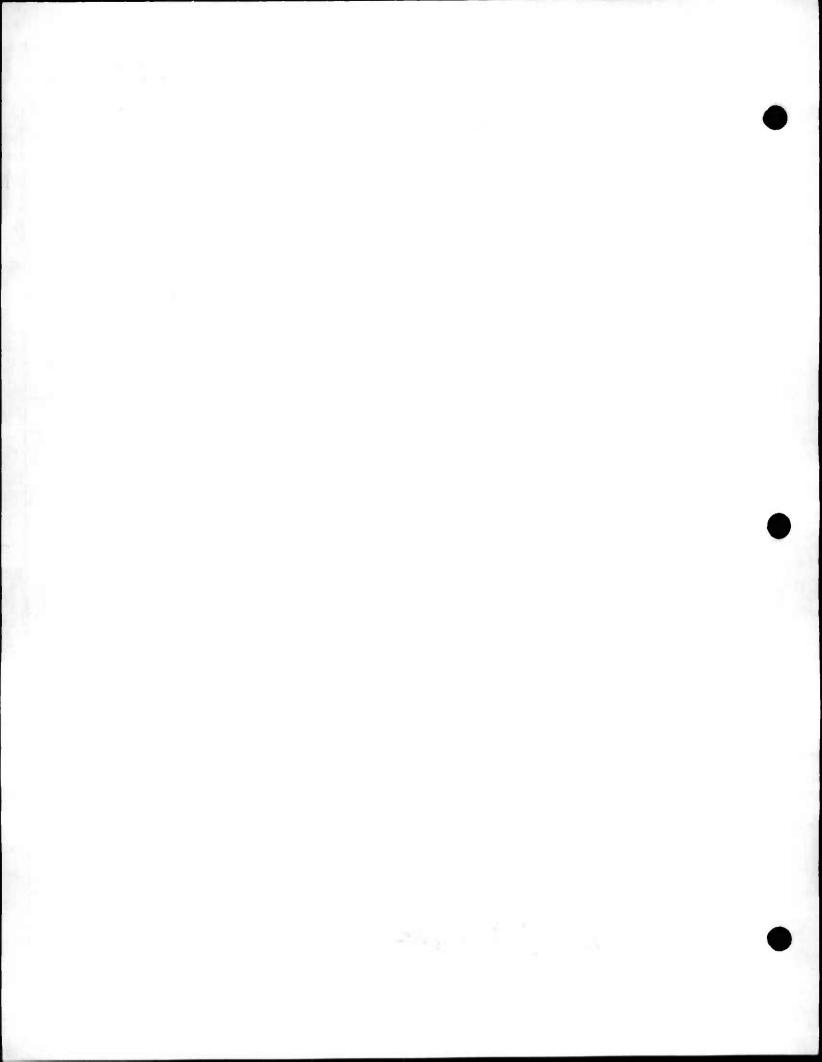
DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21215-0020	at the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per and Mental Hygiene prior to burial, cremation, or removal.
BALTIMORE,	nours after death. Page 6 may be	lled in by the funeral director, page 1, or removal.
RDS, P.O. BOX 68760,	at the death certificate be executed within 24	by the attending physician and completely filled in by the fur and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by to TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
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	1 - STATE REGISTRAR	OINIE OF I	אמוווטיי					DEA		MEN	REG. NO	_			
	1. DECEDENT'S NAME (First, Middle, Last)		NEOL	EDW			STER			MO	ATE OF DEATH	4	d'i	3. TIME OF DE	SA.
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (I	in yrs. last b	oirthday)		R 1 YEAR	IF UNDER	1 24 HRS.	7. DA	TE OF BIRTH		B. BIRT	HPLACE (State or I	Foreign
	350-28-3874	1 🔀 № 2 🗀 F		74	YRS.	MONTHS	DAYS	HOURS	MIN.	Jan	onth. Day, Year)	17	Coun	nada	
	9e. FACILITY NAME (If not institution, give s	-		9b. CIT	Y, TOWN	OR LOCATI	ON OF D			-	UNTY OF I				
OR	SUBURBAN HOSPITAL BETHESDA MONTGON											OMERY			
2	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT														
E				100			OR LOCA	TION						10d. INSIDE CIT	Υ
1	Maryland Mon	tgomery			ье	thes								1 XYES 2	NO
RA	6012 Namakagan R	bood] 10	208 208				10g. Cl		WHAT COUNTRY?	
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDEN	T EVED IN	IIIS ADME	-	1 42	W# C DE							S.A.	
ВУ	t Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 IF YES, GIVE V	YES	2 K NO	:0	13	If yes, sp	ecity Cuba	n, Maxica	n. Puer	GIN? (Specify Yato Rican, atc.)	n or No—	14. RAC Blac Spec	E — American Ind ck, Whita, atc.	
ED	15. DECEOENT'S EDU (Specify only highest grade	CATION		16a. DECE	DENT'S	USUAL (OCCUPATI	ON		1	16b. KIND OF BU	SINESS/IN	OUSTRY		
LEI	Elementary/Secondary (0-12)	College (1-4 or 5	,	life. Do	o NOT us	e retired.) auring mo	st of working	ng						
MP		5+		Facu	1ty	Adn	ninis	trat	or		Univer	sity	7		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)							18. MOTI	HER'S NA	ME (Firs	t, Middle, Maiden	Surname)			
BE	Gloyd Foster								yden		Scott				
2	19a. INFORMANT'S NAME (Type/Print)										umber, City or Tow				
	Majorie K. Foster	(Wif	1		_				., B	eth	esda, N	\mathfrak{D} . 2	20816		
	20s. METHOD OF DISPOSITION 1 Buriel 2 X Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE Of DISPOSITION (Name of Competery, crematory or other place) Mt. Comfort Crematory 10-16 Alex. Virginia														
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	^	\		22	NAME A	D ADDRE	SS OF FA	CILITY	Con - 3		3.7	TT	
	michael	JE.7	rel	to		5	130	Wisc	onsi	n A	Sons, I	sh.	D.C.		
	23. PART I. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):														
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):														
DICAL (PART II. Other significant condition	s contributing to	death bu	t not resu	uiting i	n the u	ndariyin	causa g	iven in	Part I.	24a. WAS AN PERFOR		24b	. WERE AUTOPSY F AVAILABLE PRIOR	
	Bone Melo	-			_						1 TYES 2	NO		OF DEATH?	CAUSE
Σ		rtur 4	0	new										1 YES 2	NO
¥	25. WAS CASE REFERRED TO MEDICAL														
딛	EXAMINER?	HOSPITAL:	- V -	- 50	-2.1	OTHE		ACE OF DI	EATH (Che	ck only	one)				
PHYSICIAN: ME	27. MANNER OF DEATH	1 Inpatient 2 28a. DATE OF				7			sidenca		her (Specify)				
BY PI	1 Natural 5 Pending Investigation	(Month, De			8b. TIME INJU	JRY M	28c. INJ WO 1 🔲 Y	JRY AT RK? ES 2	NO	28d. D	EŞCRIBE HOW II	NJURY OC	CURED		
COMPLETED	3 Suicide 8 Could not be 4 Homicide detarmined	28e, PLACE Of building,	Hc. (Specif)	— Af home, y)	, farm, et	treet, fac	tory, office	1		28f. LC	CATION (Street a ty or Town, State)	nd Numbe	r or Rural F	Route Number,	
٦ ا	29a. CERTIFIER (Check only	CIAN: To the best of	my knowle	dge, death	occurre	d at the	time, data	and place.	and due	to the c	ause(s) and man	nor so etc	ted		
8	one) 2 MEDICAL EXAMINE	R: On the basis of ax	amination	and/or inve	etigation	, in my	opinion, d	ath occur	ed at the	ime, da	ita and pisca, an	due to fi	ha cause/s	and manner ee e	tated
	250. SIGNATURE AND TITLE OF CENTIFIER		Un					29c LICE	MEE MIIM	BED					
TO BE	SE NOW AND ADDRESS OF STREET	- /	711					02	251	6		DAT	SIGNED	(Month, Day, Year)	
	ME AND ADDRESS OF PERSON WHI	COMPLETED CAUS	E OF DEAT	TH (ITEM 27	Mype,	Print)	Rel	land	l.	no	1 2	18	4		
- 1	31. DATE FILED (Month, Day, Year)	32 REGISTRA	S'S SIGNAT	TURE	_					_					



BALTIMORE, MARYLAND 21215-0020

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND N	MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Linst) GENE	,				2. DATE OF DEATH DOWNTH DOWNTH					
	4. SOCIAL SECURITY NUMBER 232-26-1983	5. SEX 6. AGE (IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	8. B	6:40 pm IRTHPLACE (State or Foreign ountry) est Virginia			
TOR	9a. FACILITY NAME (If not institution, give DOCTOR'S COMMUN				R LOCATION OF DE SEABROOK		9c. COUNTY C				
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT Maryland Pri	nce Georges		TOWN OR LOCAT				10d. INSIDE CITY LIMITS? YES 2 NO			
FUNERAL	10e. STREET AND NUMBER	Street	#613	101.	ZIP CODE 20710			of what country?			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DECI	ENDENT OF NISPAN	IC ORIGIN? (Specify Year, Puarto Rican, etc.)	or No- 14. R	ACE — American Indian, slack, White, atc.			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grad Elamentary/Secondary (0-12)	UCATION le completed) College (1-4 or 5+)	18a. DECEDENT'S US (Give kind of wor life. Do NOT use	rk done during mos	N at of working	16b, KIND OF BU	SINESS/INDUSTR				
OMP	8 years 17. FATHER'S NAME (First, Middle, Last)		Waitres	s		Resta					
BE C(Ira Alvin Orno	dorff				ME (First, Middle, Maiden Lyrtle Bol					
TO B	19a. INFORMANT'S NAME (Type/Print) Mary Rae Stouten				nd Number or Rural R	oute Number, City or Tow erly, Mary	n, State, Zip Code				
	20e. METNOD OF DISPOSITION XIX Burlel 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	noval from State	PLACE AND DATE OF etery, crematory or other LINCOI	n Cemet	ery 10	DATE 20c. LO	rentwoo	d, Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LI	Baquar	et	Donal 4400 P	d V. Bor owder Mi	gwardt Fur 11 Rd. Be	neral Ho	ome, P.A. e, Md. 20705			
CERTIFICATION	23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or reepiratory errest, ehock, or heert feilure. Liet only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
CAL	PART II. Other eignificent condition MeTastatic Ca	ver wome. L	-UNG			PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?			
AN: MEDI	Sub capital fre	acture, no	ecis of	Right	Femul	2		1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 \(\subseteq \) NO	HOSPITAL: 1 Inpatient 2 ER/Outpa		THER:	5 Residence 8						
	27. MANNER OF DEATN 1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Mogth, Day, Year) 9 2 4 91	28b. TIME O	F 28c. INJU	RY AT	28d. DESCRIBE NOW IP	Les us				
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide detarmined	28a. PLACE OF INJURY building, atc. (Speci 5 494 Emer	fy)	let, factory, office		281. LOCATION (Street a City or Town, State) 207/0					
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYS cone) 2 MEDICAL EXAMINE	SICIAN: To the best of my knowle ER: On the basis of exemination	edga, death occurred a	nt the time, data a	and place, and due to	o the cause(s) and man	ner as stated.	e(a) and manner as stated.			
TO BE C	Paulance AND TITLE OF CERTIFIE	ere ho	Examina	~	29c. LICENSE NUME	BER		IED (Month, Day, Year)			
	30. NAME AND ADDRESS OF PERSON WITH A DESTRUCTION OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET	DEE MD 420	3 Queen		d Hya:	ttsville 1	40 20	081			
	OCT 17 'Q1	GUILLA DENIGONA	-Roodell								

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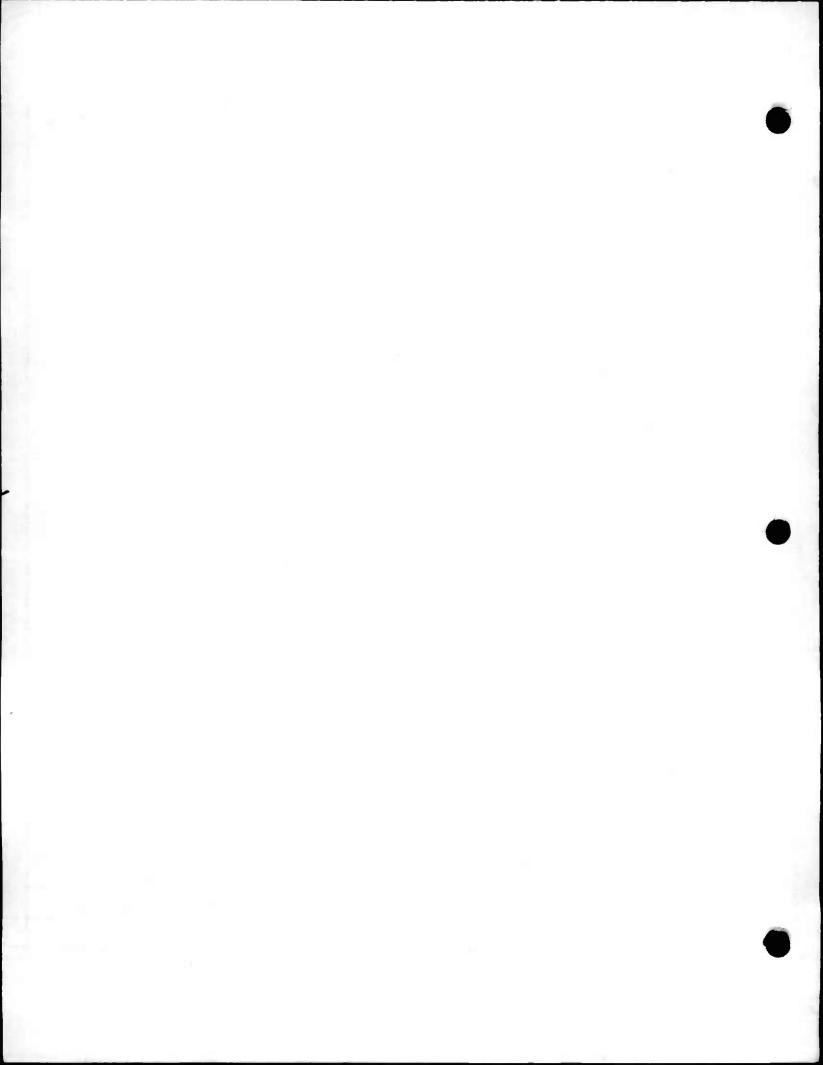
THE CONCRETE BY CHARLES ON THE MINES OF

200

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a TO THE FUNERAL DIRECTIOR. After this certificate has been signed by the attending physician and completely to filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crematic IMPORTANT: If Hem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the

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100	mation.	f. the
200	rial, crei	C BVBn
200	or to bu.	Jimail
Series Series	liene pri	ther fr
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	FOR STATE REGISTRAR	TATE OF MARYLAND	/ DEPAR	TMENT OF	HEALTH AND N	MENTAL	HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	THA E		V =		2. DATE O	OF DEATH DAY	2 4	AR 3. TI	ME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. S	EX 8. AGE (In yrs.	last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE C		8.	BIRTHPLAC	E (State or Foreign
- 9	21526:7771 10	M 2 1 61	YRS.	MONTHS DAYS	HOURS MIN.	'2	16/5		country) arvla	nd
	9a. FACILITY NAME (If not institution, give street as	nd number)		9b. CITY, TOWN	OR LOCATION OF DE	ATH		9c. COUNTY		
DIRECTOR	1675 Bennie Avenue	9		Hagers	town			Washi	ngto	n
E	10s. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION				10d.	INSIDE CITY LIMITS?
	Maryland Washing	gton	Ha	gerstow	n					YES 2 🔀 NO
¥	10s. STREET AND NUMBER			.10	H, ZIP CODE			10g. CITIZEN	OF WHAT	COUNTRY?
FUNERAL	1675 Bennie Avenue				21740				J.S.A	
	11. MARITAL STATUS 1 Never Married 2 Married	WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 T IF YES, GIVE WAR OR DATES	NO NO	If yes, s	CENDENT OF HISPAN pecify Cuban, Mexica	n, Puerto R	? (Specify Year lican, etc.)	or No 14.	Black, Wh	merican Indian, Ite, etc.
B	3 Widowed 4 Divorced	F YES, GIVE WAR OR DATES		1 U YE	S 2 NO Specify	y:			Specify: Whi	te
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp		. DECEDENT'S	USUAL OCCUPAT	ION lost of working	16b.	KIND OF BUS	NESS/INDUS	TRY	
		llege (1-4 or 5+)	Iffe. Do NOT u	se retired.)						
MP	12		Home	maker						
8	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA				.1	
BE	John All 19st. INFORMANT'S NAME (Type/Print)	bert For	syth	ADDRESS /Strang	01a	_	V.		lor	
5	C. Preston Fouke				Avenue, H					21740
	28a. METHOD OF DISPOSITION	20b. PL/	ACE OF DISPO		emetery, crematory or	ager	_	ATION - City		
	1 XBurial 2 Cremation 3 Ramoval 6 4 Donation 5 Other (Specify)	rom State Res	t Have	n Cemet	ery		Hage	rstow	n, Ma	ryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	EE		22. NAME	AND ADDRESS OF FA	CILITY -	MINNIC	H FUNI	ERAL	НОМЕ
	.			415 E	. Wilson	B1vd	., Hag	ersto	vn, M	d. 21740
	23. PART I. Enter the diseases, or comp shock, or heart fallure. List			not enter the n	ode of dying, suc	ch as card	flac or respli	ratory arrea	t,	Approximate Interval Between
	IMMEDIATE CAUSE (Final	1	. 0-			, !			1	Onset and Death
	disease or condition resulting in death) a	DUE TO OR AS A CON	me "	st 11	VTAU	rin	,			
_	_	DUE TORON AS A CO	NSEGUENCE C	MAON	V fair					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO JOH AS A COL	NSEQUENCE O	P):						
CAT	cause. Enter UNDERLYING	Hym	34 he	rond	Lung				- 2	
I I	CAUSE (Disease or injury that initiated events	DUE TO TOP AN A COM	NREQUENCE 0	ndy:						
ER	resulting in death) LAST				-					
	PART II. Other significant conditions co	entributing to death but r	not resulting	In the underly	ng cause given in	Part I.	24a. WAS AN			RE AUTOPSY FINDINGS
ICAL							PERFOR	XNO	CO	ALABLE PRIOR TO MPLETION OF CAUSE DEATH?
MEDI							4			YES 2 NO
ž										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		28. OTHER:	PLACE OF DEATH (C	heck only or	ne)			
YSI	1 YES 2 □ NO 1 □	Inpatient 2 ER/Outpatie		4 - Nursing H	ome 5 🗆 Residence	_	* * * * * * * * * * * * * * * * * * * *			
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. Tř	JURY	NJURY AT WORK?	28d. DE	SCRIBE HOW I	NJURY OCCU	RED	
ВУ	2 Accident Investigation	28e. PLACE OF INJURY —	At home, farm.		YES 2 NO	26f. LOC	CATION (Street &	and Number of	Rural Route	Number
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Specify)		,,,			or Town, State)			
LEI	29a. CERTIFIER 1 CERTIFYING PHYSICIAN	t: To the best of my knowledg	e, death occur	red at the time, d	ete and place, and du	e to the ca	use(s) and max	oner as states		
OMP	(Check only	n the basis of examination an					• •			d manner as stated.
	296 AIGNATURE AND TITLE OF CERTIFIER	ALT Dan	the me	Palial	29c. LICENSE NU	JMBER		29d. DATE	SIGNED (MC	onth, Day, Ybar)
BE	An TH	VA H Whol	>N) M	N DYEN		680	660	1	0/2	3/91
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH		oe, Print)	GERS!		/	4 - 0		/7
	251 EAST A	VITETAM	57	HI	GERS	ou		mV	21	740
	31. DATE FILEDYMONTH Day, 1947)	32. REGISTRAR'S SIGNATU		00						

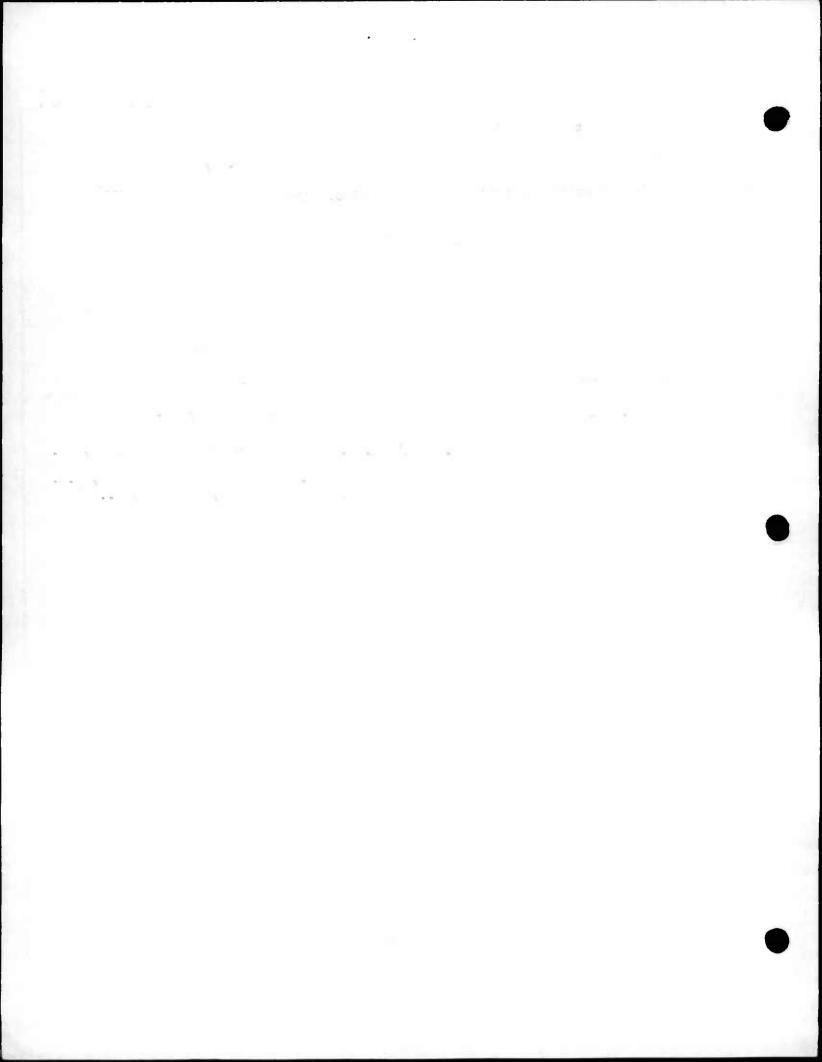


THE HOO THE FUR FILE FILE WITH WITH WITH WITH WITH WITH WITH WITH	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital	VERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
O THE HOSPITA O THE FUNERA Filed within 72	IL DR ATTE	L DIRECTO	2 hours aft	1 item 28
	THE HOSPITA	THE FUNERAL	be filed within 72	MPORTANT: 11

31. OATE FIND PYPOON DOY, 1941)

32. JEGISTRAPIS SIGNATURE
Juna Daydson-Randall

	FOR 1 - STATE REGISTRAR		CE	ERTIF	ICATE	E OF	EALTH .		MENTAL HYGIEN			30031
	1. DECEDENT'S NAME (First, Middle, Lest) Fletcher	William r William		ar F	letc	her			2. DATE OF DEATH DATE OF DATE OF DEATH DATE OF DATE OF DATE OF DEATH DATE OF D		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 218-07-0455	5. SEX 6. AGE (In yrs. le		ot birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER :	AANA	7. DATE OF BIRTN (Month, Day, Year) Jan. 1,189		8. BIRTHP! Country)	LACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give st. Union Memorial RESIDENCE OF DECEDENT					City	ON OF DE			TY OF DE		
DIRECTOR	10a. STATE 10b. COUNTY	ford			y, rown o		ION					10d. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 1404 Abingdon Ro	ad				101	ZIP COOE 1009			10g. CITIZ		1 YES 2 NO
BY	11. MARITAL STATUS 1 Naver Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 N		,	If yes, spe	ENDENT OF scify Cuban 2 X NO	n, Maxican	IIC ORIGIN? (Specify Yee n, Puarto Rican, etc.)	or No-	14. RACE - Black,	American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +	(Girline)	ive kind of a Do NOT us	usual oc work done of se retired.)	during most	N st of working	7	186. KIND OF BUS		JSTRY	
BE CON		Fletcher					18. MOTH		ME (First, Middle, Maiden Serena	_{Sumame)} Heato	ontal)	
TO E	196. INFORMANT'S NAME (Type/Print) Terry L. Stephens 14.04 Abingdon Road, Abingdon, Md. 21009											
V	20a. METNOD OF DISPOSITION X Burlal 2 Cremetion 3 Ramoval from State 4 Donation 5 Other (Specify) 21. Signature of Funeral Service Licensee 20b. PLACE AND DATE of DISPOSITION (Name of Service) 20c. LOCATION - City or Town, State of Donation City or Town, State of Donation - City or Town, State of Donation - City or Town, State of Donation - City or Town, State of Donation - City or Town, State of Donation - City or Town, State of Donation - City or Town, State of Donation - City or Town, S											
	Howard KV	M. Cor	Mes ?	111	HO 13	ward 17 C	K. Nokesh	McCo burv	mas III Fu Road, Abi	nador	n. Mo	
	23. PART i. Enter the diseases, or conshock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications that list only one cause	se on aach lina.		not entar	tha mod	e of dyln	ig, auch	n as cardiac or respin	atory arre	st,	Approximata Interval Batween Onaat and Death
CERTIFICATION	Sequentially list conditions, if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Chronic obstrictive long closeuse Althermers Curcular Aftern closes									MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN:	1 TYES 2 TNO	HOSPITAL:	ER/Outpatient 3	□ 00A	OTHER	t:			ck only one) B Other (Specify)			
8≺	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation 3 Suicida 6 Could not be 4 Homicide determined	28e. OATE OF (Month, Da			M			NO	28d. OESCRIBE HOW IN 28f. LOCATION (Street a: City or Town, Stete)			ite Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC One) 2 MEDICAL EXAMINER	IAN: To the best of ax	my knowledge, dea	ith occurre	nd at the tir	me, date e	ind place, a	end due t	to the cause(a) end mand	ner as stated	d.	nd manner as stated
2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and seem of the course of the c												



DIVISION OF VITAL RECORDS, P.O. BOX 68/60, BALLIMORE, MARYLAND 21215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page befiled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR					F HEALTH OF DEAT		R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	NE		EOI	17			2. DATE OF	DA		YEAR	3. TIME OF DEATH
	DEREK SHA	8. AGE (In yrs.	FOLK				7. DATE OF BIRTH				1600	
		5. SEX 1xxx M 2 F	7. AGE (III yrs.	YRS.	MONTHS DA		MIN.	(Month, De	y, Year)		Countr	**
	9a. FACILITY NAME (If not institution, give stre		/		9b. CITY TO	WN OR LOCATION	ON OF DE	4/25	/84	9c. COUN		LAND
5	MEMORIAL HOSPI	TAL				ERLAN					LEGA	
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			100 017	Y, TOWH OR L							
DIRECTOR		CANT										10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	GANY			IDLAND	10f, ZIP CODE				10- CITIZ	EN OF V	1 YES 2 NO
ONEDAL	210 BIG	TANE				215						
;		12. WAS DECEDEN	EVER IN U.S.	ARMED	13. WAS	DECENDENT O	F HISPAN	IC ORIGIN? (S	pecify Yea		U.S.	A . - American Indian,
	1 X Never Married 2 Merried	FORCES? 1 IF YES, GIVE W	YES 2 F	KNO	If ye	s, specify Cube YES 2 X NO	n, Mexice:	n, Puerto Rice	, etc.)		Speci	, White, etc.
	3 Wildowed 4 Divorced					24					Opoco	WHITE
COMPLETE IND	15. DECEDENT'S EDUCA (Specify only highest grade co	TION ompleted)		(Give kind of a	USUAL OCCUI	PATION g most of workin	g	16b. KIN	D OF BUS	INESS/INDU	JSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT us								
	17. FATHER'S NAME (First, Middle, Last)			STUDE	NT					SCHOO	OL_	
		ים יי תו) T 17					ME (First, Middl		,		
1	19a. INFORMANT'S NAME (Type/Print)	LD T. FO		19b. MAILING	ADDRESS (Sh	eet and Number		NOR RI			Code ¹	·
2	ELEANOR RICHARDSO	N.				, MIDL				i, State, Zip (0000)	
	20a. METHOD OF DISPOSITION				OF DISPOSITIO		AND.	DATE		CATION — C	ity or To	wn. State
	1 Donation 8 Other (Specify)	al from State	PORTE	crematory or o	ther place)		1	0/19				
	21. SIGNATURE OF FUNERAL SERVICE LICEN	NSEE /	Ta Valla	/		E AND ADDRES	S OF FAC			FUNER		
	> ///anilow	11 Vh	111011		60 W	. MAIN	ST.					1532
	23. PART i. Enter the diseases, or con	mplications that	caused the	desth Do r								
	SHOCK, OF HEART TAILUTE. LIS	st only one csu	se on each ii	ne.	or enter the	mode of dyn	ng, sucr	1 as cardiac	or respir	atory srre	ist,	Approximate interval Batwe
	IMMEDIATE CAUSE (Final										Onsat and De	
	resulting in death) a. SUM HOT WOULD OF NECLC DUE TO (OR AS A CONSEQUENCE OF):											
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		DUE TO	OR AS A CONS	SEOUENCE O	F):	1) 01		6-1	-			
	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONS	SEOUENCE O	F):	9 01			-			
1001100		DUE TO		SEOUENCE O	F):	•) 0						
	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events	DUE TO		SEOUENCE OF	F): F):	., .,						
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	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events	DUE TO	OR AS A CONS	SEQUENCE OF	F): F):				. WAS AN /	MTOPSY	246.	WERE AUTOPSY FINOIN
اا	if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO	OR AS A CONS	SEQUENCE OF	F): F):			Part i. 24a	. WAS AN / PERFORI	MED?	24b.	AVAILABLE PRIOR TO COMPLETION DF CAUSE
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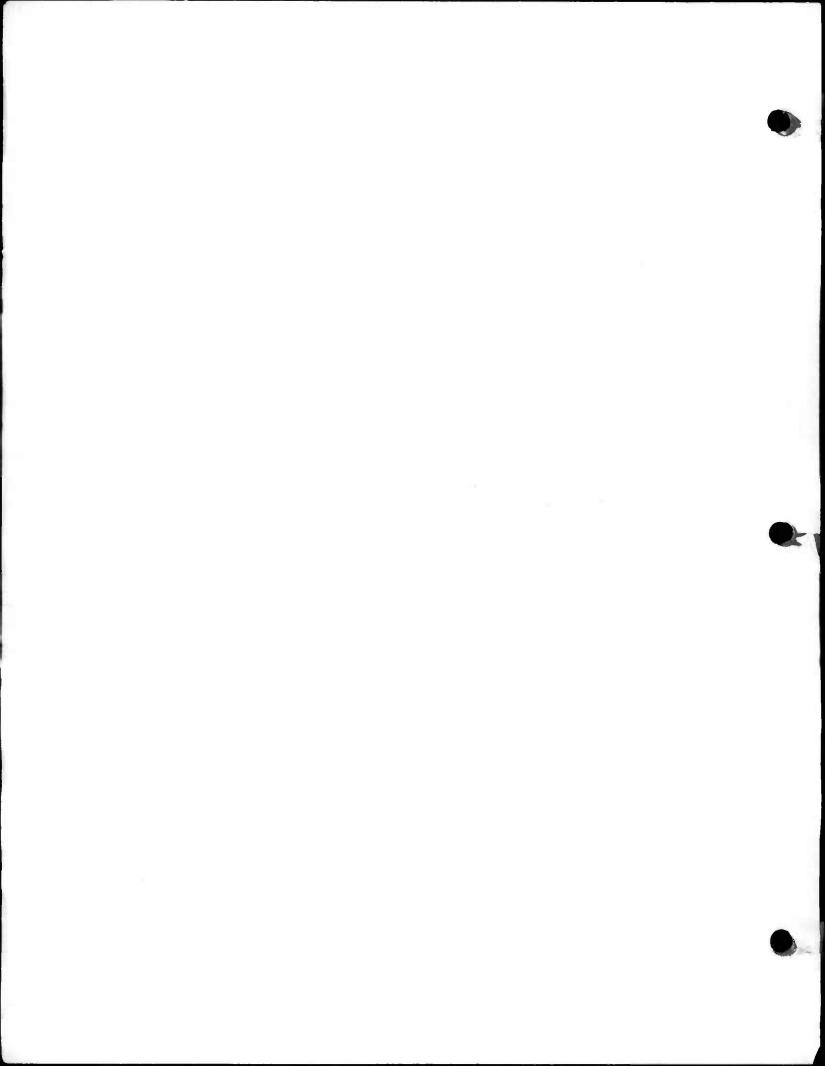
DHMH-16 Rev 1/89

To a Office of

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

1 - FOR STATE REGISTRAR	S	STATE OF M		DEPART				MENTA	L HYGIENE				
1. DECEDENT'S NAME (First, A	Aiddle, Last)								OF OEATH		3.	TIME OF DEATH	
		Emmar	t Reyn	olds	Guy	ton	1	Sep		1991	AH	10:15 a m	
4. SOCIAL SECURITY NUMBE	R 5.	SEX	6. AGE (In yrs. las		IF UNDER 1		IF UNDER 24 HRS.	7. DATE	OF BIRTH h, Day, Year)	ay, Year) Country)			
212-01-791	1 1%	M 2 - F	86	YRS.	MONTHS	DAYS	HOURS MIN.	02	-25-05				
9e. FACILITY NAME (If not insti	itution, give street	end number)			9b. CITY,	TOWN OF	LOCATION OF D	EATH		9c. COUNTY	OF DEAT	Н	
at his						Ste	vensvi	ille		Que	en A	Anne's	
RESIDENCE OF DECE	10b. COUNTY			10c CITY	TOWN OF	LOCATIO	ON			****	10	d. INSIDE CITY	
		n 7nn.		100.01.1				-411.	_			LIMITS?	
Maryland	Quee	en Anne	2 S				EVENSY	/1110	<u>e</u>	10a. CITIZEN		T COUNTRY?	
	uton T												
260 Gu		. WAS DECEDENT	EVER IN U.S. AS	RMED	13 W	AS DECE	216		N? (Specify Yee		U.S.	American Indian.	
1 Never Merried 2 🔀 N			YES 2 X		- 11	yes, spec	cify Cuben, Mexic	en, Puerto	Ricen, etc.)		Black, W Specify:	hite, etc.	
3 Widowed 4 Divorce	ed	IF TES, GIVE W	IN ON DATES		'	1E3 .	ZX NO Speci	ny.			Specify.	white	
	DENT'S EDUCATION		16a. D6	ECEDENT'S L	JSUAL OC	CUPATIO	N t of working	161	. KIND OF BUS	INESS/INDUS	TRY .		
Elementary/Secondary (0-1	highest grade com	ollege (1-4 or 5 +)	ille	Give kind of wo b. Do NOT use	retired.)	uring mos	G WURING						
8		10.7	Wa	rehou	ıse	Sup	erintr	ndrt	5	Steel	Inc	dustry	
17. FATHER'S NAME (First, Mid	idle, Last)						18. MOTHER'S N	AME (First.	Middle, Maiden	Surname)			
George	Guyton	1					May	Re	ynolds	5			
190. INFORMANT'S NAME (Typ.	oe/Print)		19	b. MAILING	ADDRESS	(Street an	d Number or Rura	Route Num	ber, City or Town	, State, Zlp Co	de)		
Marion D	. Guyt	on		260 (Guyt	on	Lane,	Ste	vensvi	lle,	MD	21666	
20e. METHOD OF DISPOSITION DESCRIPTION OF DISPOSITION DESCRIPTION OF DISPOSITION DESCRIPTION OF DISPOSITION DESCRIPTION OF DISPOSITION DESCRIPTION OF DISPOSITION DESCRIPTION OF DISPOSITION DESCRIPTION OF DISPOSITION DESCRIPTION OF DISPOSITION DESCRIPTION DE LA CONTROL DESCRIPTION	N 2 Removed	from State	20b. PLACE other p		TION (Nan	ne of cem	etery, crematory or		20c. LO	CATION - City	or Town,	State	
4 Donation 5 Other (HOM State					tery		Ste	vensvi	lle	MD QAC	
21. SIGNATURE OF FUNERAL	SERVICE LICEN	5/	7				D ADDRESS OF F			Chock	0.20	MD 21610	
► / human	Va	11.0%	1						•			MD 21619	
23. PART I. Enter the dis	esses or com	polications that	caused the d	eeth Do n			lelfen					Approximate	
		only one ceu	ee on eech lin	e.			Collicia del Co					Interval Between	
IMMEDIATE CAUSE (Fine disease or condition	el .	4.11	100000	Par L	. 0	1a	1: 100	Pto al	a- d2	1800		Oneet end Death	
resulting in death)	→ [e	1110	ule re	Wien	2	000	aco our	, 2000	a q	700		-	
		(01.01	OR AS A CONSE	UDENCE OF	at	L	des Be.						
Sequentielly liet condition	ons, b	OUE TO	OR AS A CONSE	-	1:	10							
If eny, leeding to immed cause. Enter UNDERLYIN		U	(011 AO A 00110L	OULIVOE OF	,								
CAUSE (Diseese or Injur		DUE TO	OR AS A CONSE	QUENCE OF):								
thet initieted events resulting in deeth) LAST													
	d										_		
PART II. Other significer	conditione c	ontributing to	deeth but not	reculting is	n the un	derlying	ceuse given i	n Part I.	24a. WAS AN PERFOR			ERE AUTOPSY FINDINGS MILABLE PRIOR TO	
51									1 YES 2	□ NO		OMPLETION OF CAUSE F DEATH?	
											1	YES 2 NO	
25. WAS CASE REFERRED TO EXAMINER?							ACE OF DEATH (Check only o	one)				
1 YES 2 NO		IOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER		5 - Reeldence	6 🗆 Oth	er (Specify)				
27. MANNER OF DEATH		28e. DATE OF (Month, De		28b. TIME		28c. INJI	JRY AT	28d. DE	SCRIBE HOW I	NJURY OCCU	RED		
	Pending nvestigation	(Month, Di	ay, roury	1110	M	1 🗌 Y		1 -					
2 0 2 2 2 2 2	Could not be	28e. PLACE O	F INJURY — At h	ome, farm, a	treet, facto	ory, office	,		CATION (Street of	and Number or	Rural Rou	te Number,	
	letermined	building,	етс. (эреску)					City	y or lown, state)				
29e. CERTIFIER 1 CERTI	FYING PHYSICIA	N: To the best of	my knowledge 4	leath occurr	d at the ti	me dete	and place and d	ie to the c	suse(e) and mar	ner ee stated			
(Crisca Orlly		_										nd manner ee stated.	
mean					, my w	,							
	-215	1								PATE C			
29b. SIGNATURE AND THE	of charles	in					29c. LICENSE N	XI		D C	7/2	fonth, Day, Year)	
Dand	Hon	ew					29c. LICENSE N	87	-	>	7/3/	ignth, Day, Year)	
30. NAME AND ADDRESS OF	PERSON WHO C						D388	87		•	9/3/	fgnth, Day, Yeer)	
Dand	PERSON WHO C Smith,	MD		dlew		Ave	0388 E., Ea	87	, MD	2160	9/3/	ignth, Dey, Yeer)	



1		FOR STATE REGISTR	Al
Г	1. D	ECEDENT'S	N.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

1 - STATE REGISTRAR		SINIE OF I	MAILILAN	CERTIF		OF		MENTA	REG. NO.			
1. DECEDENT'S NAME (First, Mi	iddle, Last)			4					OF DEATH		VEAD	3. TIME OF DEATH
		Alfredd	la Rei	na Gra	angei	r		OC		199	YEAR	7:45 p M
4. SOCIAL SECURITY NUMBER		5. SEX		rs. last birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.		OF BIRTH		6. BIRTH	IPLACE (State or Foreign
058-20-269	2 A	1 □ M 2 √2 F	97	YRS.	MONTHS	DAYS	HOURS MIN.		h, Day, Year) /18/18	303	Countr	m aine
9a. FACILITY NAME (If not institu		21			9b. CITY,	TOWN OI	R LOCATION OF DE		7 107 10		NTY OF D	
Moridian/Cor	cian	Hille No	raina	Llomo	,	Cani				0.		31
Meridian/Cor	DENT	IIIIIS IVU	ISING	поше	. '	cem	trevill	e		U	teen	Anne's
10a. STATE	Db. COUNTY			10c. CIT	Y, TOWN O	R LOCATI	ON					10d. INSIDE CITY LIMITS?
Maryland	Que	en Anne	's			Cent	revill	е				1 YES 2 NO
10e. STREET AND NUMBER			_	Rt. 21	3	101.	ZIP CODE			10g. CITI	IZEN OF V	WHAT COUNTRY?
Meridian/Cor	sica :	Hills Nu	rsing	Home			2161	7			U. S	S.A.
11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1					NDENT OF HISPAN city Cuban, Maxica			or No-	14. RACI	E — American Indian, k, White, etc.
1 Never Married 2 Ma XX Widowed 4 Divorce		IF YES, GIVE V					2√NO Specify		nican, aic.)		Spec	ttv:
												white
15. DECED (Specify only hi	ghest grade	CATION completed)	16	Give kind of	work done d	CUPATION Juring mos	N t of working	16b	. KIND OF BUS	INESS/IND	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT u								
		1		Bookk	eepe	r			Manuf		urir	ng
17. FATHER'S NAME (First, Midd						l	16. MOTHER'S NA					
Cyril Ch		es Pello	erin	_					<u>leanet</u>			vin
19a. INFORMANT'S NAME (Type				19b. MAILING	ADDRESS	(Street ar	d Number or Rural i	Route Num	ber, City or Town	, State, Zip	Code)	
Dale T. C							112, C	entr				
20s. METHOD OF DISPOSITION 1 Burisl 2 Cremation	I 3 □ Remo	oval from Stata	ot	ther place)			etery, crematory or			CATION —		,
4 Donation 5 Other (S)	pecify)		Met	ro Cr			Inc.		Bal	time	ore	Co., MD
21. SIGNATURE OF FUNERAL S	SERVICE LIC	ENSEE	1.		22. 1	NAME AN	Halfanl	CLUTY	Func	ral	Ног	mes, PA
1 Champs	K. 4	eldente	- w									MD 21619
23. PART I. Enter tha dise	ases, or c	omplications the	t caused th	na daath. Do								Approximata
shock, or hea	rt fallure. I	List only one cau			<u> </u>		0				12.00	Interval Batwean
IMMEDIATE CAUSE (Final disease or condition				/	11	0	1) N					Onset and Death
resulting in death)		n	IOD AS A CO	ONSEQUENCE C	NED:							700
		502.10	(011 20 2 2 0	Superior o		1	6/2-	0 /				3 hs+
Sequentially list condition		DUE TO	(OR AS A CO	ONSEQUENCE O	F):	-(1 1 2000	e, a	1. A			+ 1
If any, laading to immedia cause. Entar UNDERLYING												
CAUSE (Disease or Injury that initiated events	1	DUE TO	(OR AS A CO	ONSEQUENCE O	OF):							
resulting in death) LAST		4										
		*										
PART II. Other significant	condition	a contributing to	death but	not resulting	In the un	derlying	cause given in	Part I.	24a. WAS AN PERFOR		248	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
									1 YES 2	□ NO		CDMPLETION DF CAUSE OF DEATH?
												1 YES 2 NO
25. WAS CASE REFERRED TO I	MEDICAL						ACE OF DEATH (Ch	eck only o	ne)			
1 TES 2 NO		HOSPITAL:	ER/Outpatk	ent 3 DOA	OTHER		5 🗆 Residence	6 🗆 Othe	er (Specify)			
27. MANNER OF DEATH	-	28a. DATE Of (Month, I		26b. Til	ME OF JURY	28c. INJU	JRY AT	28d. DE	SCRIBE HOW I	NJURY OC	CURED	
1 Natural 5 Pe	nding restigation	(1000,000,000	ouy, now,	"	м		ES 2 NO					
2 Cutatta	uld not be		OF INJURY — etc. (Specify)	Al home, farm,	street, fact	ory, office	1		CATION (Street a	nd Numbe	r or Rural	Route Number,
	termined	55.1.19	(dec (opocny)					Ony	or rown, state)			
29a. CERTIFIER 1 CERTIF	YING PHYSI	CIAN: To the best o	f my knowled	ige, death occur	red et the ti	lme, data	and place, and due	to the ca	use(a) and mar	mer es ste	rted.	
(Orloan only												a) and manner as stated.
29b. SIGNATURE AND TITLE O			Λ		1				,,	-	_	
manning with inter	1	16 1	/	1/1/2	h/		D1 22			200. DA	E SIUNES	D (Month, Day, Year)
30. NAME AND ADDRESS OF F	DEDECT WITH	O COMBI ETER CIT	IGE OF DEATH	U STEM OT	Oden.		D1234	t 0		-		
				1		_		_				
ur John	R.	Smith,			110	Bro	adway,	Cen	trevi	lle	, MI	21617
31. DATE FILED (Month, Day, Ye		32. REGISTR	40'0 01011	HOE								

Lulia Davidson-Randalles

19

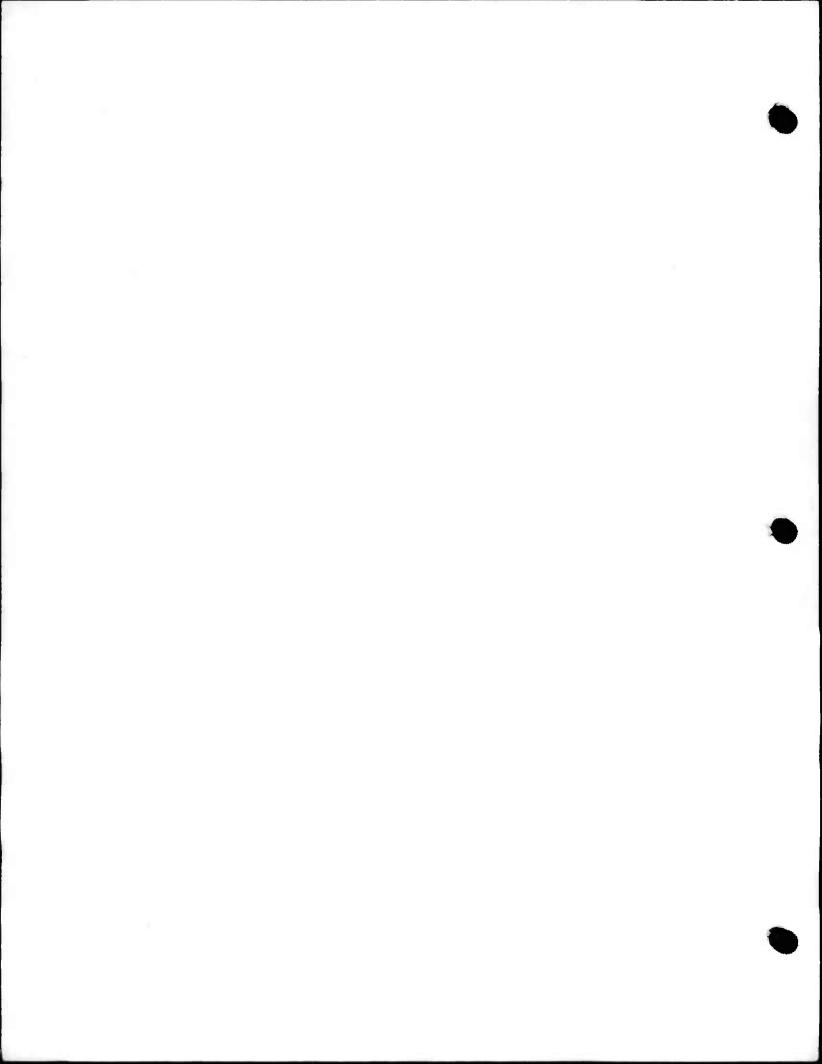
BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 works after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Page be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/69



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gned by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the		Once
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should		ntifled
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rector,		· muse
funeral d		any injury or other trainmatic event the medical avaminar must be notified at once
the	NEW ME	7
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filled	n, 0	9
eletely	aith and Mentai Hygiene prior to burial, cremation, or removal.	th the
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pue	princ	affe
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Jue	alth	2

	FOR 1 - STATE REGISTRAR	STATE OF MARYL			F HEALTH AND I	MENTA	L HYGIENE	E		
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH		VE.15	3. TIME OF DEATH
	LULA	D. GAF	RRETT			Oct	ober 1		YEAR 991	2:00PM
			in yrs. last birthday)	IF UNDER 1 Y		7. DATE (Mont	PLACE (State or Foreign			
	214-28-4600	1 □ M 2 X F 80	YRS.	MONTHS D	NYS HOURS MIN.		30, 19	911		VIRGINIA
	9e. FACILITY NAME (If not institution, give stre	et and number)		9b. CITY, TO	WN OR LOCATION OF D	EATH		9c. COU	NTY OF DE	EATH
DIRECTOR	4300 College Heig	hts Drive			Hyattsvill	e		Prin	ice G	Georges
DIRE	Maryland Prin		y, town or i						10d. INSIDE CITY LIMITS? 1 YES 2 NO	
At	10e. STREET AND NUMBER			_	101. ZIP CODE			10g. CITI	ZEN OF W	HAT COUNTRY?
E	4300 College Heig	hts Drive			20782			USA	1	
FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR DO	2 XNO	If yo	s, specify Cuben, Mexico	en, Puerto		or No-	14. RACE Bleck Specifi	— American Indian, , While, etc.
B	3 Widowed 4 Divorced	ir 120, GIVE WAN ON DI	AI LO	'-	TES 2 (ZENO Specia	<i>i</i> y.			opeon	White
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of		16e. DECEDENT'S		PATION ng most of working	181	. KIND OF BUS	INESS/INC	DUSTRY	
	Elementery/Secondery (0-12)	College (1-4 or 5+)	life. Do NOT u	se retired.)						
MP		5 +	GUIDANCI	E COUN:					E'S	SCHOOLS
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA					
BE	CARL DENNISON						AVIDSON			
2	19e. INFORMANT'S NAME (Type/Print)	(111100 1310)			treet and Number or Rural					
	JAMES R. GARRETT	(HUSBAND)			E HEIGHTS]			CATION -		, MD. 20782
	1 Buriel 2 Cremetion 3 Removed	val from State	other place)							
	21. SIGNATURE OF FUNERAL SERVICE LICE		ARSHVILI		ME AND ADDRESS OF F	ACILITY	IMARS	SHVII	uliff.	W. VA.
	· Cotty	// 1			NCIS J. CO					
	23 PART I Enter the diseases, or co	amplications that cause	d the death. Do	not enter th	UNIVERSIT	I DL	vu.,w.	OIL.	SPK.	Approximate
	shock, or heart failure.	at only one cause on e	ach iine.	170.0007.00	, , , ,	W-Uh-M			170.	interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	Coroinomo	of the	Broact	(9-86)					
	resulting in death)									5 years
_				,						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury									
CAI										
E	that initiated eventa	DUE TO (OR AS /	A CONSEQUENCE O	P):						
	reaulting in death) LAST									
2	PART II. Other algnificant conditions	contributing to death i	out not resulting	In the unde	rlying cauae given in	n Part I.	24e. WAS AN	AUTOPSY	24b	. WERE AUTOPSY FINDINGS
CAL					75 - 67		PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED							1 1 123 2	Пио		OF DEATH?
Σ.										1
IAN	25. WAS CASE REFERRED TO MEDICAL				28. PLACE OF DEATH (C	heck only o	one)			
SIC	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Out	patient 3 🗆 DOA	OTHER:	Home 5 Residence	6 🗆 Oth	er (Specify)			
PHYSICIAN: MEDI	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. Til		c. INJURY AT WORK?		SCRIBE HOW II	NJURY OC	CURED	
ВУ Р	1 Accident 5 Pending Investigation	(Month, Day, 16a)	"		YES 2 NO					
0 8	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Spe	Y — At home, farm,	street, factory	, office		CATION (Street a		r or Rurai f	Route Number,
E	4 Homicide datermined		,,			J	, o, o,			
COMPLETED	29e. CERTIFIER (Check only CERTIFYING PHYSIC	CIAN: To the best of my know	viedge, death occur	red at the time	, date end place, and du	re to the c	euse(e) end mer	nner as sta	rted.	
N	anal	3: On the beele of examination	on end/or investigat	on, in my opir	ion, death occured at th	e time, da	te end plece, en	d due to t	he ceuse(e	e) end menner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	JMBER		29d. DAT	TE SIGNED	(Month, Day, Year)
BE	Alberten	olc -	M.D.		D07967					er 14, 1991
5	30. NAME AND ADDRESS OF PERSON WHO				1					
	Albert E. Rolle,	M.D. 3800 R	leservoir	Rd.,	N.W., Wash	hingt	ton, D.	C. 2	0007	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN								
	OCT 1 7 1991	Julia David	son-Handel	6						

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	ND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a whole after death. Page 6 may be retained by the hospital or attending physician.	hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per he filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	ached for use as the bunal-transit per
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	ce.

TO BE COMPLETED BY FUNERAL DIRECTOR

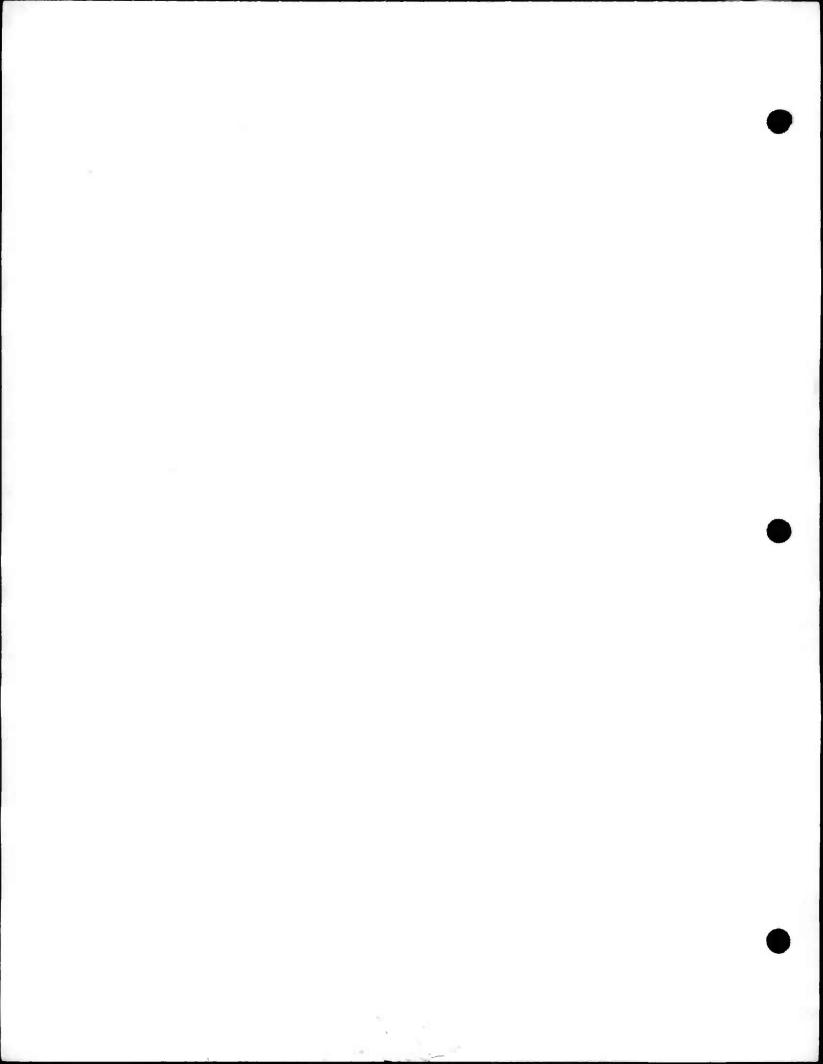
FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.										
1. DECEDENT'S NAME (First, Middle, Last)	- 0				2. DATE OF D	EATH			3. TIME OF DEATH	
Marhery	F. Gate	5.			MONTH	100	4	YEAR	22460 M	
4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	R IF UNDER 24 HRS.	7. DATE OF B	IRTH		A. BIRTI	NPLACE (State or Foreign	
214-63-3336	1 M 2 □ F		IONTHS DAY		(Month, Day	; Year) j	-	Count	yland	
9e. FACILITY NAME (If not institution, give s	treet end number)	-//	9b. CITY, TOW	N OR LOCATION OF OR		(~ /		INTY OF O		
Chady Crayo Adv	ontist Hosni	+-1	Rockvi	110			Mor	+~~		
Shady Grove Adv	entist mospi	tai	ROCKVI	rrre			MOI	ıtgon	iery	
10e. STATE 10b. COUNTY	ſ	10c. CITY,	TOWN OR LO	CATION					10d. INSIDE CITY LIMITS?	
Maryland Monto	gomery	Rock	kville						XX YES 2 NO	
10e. STREET AND NUMBER				10f. ZIP CODE			10g. Cl	FIZEN OF	WNAT COUNTRY?	
5 Maryland Avenue	è			20850			Uni	ted :	States	
11. MARITAL STATUS	12. WAS DECEOENT EVER II FORCES? 1 YES	N U.S. ARMED	13. WAS E	DECENDENT OF HISPAN	NIC ORIGIN? (Sp	ecity Yes	or No-	14. RAC	E — Americen Indien, sk, White, atc.	
1 ☐ Never Merried 2XX Merried FORCES? 1 ☐ YES 2XXNO If yes, specify Cuben, Mexicen, Puerto Rican, etc.) 3 ☐ Widowed 4 ☐ Otvorced FORCES? 1 ☐ YES 2XXNO Specify: 5 Specify:										
5574 AL	<u> </u>							<u> </u>	White	
15. DECEOENT'S EDU (Specify only highest grade	carrion completed)	(Give kind of wo	rk done during	ATION most of working	16b. KINI	D OF BUS	SINESS/IN	DUSTRY		
Elementary/Secondery (0-12)	College (1-4 or 5+)	life. Do NOT usa	-000			_	_	Coun	ty	
12	_	Assessme	ent Of			ernm				
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle	, Maiden	Surname)			
Theodore Gates				Emma G						
19e. INFORMANT'S NAME (Type/Print)		19b, MAILING A	ADORESS (Stre	et end Number or Rural	Floute Number, C	lify or Tow	n, State, Z	(ip Code)		
Rachel M. Gates				Avenue, R	ockvil					
209 METHOD OF DISPOSITION 142 Burlel 2 Cremetion 3 Rem	oval from State	 b. PLACE OF OISPOSIT other place) 	TION (Name of	cemetery, cremetory or		20c. LO	CATION -	- City or T	own, State	
4 Donetion 5 Other (Specify)	Fc	orest Oak				Gai	ther	sbur	g, Maryland	
21. SIGNATURE OF FUNERAL SERVICE LIC	SEHSEN		22. NAME	ANO AGORESS OF FA	Rob	pert	Α.	Pump!	hrey Funeral	
- A hirel E.	terry	M00803	Aven	/ROCKVIII	e, Inc.	/arv	W OU bas	est i	Montgomery	
M00803 Avenue, Rockville, Maryland 20850-2805 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximete										
shock, or heert failure.	List only one cause on e		2.000170.000			10000		Sept.	Interval Between Onset and Death	
IMMEDIATE CAUSE (Final disease or condition	(ar our	Sh	ael					i 1	
resulting in deeth)	a. DUE TO COR AS	A CONSEQUENCE OF)		-					3 d	
	A	L × C	-						7/07/3	
Sequentieily list conditiona,	b. OUE TO (OR AS	A CONSEQUENCE OF							000	
If any, leading to immediate cause. Enter UNDERLYING	, , , , , , , , , , , , , , , , , , , ,	,								
CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS /	A CONSEQUENCE OF)	:							
resulting in death) LAST										
	d									
PART II. Other eignificant condition	- 1 1	but not reaulting in	the underly	ying ceuse given in	Part I. 24s	PERFOI	AUTOPS'	Y 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
advanced	heart OH	with 10	MI)	10	YES 2	MX NO		COMPLETION OF CAUSE OF OEATN?	
horoten;	of New			/					t TYES 2 NO	
								\perp		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				B. PLACE OF OEATN (C/	heck only one)					
1 TES 241X NO	HOSPITAL: 1文文hpatient 2 □ ER/Out		OTHER: 4 - Nursing I	Nome 5 - Residence	6 Other (Sp	ecify)				
27. MANNER OF DEATN	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU		INJURY AT WORK?	28d. DESCRI	BE HOW	NJURY O	CCURED		
t X Ketural 5 Pending	(MORITI, Day, Hear)	INSO		YES 2 NO						
2 Accident investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	Y — At home, ferm, st	rest, fectory, c	office				er or Rural	Route Number,	
4 Nomicide determined	building, atc. (Spe	эспу)			City or io	wn, Stale)	,			
29a. CERTIFIER XX CERTIFYING PHYS	IICIAN: To the best of my know	ulados desth cocurso	d at the time	date and place, and du	o to the source/o	A and ma		ada d		
and and	ER: On the besis of examination								(e) and manner se stated.	
			, , , , , , , , , , , , , , , , , , , ,			, , , , , , , , , , , , , , , , , , ,				
296. SIGNATURE AND TITLE OF CERTIFIE	н			29c. LICENSE NU			29d. D/	ATE SIGNE	(Month, Gay, Year)	
20 NAME AND SPORTS STORES	HO COMPLETED ATTICLE	FATIL MT-14 AC -	D. Com	2475	1			10/	13 (/ (
	MAN, M.D.			rove Road	<u>,</u> #201,	Ro	ckvi	lle,	MD 20850	
31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGN	NATURE								
m 10.1 1 / 91	Dame rentation	A Principal								

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



X 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	r to burial, cremation, or removal. umatic event, the medical examiner must be notitied at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial to the following physician to the following properties of the following propert	be filed within 72 hours after death with the State Dept. of Health and Merital Properts poor to burial, cremation, or removal. IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR		STATE OF MARYL	AND / DEPAR	TMENT (F HEALTH AND	MENTAL HYG				
1. DECEDENT'S NAME (First	, Middle, Last)					2. DATE OF DEAT	Н		3. TIME OF DEATH	
VILMA	Yolan	da Smit	h_ Gri	ffith	highle	1 O	13 1	9 9 1	4:30	ам
4. SOCIAL SECURITY NUME 178 44 254	0		in yrs. last birthday)	IF UNDER 1 Y		7. DATE OF BIRTI		6. BIRTI	PLACE (State or Foreigns)	n
9a. FACILITY NAME (# not in		M 2 X F	41 yrs.		WN OR LOCATION OF D	May 10		And	on, Panama	1
SUBURBAN H	HOSPITA				ESDA	CAIR			mery C	
MAryland	Mont	gomery		town on L	OCATION Spring				10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
100. STREET AND NUMBER 1005 Merr		., Apt.#2			101. ZIP CODE 20903				WHAT COUNTRY?	-
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 🔼 Divo	Married	FORCES? 1 YES	2 NO	If ye	DECENDENT OF HISPA a, apecify Cuban, Maxic YES 2 NO Speci	an, Puarlo Rican, sto	y Yaa or No—	14. RACI Blac Spec	E — American Indien, k, Whita, atc.	\exists
	EDENT'S EDUCAT y highest grade con		life. Do NOT use	ork done durir	g most of working		BUSINESS/IND		Diack	
17. FATHER'S NAME (First, MI	rcival	Smith		amser		AME (First, Middle, Me Lilian	f Emplo Global Surname) Rawlin			
19a. INFORMANT'S NAME (7) Lilian Sm			196. MAILING 1	Merri	nac Dr.,#2	Route Number, City o	Spring	, Md	20903	
20a. METHOO OF DISPOSITI 1 Burlei 2 Crematio 4 Donation 5 Other	n 3 🗆 Remova	trom State ceme	PLACEAND DATEO etery, crematory or oth Harmony	er plece)			Landove		wn, State Maryland	7
21. SIGNATURE OF TUNERAL	SERVICE LICENS	SEE OY/	eith	22. NAN	E ANO ADDRESS OF FA CGuire Fun Georgia	eral Ser	vice In	с.		7
23. PART I Enter the di abock, or he IMMEDIATE CAUSE (Fin disease of condition resulting in death)	Part Idilyia. Lia	multip	cn line.	ot anter tha	mode of dying, and	ch as cardiac or r	eapiratory arm	est,	Approximata Interval Betw Onset and D	rean
Sequantially list condition of any, leading to immediate. Enter UNDERLY!! CAUSE (Disease or injuithat initiated avents resulting in death) LAST	diata NG ry c.		CONSEQUENCE OF)							
PART II. Other significes	nt conditiona c	ontributing to death bu	it not resulting in	the undar	lying cause givan in	PR	S AN AUTOPSY RFORMEO?	24b	. WERE AUTOPSY FINDI AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
25. WAS CASE REFERRED TO	MEDICAL			2	8. PLACE OF DEATH (Ch	eck only one)				\dashv
EXAMINER?		OSPITAL: ☐ Inpatient 2 💥 ER/Outpa		OTHER:	Home 5 Residence					\dashv
27. MANNER OF GEATH		28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c	INJURY AT	28d. OESCRIBE H	OW INJURY OCC	URED		\dashv
	Pending nvestigation	10/13/19			WORK? ☐ YES 2 X NO	SUBJEC	T STA	BBE	D	- 1
	Could not be letermined	28e. PLACE OF INJURY building, atc. (Specia	PRIVA		SIDENCE	26t. LOCATION (St. City or Town, S	tate) 100	or Rural R		
29e. CERTIFIER (Check only	FYING PHYSICIAN	: To the best of my knowle				LANGLE			MARYLAND	-
one) 2 MEDIC	CAL EXAMINER: O	n the basis of axemination	and/or investigation	, in my opinio	n, death occured at the	time, data and place	, and due to the	cause(a) and manner as stated	s.
29b. SIGNATURE AND TITLE	OF CERTIFIER	Chute a	ny		29c. LICENSE NUI				(Month, Day, Year)	
30. NAME AND ADDRESS OF	PERSON WHO CO	OMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, F	Print)	I U.C.	M.E.		0/1	3/1991	\dashv
31. DATE FILED (Month, Day,)	6ar)	32. EGISTRARIS SIGNA		ENN S	TREET B	ALTIMOR	E, MA	RYL	AND 2120	1
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OF VI	DAVCICIANI-
NOIS	TEAIDING

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

-			
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page 1. En the filled within 72 hours after death with the State hand. All Abarth and Mental Hungara prior to burial creamation or companies.	item 2

TO BE COMPLETED BY FUNERAL DIRECTOR

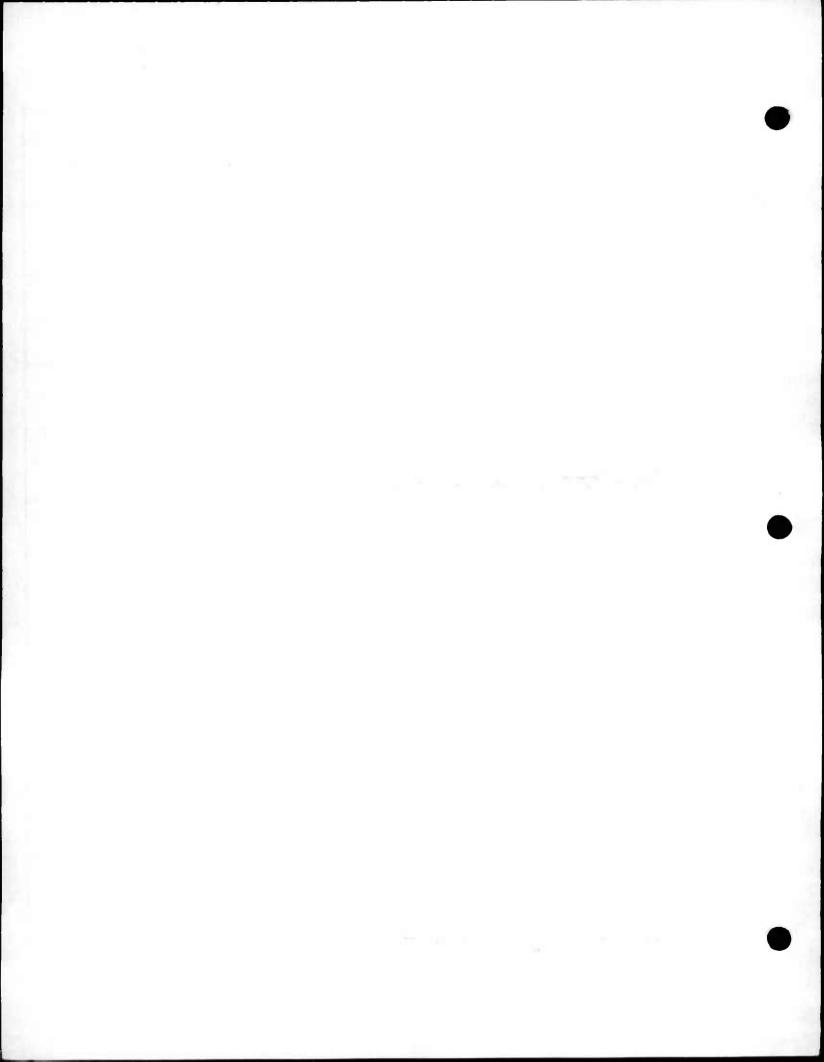
9 | STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
1. DECEDENT'S NAME (First, Middle, Last)	GOLDBERG				2. DATE MONTH OC	OF DEATH	,199	YEAR	3. TIME OF DEATH
137 07 7876	8. AGE (in yrs. in 79	YRS. WONT	THS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH Day, Year) 20,1		8 BIOTH	PLACE (State or Foreign ew Jersey
98. FACILITY NAME (If not institution, give street Hebrew Home of	t and number) Greater Wash	ning to	CITY, TOWN O	CKV11	EATH L E		9c. COUN		omery
RESIDENCE OF DECEDENT									
Maryland Mon	aryland Montgomery Rockville							10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
10e. STREET AND NUMBER 6121 Montrose R	d.		101.	ZIP CODE 20852			-41		har country? d States
11. MARITAL STATUS 1 Never Married 2 Married 3 Never Married 4 Divorced	2. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	RMED NO	If yes, spe	NDENT OF HISPAN city Cuban, Mexica 2 X MO Specify	n, Puerto P	? (Specify Yes licen, etc.)	or No —		- American Indian, White, alc. Casian
II .	mpleted) (College (1-4 or 5+)	ECEDENT'S USUA Give kind of work d e. Do NOT use retir	fone during mos red.)	N t of working	16b.	KIND OF BUS	INESS/IND	STRY	
12	Hom	nemake	r			Hom	e		
17. FATHER'S NAME (First, Middle, Last) Isadore Suchow				Anna B					
190. INFORMANT'S NAME (Type/Print) Edward Laurence	19	6694	RESS (Street ar Lust	d Number or Rural P er Dr.	Route Numb H 1	er, City or Town ghlan	d Md	code) 2	0777
20a. METHOD OF DISPOSITION 1 1 Suriel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	From State cemetery, cre King	AND DATE OF DIS emetory or other plants David	POSITION (Nar	rial Go	in fo	20c. LOC	alls		urch, Va.
21. SIGNATURE OF FUNERAL SERVICE LICENS ***********************************	JEE		Ive	ADDRESS OF FAR S-Pears alls Ch	son :				S
23. PART Enter the diseases, or comshock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	polications that caused the dot only one cause on each line My Cau Cu C DUE TO (OR AS A CONSE	O Dut	nter the mod	e of dying, auci	h as card	ac or reapir	atory srre	st,	Approximate Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	DUE TO (OR AS A CONSE								
PART II. Other algorificant conditions of	ontributing to death but not a	resulting in the	underlying	cause given in	Part I.	24a. WAS AN A PERFORE 1 YES 2	MED?		WARE AUTOPSY FINDINGS WAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			/ 26. PLA	CE OF DEATH (Che	ock only one)			
	OSPITAL: Inpatient 2 ER/Outpatient 3	DOA 4 EM	HER: Nursing Home	5 Realdenca	6 C Other	(Specific)			
27. MANNEB OF DEATH	28a. DATE OF INJURY	28b. TIME OF	28c. INJU	RY AT		RIBE HOW IN	JURY OCCI	IRED	
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WOR	K? S 2 NO					
3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY — At he building, etc. (Specify)	oma, farm, street,	factory, office		281. LOCA City o	TION (Street ar r Town, State)	nd Number o	r Rural Ro	ute Number,
29a. CERTIFIER 1 CERTIFYING PHYSICIAN One) 2 MEDICAL EXAMINER: O	N: To the best of my knowledge, de	eath occurred at ti	he time, date a	nd place, end due	to the caus	e(a) and mann	er as atate	S. Cause(s)	and manner as stated
29b. SIGNATURE AND TITLE OF CERTIFIER	vd dinus	m		29c. LICENSE NUM					Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH (ITE	M 27) (Type, Print)	Ma	TROSE	20	Rock	.0121	51	10 2015
31. DATE FILED (Month, Day, Year) OCT 22 '91	32 PREGISTRAN'S SIGNATURE	ndully	1 1-101	II KOSE K	-0,	-OCK	VILL	4,10	12 2003 C

P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deat	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	D / DEPAR	TMENT OF H	EALTH AND DEATH	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last) Hivland Emma GRIF					2. DATE OF DEATH MONTH D	AY, YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER		: last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month Day Year) Aug. 25,	8. BIRT	CHPLACE (State or Foreign city) Tyland		
	9a. FACILITY NAME (If not institution, give stree	et and number)		9b. CITY, TOWN C	R LOCATION OF D		9c. COUNTY OF	-		
FUNERAL DIRECTOR	Washington County	Hospital		Hage:	rstown		Washin	gton		
DIRE	Maryland Washin	igton		gerstown				10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
3AL	10e. STREET AND NUMBER 101. ZIP COOE 10g. CITIZEN OF WHAT COU									
332 Jefferson Street 21740 USA								A		
Β¥	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	2. WAS DECEOENT EVER IN U.S. FORCES? 1 ☐ YES 2 IF YES, GIVE WAR OR DATES	™ NO	13. WAS OEC If yes, spi 1 YES	cify Cuban, Mexic	NIC ORIGIN? (Specify Yes en, Puerto Rican, etc.) fy:	Spe	No — 14. RACE — American Indian, Black, White, etc. Specify: White		
回	15. DECEOENT'S EDUCAT (Specify only highest grade cor	TON 16a.	DECEDENT'S I	JSUAL OCCUPATION OF HER MORE	N st of working	16b. KIND OF BUS	SINESS/INDUSTRY	ite		
COMPLETED		College (1-4 or 5+)	Inte. Do NOT use	retired	or working	1 12				
S	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)			
BE (Theodore W. Stever	ns, Sr.				E. McAllist				
5	19a. INFORMANT'S NAME (Type/Print) Paulette Barnhart					Route Number, City or Tow.		d 21740		
	20a. METHOD OF DISPOSITION 1 1	20b. PLA	CE AND DATE O	F DISPOSITION / Ne	me of	OATE 20c. LO	CATION — City or 1	own, State		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN:		st Have	n Cemete			erstown,	Maryland		
	2 cotto	Dunn	es ?		CH FUNER Wilson		gerstown	, Md. 21740		
	23. PART I. Entar the diseases, or com	nplications that caused that only one cause on each i	death. Do no					Approximata		
	iMMEDIATE CAUSE (Final disease or condition resulting in death)			respir	ofoly	avert		Interval Between Onset and Daath		
z		BUE TO (OR AS A CONSEQUENCE OF): The spiritions failure THE SPIRITIONS TO SHARE THE SPIRITION STATEMENT								
CERTIFICATION	Sequantially list conditions, if any, laading to immediata	DUE TO (OR AS A CON	SEQUENCE OF	-	d	luionaus	D:	70011		
5	CAUSE (Disease or injury	Chionic	Obsu	udul	- Ou	morang	, stife	ne		
E	thet initiated events reaulting in death) LAST	OUE TO (OR AS A CON	SECUENCE OF)	:		O				
	d									
PHYSICIAN: MEDICAL	PART II. Other aignificant conditions c	contributing to death but no	t reaulting in	tha underlying	cause given in	Part i. 24s. WAS AN PERFOR		. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
Ē	Onema	& Price	now	is to	Lagre	1 🗆 YES 2	KNO .	COMPLETION OF CAUSE OF DEATH?		
Σ				(Contract	<u> </u>		1 TYES 2 NO		
A	25. WAS CASE REFERRED TO MEDICAL			26 PI	ICE OF DEATH (Ch	ack only one)				
SIC		OSPITAL:		OTHER:		a Cother (Specify)				
H	27. MANNER OF GEATH	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJU	RY AT	28d. OESCRIBE HOW IN	NJURY OCCUREO			
BY	1 Natural 5 Pending 2 Accident Investigation	(monin, buy, rour)		M 1 Y				- 1		
COMPLETED	3 Suicide a Could not be detarmined	28a. PLACE OF INJURY — At building, etc. (Specify)	home, term, at	reet, tactory, office		28t, LOCATION (Street a City or Town, Stete)	nd Number or Rural	Route Number,		
温	29a. CERTIFIER (Check only) 1 CERTIFYING PHYSICIAN	N: To the best of my knowledge,	death occurred	at the time, date a	and place, and due	to the councie) and man				
MO	one) 2 MEDICAL EXAMINER: 0	On the beals of examination and/o	or investigation	in my opinion, da	ath occured at the	time, data and piece, and	dua to the cause(a) end manner ee stated.		
	29h SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUN		29d. DATE SIGNED			
TO BE	Glown 7.	the			D 19	824	D 10/	xla.		
F	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH (I	TEM 27) (Type, F	JAC 19	METO	WH P	1 0	2/7/2		
	31. DATE FILED (Month, Day, Year) OCT 2 9 91	32, REGISTRAR'S SIGNATURE Julia Davidson-A			100	70.14	-0	×11×0		
	001 2 7 3 1	1								

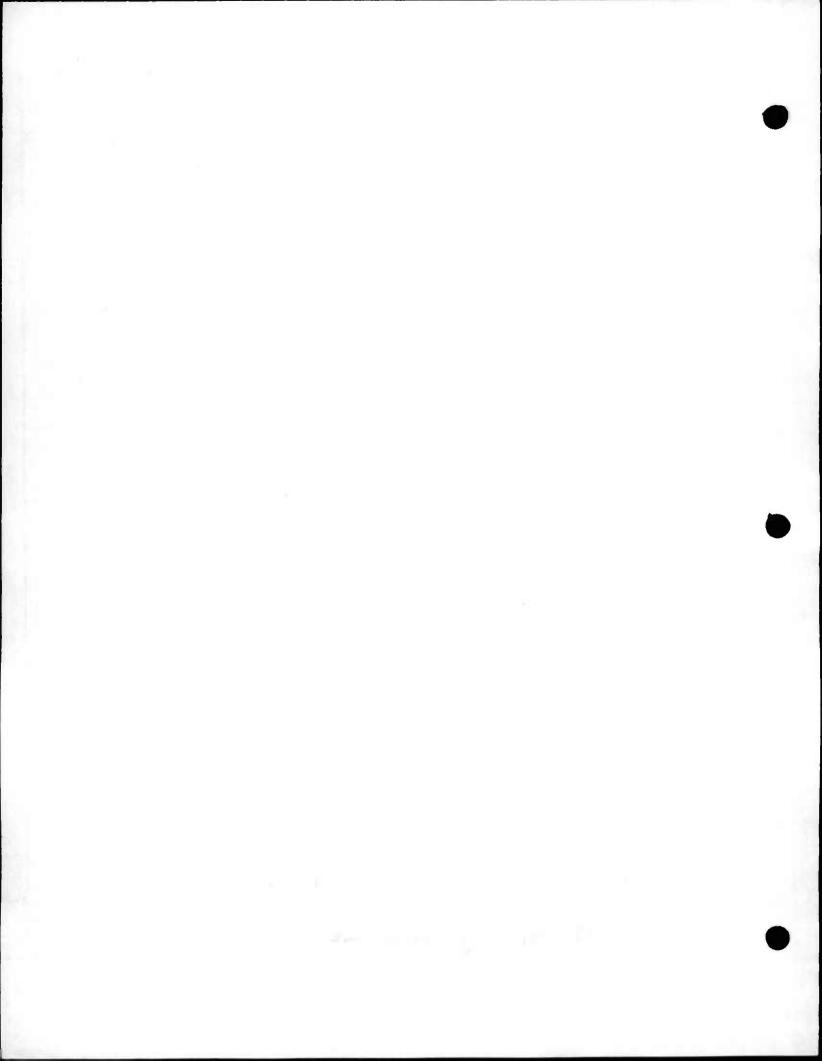


BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending physician.	by the funeral director, page 5 should be detached for use as the bunial-tran moval.	ical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-tran be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR

STATE OF MARYLANO / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO).	
1. OECEDENT'S NAME (First, Mic			41/50	2. DATE OF OEATH MONTH	AY YEAR	3. TIME OF DEATH
Ray 4. SOCIAL SECURITY NUMBER	Vernon		AVER	October 2	7,1991	
219-36-2581	1 🔀 M 2 🗌 F	81 YRS. MC		June 18,1	Cour	ryland
90. FACILITY NAME (# not institute washington (County Hospital	9	Hagerstown	OF DEATH	WASHIN	
	Washington		OWN OR LOCATION erstown			10d, INSIDE CITY LIMITS?
10s. STREET AND NUMBER	ndoning con	1149	10f. ZIP CODE		10g. CITIZEN OF	1 X YES 2 NO
615 Lingano			21740		USA	
3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR C	YES 2 NO	13. WAS DECENDENT OF If yes, specify Cuben, 1 YES 2 NO	HISPANIC ORIGIN? (Specify Ye Mexicen, Puerto Rican, etc.) Specify:	Spe	CE — American Indian, ok, White, etc. city:
15. DECEDE (Specify only high Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle	NT'S EDUCATION nest grade completed)	18e. DECEDENT'S US	UAL OCCUPATION done during most of working	186. KIND OF BU	SINESS/INDUSTRY	100
Elementary/Secondary (0-12)	College (1-4 or 5 +)	Painter	Hired.)	Self-E	mployed	Painting
17. FATHER'S NAME (First, Middle	Last)		18. MOTHER	R'S NAME (First, Middle, Maiden	Sumame)	
Unaries	Н.	Gaver	Eff	ie E.	Gros	snickle
Frances R. Gav				Rural Route Number, City or Tow Hagerstown, M		
20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremation : 4 Donation 5 Other (Spe		206. PLACE AND DATE OF E cemetery, cremetory or other Green lawn M	DISPOSITION (Name of Park	10/30/91 Wil	cation — city or t	own, State t. MD 21795
21. SIGNATURE OF EUNEAAL SE	A White		0SBORNE FUN	OF FACILITY ERAL HOME		
23. PART I. Enter the disea	ses, or complications that cer	read the death. De not	JP.U.BOX # 3	48 Williamsp	ort,MD 2	
iMMEDIATE CAUSE (Finel disease or condition resulting in death)	fellure. Liet only one cause of	en each line.	SHOZIC	, auch es cardiac or resp	retory errest,	Approximete interval Betwee Onset and Deat
	DUE TO (OR	AS A CONSEQUENCE OF):		MARY IN	DEATH	3.41
Sequentially list conditione if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR	AS A CONSEQUENCE OF):		7731-1 170	100111	
Sequentially list conditione if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in deeth) LAST	DUE TO (OR A	AS A CONSEQUENCE OF):				
PART II. Other significant o	onditions contributing to deel	A A				
CEREB	ROVASCUI	AP A	CC I DEM	Pert i. 24a. WAS AN PERFOR	MED?	D. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
						1 TYES 2 NO
25. WAS CASE REFERRED TO ME EXAMINER?			26. PLACE OF DEAT	H (Check only one)		
1 TYES 2 NO	HOSPITAL: 1 inpatient 2 ER/		THER: Nursing Home 5 Reeld	ence 6 Other (Specily)		
27. MANNER OF DEATH 1 Natural 5 Pend			28c. INJURY AT WORK? M 1 YES 2 N	28d. DEŞCRIBE HOW II	JURY OCCURED	
3 Suicide 8 Could	I not be mined 28e. PLACE OF INJ building, etc. (URY — At home, farm, stree Specify)		281. LOCATION (Street a City or Town, State)	and Number or Rural	Route Number,
(Check only 1 CERTIFYIN one) 2 MEDICAL	G PHYSICIAN: To the beet of my keep of examine	nowledge, death occurred at ation end/or investigation, in	t the lime, date end place, en n my opinion, death occured	d due to the ceuse(e) end man at the time, date end place, en-	ner ee atated. d due to the ceuse(e) end menner ee stated.
29b. SIGNATURE AND TITLE OF O			29c. LICENS		29d. DATE SIGNED	
30 NAME AND ADDRESS OF PER	SON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Prin) WTA	1700 TON	1 (046	JTY HOSP
31 DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	IGNATURE Juidson		1177 305 107		/ 17-1



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Page	dir		795
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 m	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director.		IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner muse
after	y the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	lea .
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	1 - STATE REGISTRAR	/ DEPART	MENT O	F HEALTH	AND M				
	1. DECEDENT'S NAME (First, Middle, Last) Helen Elizat		ORDON			REG. NO.		3.	TIME OF DEATH
	Helen R GORD	ON				MONTH DI		YEAR	1150Am
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. I	F	IF UNDER 1 YE	_		, DATE OF BIRTH		6. BIRTHPLA	CE (State or Foreign
		84 YRS.	IONTHS DA	YS HOURS	MIN.	(Month, Day, Yoar)		Mary1	
m	9e. FACILITY NAME (If not institution, give street and number)	- 1	Bb. CITY, TO	WN OR LOCAT	JON OF DEAT	Н		Y OF DEATH	
ē	RESIDENCE OF DECEDENT	st	Ma	crst	my	MD	Wa:	shin	gton
DIRECTOR	10e. STATE 10b. COUNTY		TOWN OR LO					100	I. INSIDE CITY
	Maryland Washington		Hager	stown					LIMITS? YES 2 NO
AAL	10e. STREET AND NUMBER			101. ZIP COI			-	EN OF WHAT	COUNTRY?
Ä	716 Guilford Avenue				1740			U.S.A	١.
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 WE FYES, GIVE WAR OR DATES	ARMED NO	If yes	DECENDENT , specify Cub YES 2 [X] NO	en, Mexicen,	ORIGIN? (Specify Yes Puerto Rican, etc.)	or No— 1	4. RACE — A Black, WI Specify:	
	3 Wildowed 4 Divorced	OSCENEUTIS IN	1		upony.	T			white
ETE	(Specify only highest grade completed)	DECEDENT'S US (Give kind of wor life. Do NOT use r	rk done durine	ATION 7 most of work	ing	16b. KIND OF BUS	INESS/INDUS	STRY	
COMPLETED	0-12	teac	her			sch	nools		
00	17. FATHER'S NAME (First, Middle, Last)			18. MO		(First, Middle, Meiden			
BE	Jacob Franklin Reid					ia Ann Do			
10	Mr. Samuel E. Gordon					Hagersto			nd 21740
90	20a. METHOD OF DISPOSITION 20b. PLACE	EANDDATEOF	DISPOSITION	(Name of	V C11,		CATION — CIT		
	4 Donetion 5 Other (Specify) Cemetary, C. Res	rematory or other	n Cem	etery	1				aryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAM	E AND ADDRI	ESS OF FACIL	my Minr	nich F	unera	I Home
CAG	DEoliert B. Rankin		415	East 1	Wilson	Blvd., F	lagers	town,	MD 21740
	23. PART I. Enter the diseases, or complications that caused the despect of bear fallure. List only one that caused the	daath. Do not	anter tha	moda of dy	ring, such a	a cardiac or raspi	ratory arres	st,	Approximata
	IMMEDIATE CAUSE (Final	18.				10-00			interval Batwean Oneat and Death
	disease or condition resulting in death)	in						į	
	DUE TO (OR AS A CONSE	EOUENCE OF):	1	1	*				
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSI	EQUIENCE OF:	vire	the	2				
SAT	if any, leading to immediata cause. Enter UNDERLYING	1.1						i	
Ē	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSE	EOUENCE OF):	5	^					
H	resulting in death) LAST	Hy	27	TAR	tun	1			
	PART II. Other aignificant conditions contributing to death but not	resulting in	tha underi	ing causa	givan in Pa	rt i. 24a, WAS AN	AUTOPSY	24b, WER	RE AUTOPSY FINDINGS
CAL	Esoplarel Strut	تو.				PERFOR	MED?	AWA	LABLE PRIDR TO IPLETION DF CAUSE
ME	cerebral varuler	Ae	cie	leit		_ TES 2	XIII		DEATH? YES 2 NO
						-			163 2 1 10
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		ZE THER:	PLACE OF E	DEATH (Check	only one)			
IYS	1 V/YES 2 NO 1 Vinpatient 2 ER/Outpatient	3 DOA 4	☐ Nursing i		esidence 8	Other (Specify)			
	1 Natural 5 Pending (Month, Day, Year)	286. TIME O	Y	INJURY AT WORK?		d. DEŞCRIBE HOW IN	JURY OCCUP	RED	
В	2 Accident Investigation 3 Suicide 8 Could not be 28e. PLACE OF INJURY — At h	ome ferm stre		YES 2		A LOCATION (Co			
TED	4 Homicide determined building, etc. (Specify)		or, ractory, o	THE	20	It. LOCATION (Street as City or Town, State)	10 Number or	Hural Houte	Number,
COMPLET	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, d	leath occurred r	st the time, d	ate end piece	, end due to	the ceuse(e) end men	ner ee stated		
Ŏ.	one) 2 MEDICAL EXAMINER: On the beele of examination end/or	/ Investigation, I	in my opinio	n, death occu	red at the tim	e, date end piece, and	I due to the c	ceuse(e) end	menner ee stated.
ш	296. FIGNATURE AND TITLE OF CERTIFIER	AKG	4	29c. LIC	ENSE NUMBE	R	29d. DATE S	IGNED (Mon	th, Day, Year)
TO B	ASST Daml	ined	ul	DE	626	60	> 12	2/0	5/91
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH UD		- 0	7	0	. 0	11	-	1 /
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	10	160	my	e-eller	N Dr	Tim	refus	Low
	OOT 1	1.00					4		

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FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR		CERTIFI	CATE OF	DEATH	REG.	NO.		
1. DECEDENT'S NAME (First, Middle. Last)					2. DATE OF DEAT MONTH		YEAR 3. TH	ME DF DEATH
Phillip Chris	tian Holt				10 -	14 -9	ican	1305
4. SOCIAL SECURITY/NUMBER 213 44 6928	5. SEX 8. AGE	(In yrs. lest birthday) 2 YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Ye Aug. 21	lr)	Misso	E (State or Foreign
Be. FACILITY NAME (If not institution, give	street and number)		96. CITY, TOWN C	R LOCATION OF DE	ATH	9c. COUNT	TY OF DEATH	
Shady Grove Adve	ntist Hospita	al	Roc	cville		Mor	ntgome	ry
On. STATE 10b. COUNT Maryland Mor		10c. CITY	, TOWN OR LOCAT				-	INSIDE CITY LIMITS?
De STREET AND NUMBER	tgomery		Rockvi	TTE		40- CITITI	EN OF WHAT	YES 2 X ND
10401 Grosvenor	Place, #702			20852			ed Sta	
1. MARITAL STATUS Never Married 2 Married Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1XX YES IF YES, GIVE WAR OR D	2 NO	If yes, ap	ENDENT OF HISPAI ecity Cuben, Mexics XX ND Specifi	n, Puerto Rican, etc		Black, White	merican Indian, ta, etc. White
15. DECEOENT'S ED		16a, DECEDENT'S	USUAL OCCUPATION	ON .		F BUSINESS/INDU		
(Specify only highest grad	College (1-4 or 5 +)		rork done during ma e retired.) f Intern			ary Div		of
7. FATHER'S NAME (First, Middle, Last)		Beccion		16, MOTHER'S NA	ME (First, Middle, M.	siden Sumame)		
Rolla Berry Hol	E			Laura	Ellen Ba	uer		
a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	and Number or Rural			Code)	
Phillip C. Holt	Jr.	5407	Ouincy	Marr Dri	ve. Fair	fax, VA	220	32
on. METHOD OF DISPOSITION	20	b. PLACE OF DISPOS other place)				c. LOCATION C		
Surial 2 □ Cremation 3 □ Rer Donation 5 □ Other (Specify)		rlington			ery A	Arlingto	n, Vi	rginia
1. SIGNATURE OF FUNERAL SERVICE L	2 11 =	M00381	Home/E	ethesda- sin Aver	-Chevy Cl	nase, In	1c. 7	y Funera 557 814-3501
disease or condition resulting in death) Sequentially list conditions, f any, leading to immediate cause. Enter UNDERLYING	b	A CONSEQUENCE OF	ግ :	nule	P			
CAUSE (Disease or Injury that Initiated events resulting in death) LAST	d.	A CONSEQUENCE OF	7):					
PART II. Other significant condition	na contributing to death	but not resulting (in the underlyin	g cause given in	PE	AS AN AUTOPSY INFORMED? ES 2 1 10	AMAR COM OF D	E AUTOPSY FINDING: LABLE PRIOR TO PLETION OF CAUSE DEATH? YES 2 ND
S. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF OEATH (C/	neck only one)			
EXAMINER?	HOSPITAL:	Ipatient 3 🗆 DOA	OTHER:	te 5 🗆 Residence	6 C Other (Specifi	1)		
7. MANNER OF OEATH 1. Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN.	FURY AT DRK? YES 2 NO		IOW INJURY OCCI	URED	
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28a PLACE OF INJUR	Y — At home, farm, a	street, factory, offic	20	281. LOCATION (S City or Town,	State)	or Rural Route	Number,
ana)	SICIAN: To the best of my knowner: On the basis of examination				time, date and ple	ce, and due to the		
O. NAME AND ADDRESS OF PERSON W	HO COMPLETEO CAUSE OF D	EATH (ITEM 27) (Type	, Print)	306	349	> (0.14	91
	ZIII MO.	9711	medi	cal Ce	aster D	12 PZ	00120	ille.
OCT 22 '91	Gina Davido	and foodell						

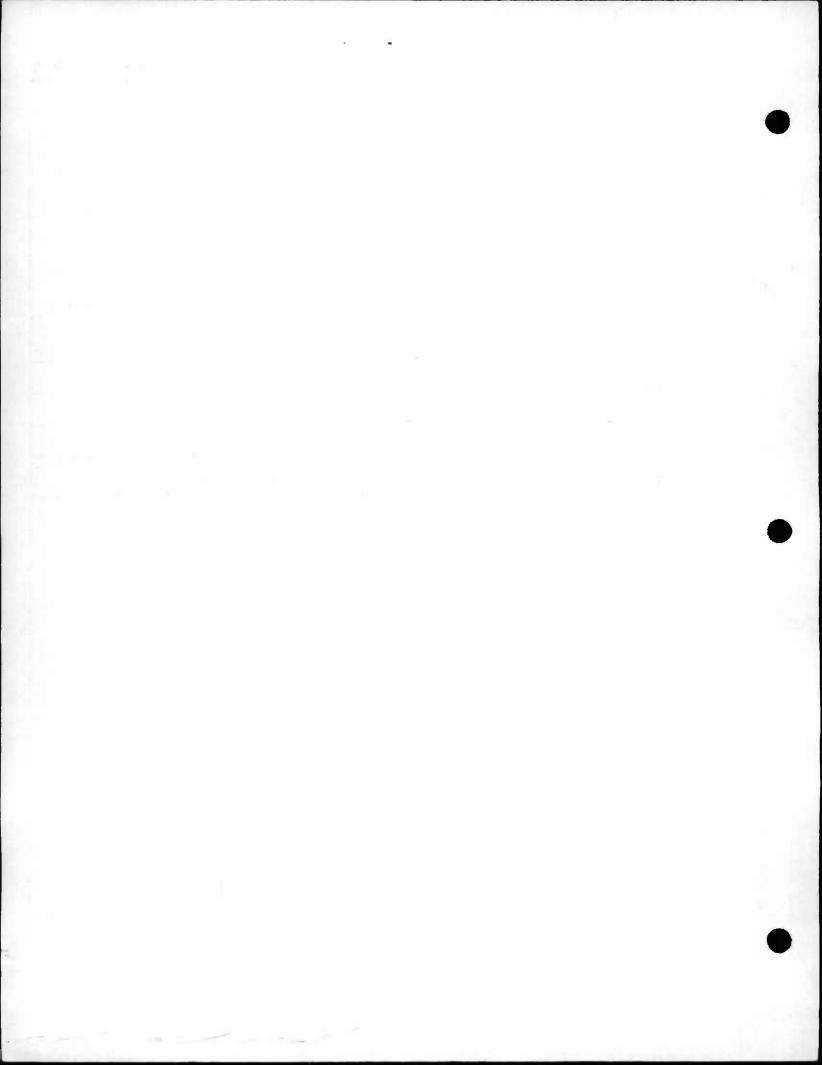
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zerriburs after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. In the filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

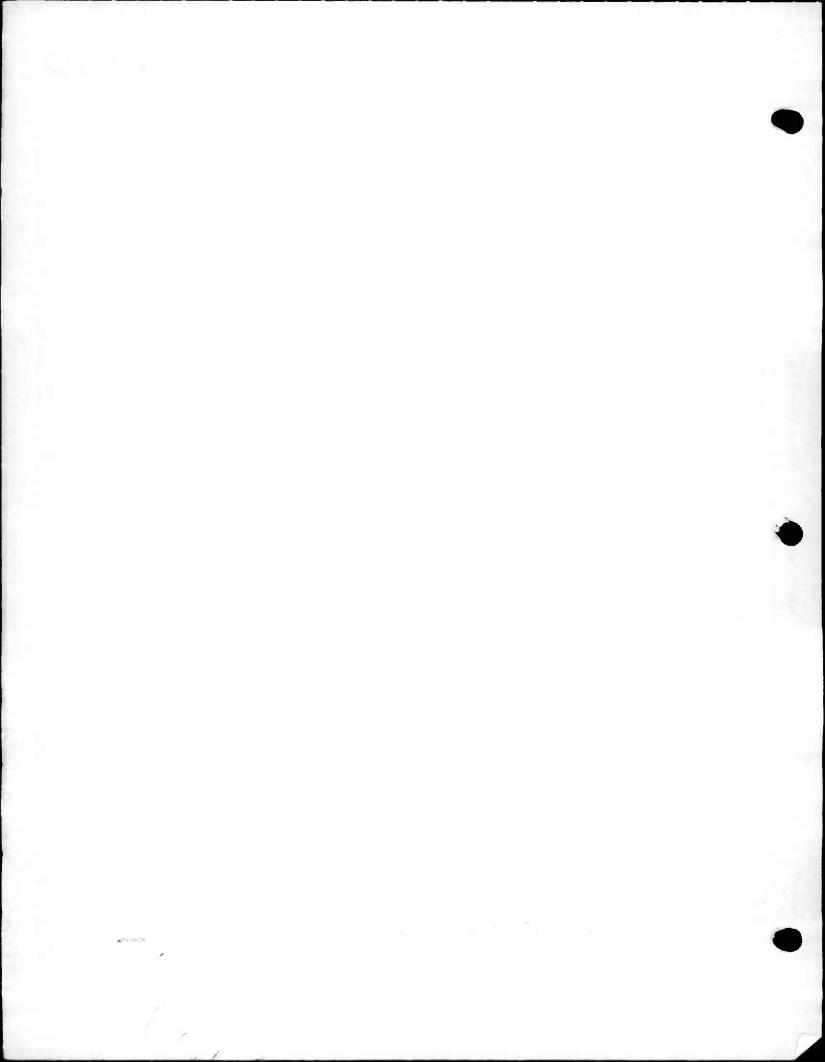
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4.3	же	and d	1
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 nours	TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in being a signed by the attending physician and completely filled in being and the first and Marial Marial Marial Marial Premation or many	De med Wilm / Library and Death Will be State Popt, or ready and months and state of the
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	L HYGIENE
CERTIFICATE OF DEATH	REG. NO.

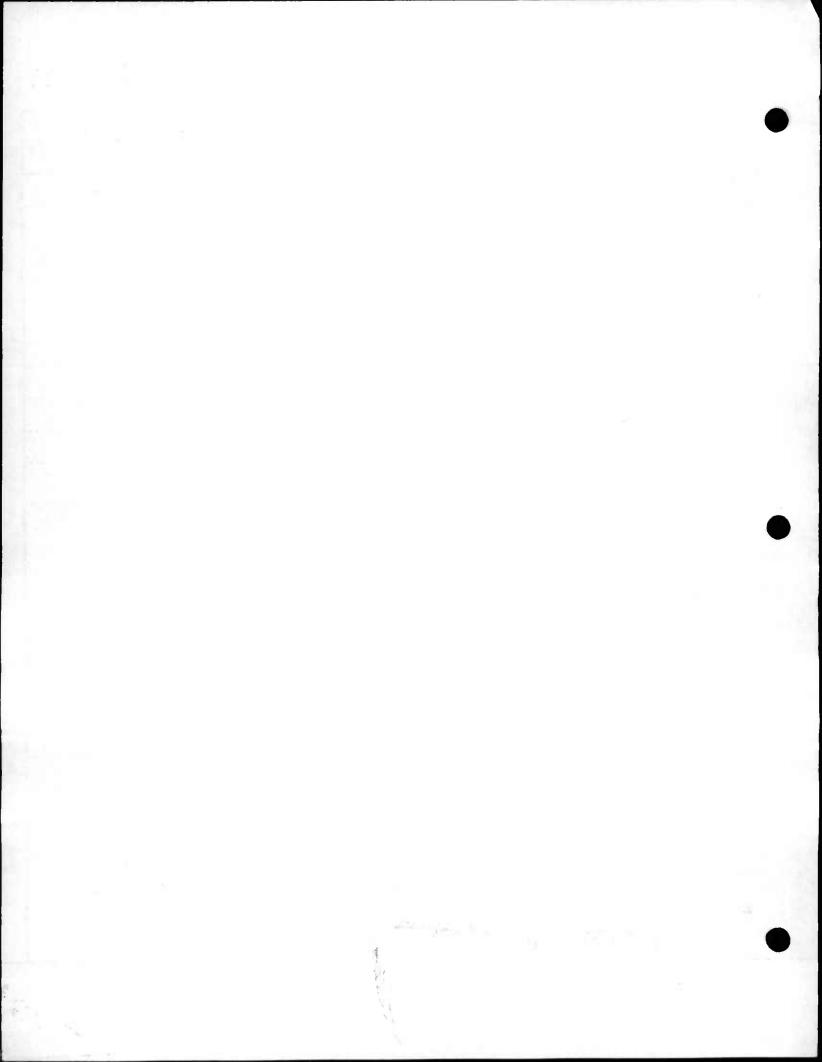
	1 - FOR STATE REGISTRAR	OF MARYLA		TMENT OF H		MENTAL HYGIEN		
	1. OECEOENT'S NAME (First, Middle, Last)		1	1	- \	2. DATE OF DEATH	AY YE	3. TIME OF OEATH
	MARY MOSE	46	17	OWAN	31	10 1	4 91	0835 M
	4. SOCIAL SECURITY NUMBER 5. SEX		yrs. last birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	- 00	BIRTHPLACE (State or Foreign Country)
	355-46-0835 1 □ м 2	7 10	Z) YRS.			12 25		Georgia
	9e. FACILITY NAME (If not institution, give street and nun	abor) R		96. CITY, TOWN C	R LOCATION OF DE	ATH	9c. COUNTY	of DEATH
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT	/1/		50	10		MO	0160 may
H	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
٥	MO MONTE	0 WEG	4	BOYL	25			1 VES 2 NO
P. P.	10e. STREET AND NUMBER	110	1	/ 101	. ZIP CODE	21		OF WHÁT COUNTRY?
N.	11. MARITAL STATUS 12. WAS D	ECEDENT EVER IN	LE ADMED	12 WAS DEC	ENDENT OF WERAN	IIC ORIGIN? (Specify Ye		d States RACE — American Indian,
	1 Never Married 2 Married FORCE	ES? 1 YES	2 ANO	If yes, sp		n, Puarto Rican, atc.)	s or No	Black, White, etc. Specify:
BY	3 Wildowed 4 Livurced	, oive wan on oai		10 123	2 (Zarro opecny			Black
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)		16a. OECEDENT'S (Give kind of	USUAL OCCUPATION work done during mose retired.)	ON at of working	18b. KIND OF BU	ISINESS/INDUST	RY
Z.	Elementary/Secondary (0-12) College (1-4 or 5+)				11		
OME	17, FATHER'S NAME (First, Middle, Last)		Housewi	re	18 MOTHER'S NA	Home ME (First, Middle, Maide	Sumama)	
	Not Available				Lula Ha		, our less	
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	^	Route Number, City or To	wn, State, Zip Co.	ole)
2	Mabel E. Lawson		15115	Ganley 1	Road, Boy	yds, Maryl	and 20	841
	20a. METHOD OF DISPOSITION 1 ☐ Burlal 2 💢 Cremation 3 ☐ Ramoval from S	20b.	PLACE OF DISPO other place)	SITION (Name of cer	netery, crematory or		OCATION — City	
	4 Donation 5 Other (Specify)	St	uburban	Cremato	O ADDRESS OF FA		ver Sp	ring, Md.
	21. SIGNAL ONE OF ONE PAL SERVICE LICENSEE	c ll				al Service	, Inc.	
	form I'C	- pau	w					ngton, D.C.
	23. PARTI. Entar the diseases, or complication ahock, or heart fallure. List only	one that caused one ceuse on ea	tha daeth. Do o	not enter the mo	de of dying, suc	h as cerdiac or resp	olratory arreat	, Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	1/			0 -			Onset and Death
		DUE TO (OR AS A	COMPENIENCE O	LINI	MACT	11000		XC176
- 1	- An	TIMING	CONSCOUENCE O	CARA	in Vige.	LANA	- MC	E WAST
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE O		UTAGUL		20,40	77000
8	cause. Enter UNDERLYING CAUSE (Disease or Injury							
E	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):				
E	d							
CAL (PART II. Other algolificant conditions contribu	uting to death bu	it not resulting	In the underlyin	g cause given in	Part I. 24a. WAS A	N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
						1 YES	2 NO	COMPLETION OF CAUSE OF DEATH?
ME							/	1 TYES 2 NO
PHYSICIAN: MEDI								
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPIT			OTHER:	LACE OF DEATH (Ch			
4¥S		DATE OF INJURY	tlant 3 □ DOA	4 Nursing Hon	JURY AT	6 Other (Specify) 28d: DESCRIBE HOW	INJURY OCCUR	FD C
	Netural 5 Pending	(Month, Day, Year)		JURY WO	ORK?	5-14	11	1 Roy
) BY	3 Suicide 28a.	PLACE OF INJURY building, atc. (Special	— At home, farm,	atreet, tactory, offic	:a	281. LOCATION (Street	and Number or	Rural Route Number,
COMPLETED	4 Homicide determined	benung, att. jopen	Hon	165		City or Town, Stat	# 10)
7	29a. CERTIFIER 1 CERTIFYINO PHYSICIAN: To the	e best of my knowle	edge, death occur	red at the time, date	and place, and due	to the cause(a) and m	anner as atated.	
ON	MEDICAL EXAMINER: On the b	saala of examination	and/or Investigati	on, in my opinion,	death occured at the	time, data and place,	and due to the c	ause(a) and manner as stated.
PE C	245. SIGNATURE AND TITLE OF CERTIFIER	5/1/10	100	1	29c. LICENSE NUI	MBER	29d. DATE S	IGNED (Month, Day, Year)
TO B	W recely	1114	RK	/	0070	199	10	7/4/9/
-	30. HAVE AND ADDRESS OF PERSON WHO COMPLE	TED CAUSE OF DEA	TH (ITEM 27) Typ		1d. 3	8 57 4 COL	1 M	1 314/
	1. DATE FILED (Month, Day, Year) 32.	EGISTRARIS SIGNA	ATURE .	Schalen	UNTUB 9	ruing (11/10	2 40010
h	OCT 16 '91 3	uha Davids	-Handel	L				



	1400

FOR

	1 - STATE REGISTRAR	SIAIE OF N					HEALTH DEAT		MENTAL HYGI REG.			
	1. DECEDENT'S NAME (First, Middle, Last)							1 8 5	2. DATE OF DEATH	н	N	3. TIME OF DEATH
		RUTH WEL							OCT 13	3 1991	YEAR	6:00 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, You		8. Bif	RTHPLACE (State or Foreign
	090-03-7789D	1 M 2 X F	91	YRS.					JAN 17 1	1900	MA:	SSACHUSETTS
Œ	9a. FACILITY NAME (If not institution, give a		CHAMBE		9b. CITY		OR LOCATIO		EATH		OUNTY OF	
5	NATIONAL NAVAL	MEDICAL	CENTER			BETI	HESDA	4		MC)NTG	OMERY
DIRECTOR	10a. STATE 10b. COUNTY	•		10c. CIT	TY, TOWN (OR LOCAT	TION					10d. INSIDE CITY
	DISTRICT OF COL	LUMBIA										1X YES 2 NO
AAL	10a. STREET AND NUMBER					101	1. ZIP CODE					OF WHAT COUNTRY?
FUNERAL	6200 OREGON AVE							0015			-	ED STATES
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W				If yes, spi	ecify Cuber	n, Maxica	NIC ORIGIN? (Specify in, Puello Rican, atc.) fy:	Yea or No—	81	ACE — American Indian, Black, White, atc.
	15. DECEDENT'S EDUC (Specify only highest grade		18a. DEC (G/	CEDENT'S	USUAL O	CCUPATIC during mo	ON set of working	-0	16b. KIND OF	BUSINESS/I	NDUSTRY	Υ
LE	Elementary/Secondary (0-12)	College (1-4 or 5 +	")				ost of working	y	27.77			
COMPLETED	12 17. FATHER'S NAME (First, Middle, Last)		1	HOUSI	TMIET	5		- 214	OWN			
	UNKNOWN					1		HER'S NA KNOWI	ME (First, Middle, Mail N	den Sumame;)	
BE	19a. INFORMANT'S NAME (Type/Print)		198	h. MAILING	ADDRES	S (Street a			Route Number, City or	Tour Stale	7'n Code)	
2	ROBERT B. DAIL								SHINGTON,			
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Rame	ioval from State	20b. PLACEA	NDDATE	OF DISPOS	SITION (Na	ima of		DATE 20c.	LOCATION -	- Cily or	r Town, Stata
	4 Donalion 5 Other (Specify)		MT • C	ÖMFÖ						ALEX.	VIR	RGINIA
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1		J 22.	OSEP	ND ADDRES	WLER	R'S SONS,	TNC.	N.	T _N T .
	Michae	1.37	held	~	_ 5	130	WISC	ONSI	IN AVE.	WASH.	D.C	
	23. PART I. Enter the diseases, or of shock, or heart failure.	complications the	I coused the dec	eth. Do r	not enter	the mo	de of dyle	ng, sucl	h as cerdlec or re	spiratory a	arrest,	Approximate
	iMMEDIATE CAUSE (Finei disease or condition			,								Interval Between Onaet and Death
	resulting in deeth)		CARDIAL I			ON						
2		WWW. TO .	(OH AS A CONSEC	UENCE O	F):							
CERTIFICATION	Sequentially ilst conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEC	UENCE O	F):							
<u>S</u>	CAUSE (Disease or Injury	C										
	that initiated events reaulting in deeth) LAST	DUE TO	(OR AS A CONSEO	UENCE OF	F):							
CE		d										
	PART II. Other significent conditions	s contributing to	death but not re	suiting	in the ur	nderlying	ceuse g	lven in		AN AUTOPSY	Y 2	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDICAL										2 X NO		COMPLETION OF CAUSE OF DEATH?
ž												1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					22 01	107 OF DI					
SIC	EXAMINER?	HOSPITAL:	CO/Outnotlant 3	[] DOA	OTHER	R:			eck only one)			
Ť	27. MANNER OF DEATH	26a. DATE OF	INJURY	28b. TIM	E OF	28c. INJL	URY AT	ildenca	8 Other (Specify) 26d. DESCRIBE HO	W INJURY O	CCURED	
BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Da	ry. Year)	INJ	JURY M	WOF	RK? /ES 2 [NO			-	
D C PLOT OF PLUMP								al Route Number,				
4 Homicide detarmined City or Yown, State)												
COMPLETED	29a. CERTIFIER (Check only one)											
8	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as state									e(s) and manner as stated.		
띪	296. SIGNATURE IND TITLE OF CERTIFIER	SIGNATURE (NO TITLE OF CERTIFIER 29d. DATE SIGNITO (Month, Day, Year) 052482341 (DC)								D (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUS	E OF DEATH OFFI	170	_						0	1691
	M. C. MCCARTHY,			47) engac	Prints				NAVAL ME MD 2088			IEK
	31. DATE FILED (Month, Day, Year)		TA disease from	dolla) LI I I I I	פונענט	, FID 2000	9 300	· ·	
	OCT 18'91	0										



FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATE (OF DEATH		REG. NO			
Š		ELIZA	BETH HAM	MOND				2. DATE MONT	of DEATH	91	YEAR	3. TIME OF DEATH 08:00a M
	4. SOCIAL SECURITY NUME 215 34 7119		5. SEX 1 M 2 X F	6. AGE (In yrs.	lest birthday) 5 YRS.	IF UNDER 1 YE MONTHS DA		7. DATE	2°9.07	36	8. BIRTHI Country	PLACE (State or Foreign
DIRECTOR	9a. FACILITY NAME (If not in GREATER RESIDENCE OF DEC	BALTI	MORE MEDI	CAL CE	NTER	96. CITY, TO	WN OR LOCATION OF	DEATH			TIMO	EATH
REC	10a. STATE	10b. COUNT			10c. CIT	Y, TOWN OR L	CATION					10d. INSIDE CITY
	MD 10e, STREET AND NUMBER	CARR	OLL			WESTM						LIMITS?
FUNERAL	2015	UNIO	N TOWN ROA				101. ZIP CODE 21157			10g. CITI		HAT COUNTRY?
B₹	11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Divo		12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2	ABMED	13. WAS If you	DECENDENT OF HISP i, apecify Cuban, Mexi YES 2 NO Spec	PANIC ORIGIN Ican, Puello F cify:	? (Specify Yellican, efc.)	or No-	14. RACE Black Specifical	— American Indian, , White, atc. y: .C.K
COMPLETED	(Specify only Elementary/Secondary (0	EDENT'S EDU highest grade	CATION completed) College (1-4 or 5+)		(Give kind of life. Do NOT u	USUAL OCCUP work done during se retired.)	ATION most of working	16b.	KIND OF BU	SINESS/IND	USTRY	
MP	12+	and the state of			LPN						neal	th care
BE CC	Roman B	rown						va M	agrud	ler		
6	Mr. Murto		Hammond	. Jr	201		eet and Number or Rure					
	200 METHOD OF DISPOSITI	ON		,								MD 21157
	1 ABurial 2 Cremation 3 Removal from Stata 4 Donation 5 Other (Specify) Party Crematory or other older)											
	21. SIGNATURE OF FUNERAL SERVICE LICENSE BY LE Pritts Pritts Funeral Home & Chapel, 412 Washington Rd., Westminster, MD											
	23. PART I. Enter the di	seesee, Dr	complications thet	caused the	death. Do	not enter the	mode of dying, su	ich ae cerd	ac or reepi	ratory arre	st,	Approximate
	iMMEDIATE CAUSE (Findisease or condition resulting in deeth)	Tert lanure.	META	STATI	C BREA	ST CA				•		Interval Between Onset and Death 5 YRS
			DUE TO (OR AS A CON	SEOUENCE O	F):						
ATION	Sequentially list conditi if any, leading to immed cause. Enter UNDERLY!	llate	b. DUE TO (OR AS A CONS	SEQUENCE OF	F):						
RTIFIC	CAUSE (Diseese or Injurated initiated events resulting in deeth) LAST	y S	DUE TO (OR AS A CONS	SEOUENCE O	F):						
빙	PART ii Other election	at a smalleles	a	m/								
MEDICAL CERTIFICATION	PART II. Other significe	it condition	is contributing to c	leeth but no	t resulting	in the underl	ying cause given l	n Pert I.	24a. WAS AN PERFOR 1 YES 2	MED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO	MEDICAL										
SICI	EXAMINER?	MEDICAL	HOSPITAL:	FB/Outpetient	2 🗆 004	OTHER:	PLACE OF DEATH (C					
Ë	27. MANNER OF DEATH		28a. DATE OF I	NJURY	28b. TIM	E OF 28c.	IOMe 5 Residence		(Specify)	NJURY OCC	URED	
à l												
- 1	20 DI ACE OF IN HURY AND ALL THE STATE OF TH									oute Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTI	FYING PHYS	CIAN: To the best of m	ny knowledge,	death occurre	ed at the time, o	late and place, and du	e to the caus	e(a) and man	ner aa state	d.	and manner as stated.
		OF, CENTIFIE			valigatio	, it in opinio			ind place, an			
	100	th	Kaut	D	M		D285	94		29d. DATE	SIGNED	Month, Day, Year) 24/91
	30. NAME AND ADDRESS OF	PEHSON WH	O COMPLETED CAUSE	OF DEATH (I	TEM 27) (Type,	Print)	*					
	31. DATE FILED (Month, Day,)		32. REGISTRAN	SIGNATURE	Pandell							
13	(11.1 /)	41	1									

2

OCT 29'91

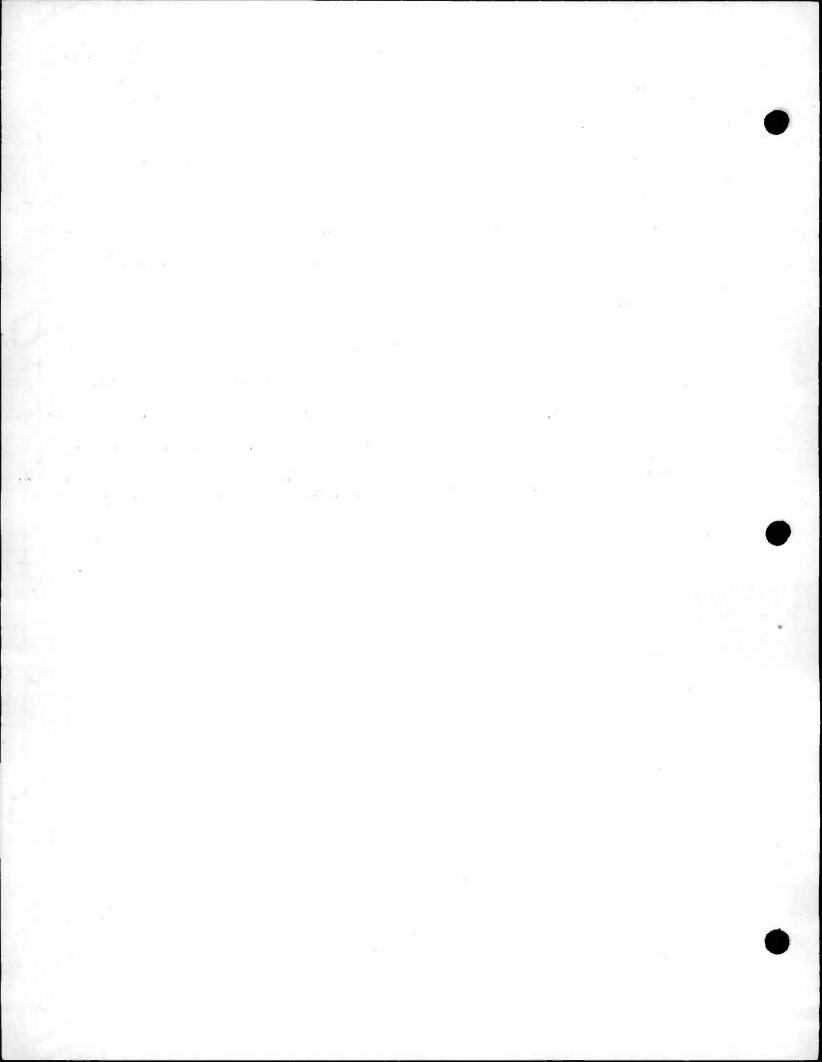
	FOR 1 - STATE	STATE OF MARYLA					E	30046
	1. DECEDENT'S NAME (First, Middle, La Raymond S. Hose	9t)	CERTIF	ICATE OF	DEATH	2. DATE OF DEATH MONTH DO. Oct. 27, 19	AY YE	3. TIME OF DEATH 1:00 PM M
	4. SOCIAL SECURITY NUMBER 2 13-12-7174	5. SEX 6. AGE (In	yrs. lest birthday) 77 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Dec. 10, 19	0. (BIRTHPLACE (State or Foreign Country) inesburg, MD
TOR	98. FACILITY NAME (If not institution, gi Avalon Manor RESIDENCE OF DECEDENT	re street and number)		9ь. сту, тоwn Hagerst	OR LOCATION OF DE	ATH	9c. COUNTY Washi	
DIRECTOR	100 NATE 100. COU	hington		ry, town on Loca Lliamsp				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER Hopewell R		21795		U.S.	OF WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT EVER IN FORCES? 1 1 YES IF YES, GIVE WAR OR DATE WWT T	2 NO	If yes, s		NIC ORIGIN? (Specify Year n, Puarto Rican, atc.) 7:	n or No— 14.	RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S (Specify only highest g	OUCATION	16a, OECEOENT'S (Give kind of life. Do NOT u	work done during make retired.)	nost of working	16b. KINO OF BU		
111	17. FATHER'S NAME (First, Middle, Lest) James Benjam	in Hose				ME (First, Middle, Meiden a Lamann		
TO BE	19st. Informant's Name (Type/Print) Larry Hose S	r.	196. MAILING 11328	ADDRESS (Street	end Number or Rural en Sprin	Route Number, City or Tou g Furnac	vn, State, Zip Co e Rd.	°Clear Sprin
L CERTIFICATION	23. PART i. Enter the disease, shock, or heer fellu iMMEDIATE CAUSE (Final disease or condition resulting in death)	o Kit	och line.	Dona P.O.	Box 310	hompson Clear S	pring	al Home, Inc. MD.21722 Approximate interval Between Onset and Deeth
CERTIFICATION	Sequentielly list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Dissess or injury that initiated eventa resulting in death) LAST	b						
MEDICAL	PART II. Other significent condi	tione contributing to deeth but		in the underlyl	ng ceuse given in		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO	HOSPITAL:	atient 3 🗆 00A	OTHER:	PLACE OF DEATH (C)			
) BY	27. MANNER OF OEATH 1 Neturel 5 Pending 2 Accident Investiget 3 Suicide 8 Could not	28e. PLACE OF INJURY building, etc. (Speci	- At home, farm,	M 1	NJURY AT VORK? YES 2 NO	28d. DESCRIBE HOW 28t. LOCATION (Street City or Town, State	and Number or	
COMPLETE	anel constitution	YSICIAN: To the best of my knowle						
BE	29b. SIGNATURE AND TITLE OF CERT				29c. LICENSE NU	IGNED (Month, Day, Year)		
	II.	Cally M	(1)	1	1 ' '	. 2+ 51		

3 Sulcide
4 Homicide 8 Could not be determined 281. LOCATION (Street an City or Town, State) building, etc. (Specify) 29a. CERTIFIER (Check only one)

29 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and piece, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 018017 Var tout mo 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) VAJANT DATTA, 334 MAGERSTOWN, mp MILL ST mn 21740 31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

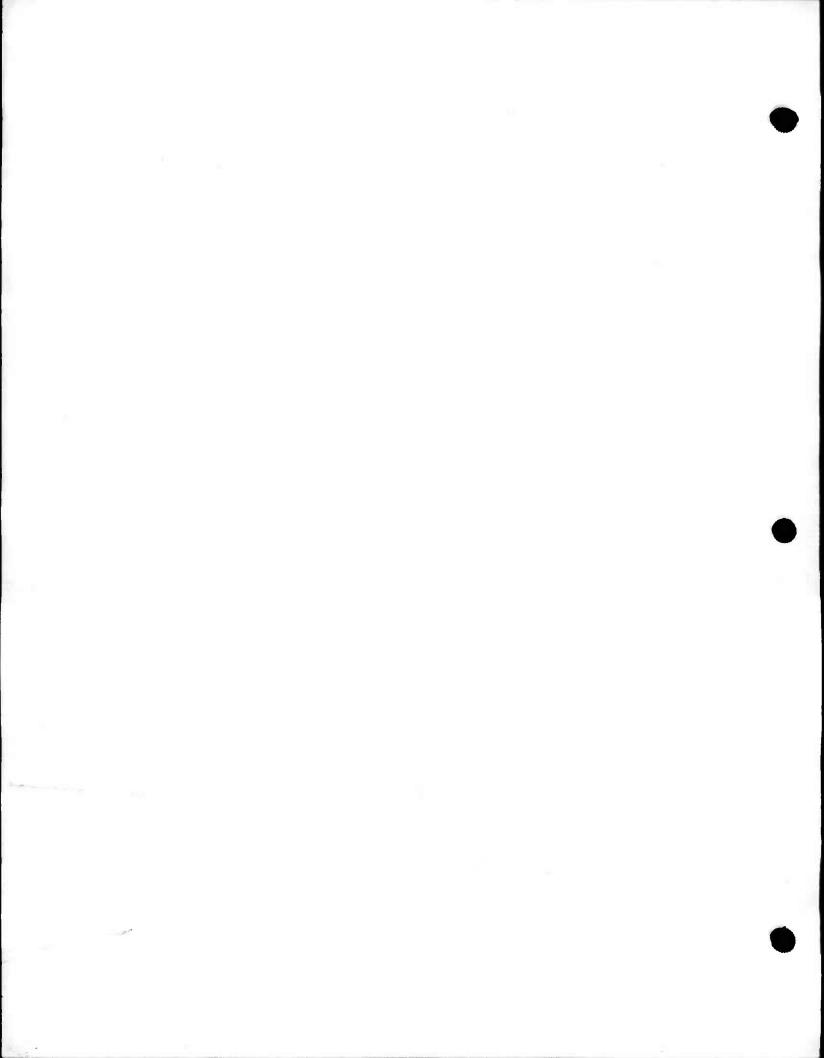
OHMH-16 Rev 1/89



1 - FOR STATE REGISTRAR

		1. DECEDENT'S NAME (First, Migdle, Last) Margairet Brady Harmon 2. DATE OF DEATH MONTH DAY PAR 3. TIME OF DEATH MONTH DAY PAR 4.135											TIME OF DEATH			
		4. SOCIAL SECURITY NUME 57784236	BER	5. SEX	6. AGE (In			F UNDER t YE	_	IF UNDER 24 I		Month, Day, Y	Magr.		Country)	ACE (State or Foreign
should		9a. FACILITY NAME (If not in			92		5-44	b. CITY, TO	WN OR	LOCATION					TY OF DEA	alt., MD
.2.3 sh	JPH.	Rockville N		Home	_			Roc	kvi	ille				Mot	ntgom	ery
Vá.	南	De. STATE	10b. COUNTY				10c. CITY, 1	OWN OR L	OCATIO	ON					10	Dd. INSIDE CITY LIMITS?
- (4		V					Was	hingt		D.C.						Y YES 2 NO
burial-transit pern	M	10e. STREET AND NUMBER							10f. 2	ZIP CODE	_		1			AT COUNTRY?
-transi	FUNER	1913 - 35t	n Plac	e, N.W.	IT EVER IN I	IIS ARM	IFD	13 WAS	DECE	2000		ORIGIN? (Spac	clfu Ven or		3.A.	- American Indian,
the the	ВУ	1 3 X Wildowed 4 □ Divorced IF YES, GIVE WAR OR DATES 1 □ YES 2 X NO Specify: Specify: White											White, atc.			
ise as	ED	15. DEC (Specify onl	EDENT'S EDUC	CATION completed)			EDENT'S US					16b. KIND	OF BUSIN	IESS/INDU	JSTRY	
for u		Elamantary/Secondary (0-12) College (1-4 or 5 +) Ilie. Do NOT use retired.)														
detached once.	COMPLET	17. FATHER'S NAME (First, M	fiddle (net)	4		H	omema]	ker	т.	40 MOTUEE	DIC ALABAE	(First, Middle, I	wn H			
d be de	BE CC	John P. Br	ady									e Sull		,		
5 should notified	2	Fred G. Ha										ndale,				
page		20a. METHOD OF DISPOSIT	ION	ONE 1979	20b.	PLACE C	F DISPOSIT	_							City or Town	n, Stata
must		NXBuriat 2 ☐ Crematic 4 ☐ Donation 5 ☐ Other		ovat from State	_ N	lew l	Cathe	dra1	Cen	netery	У	10/14	Ba1	timo	ore,	MD
e funeral dir I. examiner		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Joseph Gawler's Sons, Inc.														
al.		5130 Wisconsin Ave., NW, Washington, DC 20016														
ed in by the funeral director, page 5 should be detached for use or removal. medical examiner must be notified at once.		23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fin	aart fellure.	omplications the List only one car	usa on aa	ch ilna.		antar the	mod							Approximata interval Batwaan Onsat and Dasth
ely fille nation, the		disease or condition resulting in death)	→	я.	P	NE	UM	INC	1-							2 ones
n and completely filled in to burial, cremation, or re imatic event, the med	_		_	DUE TO	OR AS A	CONSEO	UENCE OF):									
sician and c prior to buris traumatic	CATION	Sequentially list condit if any, leading to imme	diata	DUE TO	OR AS A	CONSEO	UENCE OF):									
	FIC/	cause. Enter UNDERLY CAUSE (Diseass or inju- that initiated avants		DUE TO	OR AS A	CONSEO	UENCE OF):									
attending phy srtal Hygiene ry, or other	ERTIF	reaulting in dasth) LAS	БТ	d												
signed by the atte Health and Mental IWS any Injury, (AL CI	PART ii. Other algolifica	ant condition	a contributing to	daath bu	it not re	suiting in	the unde	riying	cause giv	en in Pa	art i. 24a. \	WAS AN AL			VERE AUTOPSY FINDINGS
ned by	MEDICAL	AL2	14801	OR.	Dep	y	g of	Hy	1	you	24		YES 2		0	COMPLETION OF CAUSE OF DEATH?
of Hea	ME			,	/		/	44	PUT	rodero	LDES	>1			1	☐ YES 2 ☐ NO
as tept	N.															
State C	SICIAN:	25. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO	I MEDICAL	HOSPITAL:	T ED/O	and and		THER:		CE OF DEA						
the the	РНҮ	27. MANNER OF DEATH	D - 4	28a. DATE O		numer 3	28b. TIME (OF 28	c. INJU WOR	PRY AT		Other (Spec		URY OCC	URED	
After this death with s marked	ВҰ	2 Accident	Pending Investigation	200 01 405	OF IN HIRW					ES 2 N	-		101			
after 28	TED	3 Suicide 8 4 Homicide	Could not be determined	28e. PLACE (building	, atc. (Specil	— At nor	ne, term, str	set, factory,	, offica		1	28t. LOCATION City or Town		d Number	or Rural Ros	ute Number,
32 =	OMPLE	anol and		CIAN: To the beat of												and manner as stated.
TO THE FUNER be filed within IMPORTANT:	O BE C	29b. SIGNATURE AND TITLE	me	ran	M	D.				29c. LICENS	SE NUMB	ER /	:	29d. DATE	SIGNED (Month, Day, Year)
5	욘	30. NAME AND ADDRESS O	F PERSON WH	COA	JSE OF DEA	_	1 27) (Type, P	rint) Y TO	C	MET	50	NES	d.	N	W4,	, ,
_		31. DATE FILED (Month, Day, OCT 15 3	Year)	982, REGISTA	AR'S SIGNA	A SECOND	12		4	, , ,		1	-(-			-
			-	-				/								DHMH-16 Rav 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

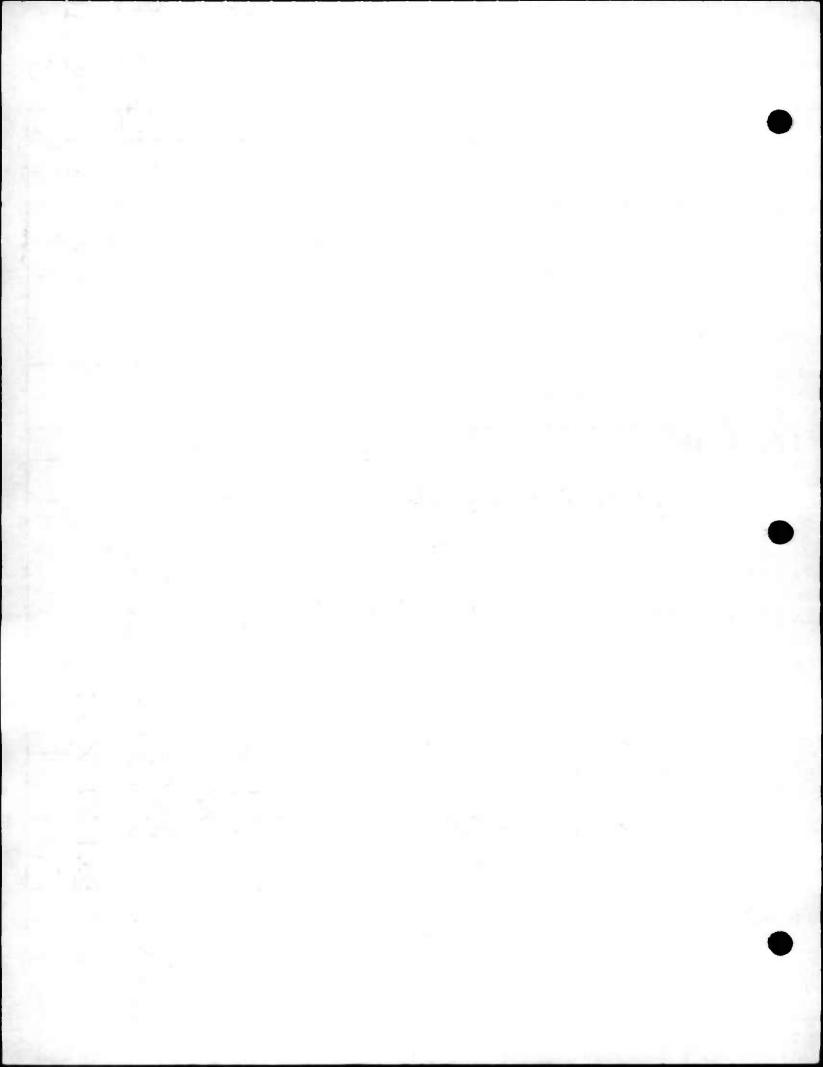


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N OF VITAL RECORDS, P.O. BOX 68760,	are arrestioned proportions. The law enterings that the death conficults he eventual uddition of the
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DIVISION	C. C.
2	00
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Paper 1.3
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 4, 2, 3 be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

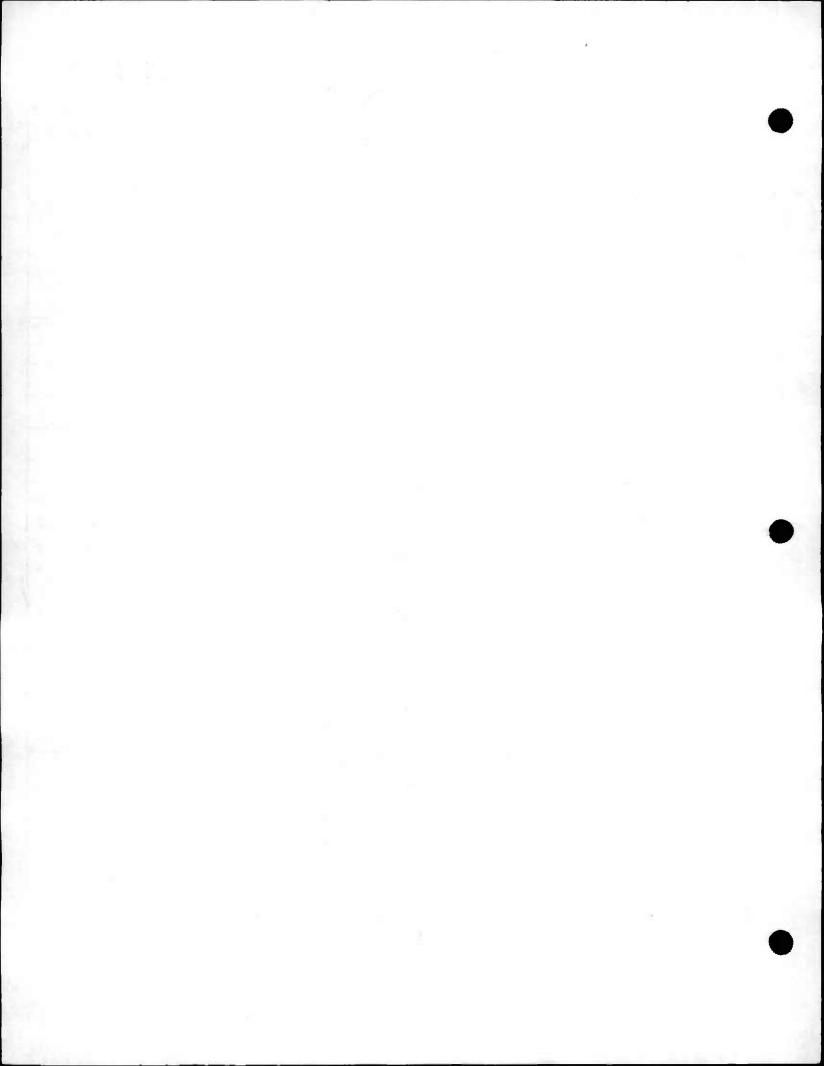
FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		C	ERTIF	ICATE	OF	DEATH	F	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF	DEATH			3. TIME OF DEATH
	MARY	VIRGI	NT A		TTART	rt me	127	MONTH	DA 1.0	-	YEAR	7:15 P M
	4. SOCIAL SECURITY NUMBER	5, SEX	6. AGE (In yrs. is	ot hirthday)	HAM]		IF UNDER 24 HRS.	Octobe 7. DATE OF		$\frac{3}{19}$		IPLACE (State or Foreign
	215-26-9922	1 □ M XX F	60	YRS.		DAYS	HOURS MIN.	(Month, De 08-19	y, Year)	31	Count	PA
œ	9a. FACILITY NAME (If not institution, give			9b. CITY, TOWN OR LOCATION OF DEATH						sc. COUNTY OF DEATH Allegany		
6	Memorial Hospita			_	-						0	
REC	10a. STATE 10b. COUNT			10c. CIT	Y, TOWH OR	LOCAT	ION	-				10d. INSIDE CITY LIMITS?
	MD A1 100. STREET AND NUMBER	<u>legany</u>			lumber		zip code			10c CITI	ZEN OF	XX YES 2 NO
FUNERAL DIRECTOR	201 West Indus	trial Bly	d.			100	21502				ISA	WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 X very married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN	T EVER IN U.S. A	RMED NÃO	lf .	yes, sp	ENDENT OF HISP/ ecity Cuban, Mexic NO Spec	an, Puerto Rice		or No—	Spec	E — American Indian, k, White, etc. #y: phite
- 1	15. DECEDENT'S EDI (Specify only highest grad	JCATION completed)	18a, D	ECEDENT'S	USUAL OCC	CUPATIO	ON st of working	18b. KII	D OF BUS	INESS/IND		
COMPLETED	Elemantary/Secondary (0-12)	College (1-4 or 5+)	o DO NOT L	work done du ise retired.)		•		own h	omo		
OME	12 17. FATHER'S NAME (First, Middle, Last)		1 1	onem	arer	_	18. MOTHER'S N				_	
BEC	Phillip Hamil	Lton					Mart	ha Pau	1			
TO B	19a. INFORMANT'S NAME (Type/Print)						nd Number or Rura					
	Mr John A Cri	tes				_	treet C					
	20a. METHOD OF DISPOSITION 1 Street	noval from State			Y or other pla		(Name	DATE		CATION —		
	4 Donation 5 Other (Specify)	CENECE	Mt.	Herm	an Cer	met	ETV ND ADDRESS OF I	10-2	Cu	mber	Lanc	I, MD
	Panes 7	2 de	10/1	1/.	S	car	pelli Fi erland,	neral				
	23. PART I. Enter the diseases, or	complications that	t caused the	eath. Do	not entar t	he mo	de of dylng, su	ich as cardled	or raspi	ratory arr	rest,	Approximate
	/ ahock, or heert failure. List only one cause on each line.											interval Between Onset end Death
NOI	Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF)											
CAI	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSTQUENCE OF):											
CERTIFICATION	that initieted events resulting in death) LAST	DUE 10	(OR AS A CONS	POUENCE (OF): ()							
	PART II. Other significent condition	na contributing to	death but not	regulting	sin the unc	lezh/le	a cause alven i	n Part i 24	a. WAS AN	ALITOPSV	24	b. WERE AUTOPSY FINDINGS
MEDICAL			(pr	سمحم	رم		9 00000 9110111		PERFOF	RMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
÷ l												- 4
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		LACE OF DEATH (Check only one)				
1SI	1 TES 2 TNO	1 Impatient 2	ER/Outpetient	3 🗆 DOA			ne 5 🗆 Rasidenc	a 🗆 Other (S	pecify)			
PH	27. MANNER OF DEATH 1 ☑ Natural 5 ☐ Pending	28a. DATE OF (Month, D		28b. TII	ME OF	WC	URY AT ORK? YES 2 NO	28d. DEŞCR	IBE HOW I	NJURY OC	CURED	-
₽	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE O	F INJURY — At I	nome, farm,	street, facto			28f. LOCATI	ON (Street)	and Number	r or Rumi	Route Number,
Ë	4 Homicide detarmined	building,	etc. (Specify)					City or 1	own, State)			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	/										(a) end manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE N								-	29d, DAT	TE SIGNE	D (Month, DAY, Year)
TO B	D 367							66			14/	14/91
	Dr. V. Poonai,					nber	land, M	D 2150)2	115	301	
	31. DATE FIDEDVALORING DET. 1991											



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IAN: Th	tificate	e State	or Iten
PHYSIC	this cer	WITH IT	rked,
NDING	: After	r death	ls ma
R ATTE	RECTOF	urs arre	m 28
TAL O	RAL DI	04 Z/ L	E If Ite
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be relained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attenting physician and completely filled in by the funeral director, page 5 should be detached for use as 1	be filed within 72 hours after death with the State Dept. Or reduit and mental hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
10 H	FT OF	be file	IMPO

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA			F HEALTH AND I	MENTAL HYGIENI REG. NO.	E	00049		
0	1. OECEOENT'S NAME (First, Middle, Last)	THOMAS J. HAMMERSMITH October 15, 199								
	4. SOCIAL SECURITY NUMBER	A CONTRACTOR OF THE PARTY OF TH	n yrs. last birthday)	IF UNDER t Y	EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	C	IRTHPLACE (State or Foreign puntry)		
	220-10-7958		89 YAS.			10-17-1		Maryland		
~	9a. FACILITY NAME (If not institution, give st				WN OR LOCATION OF DE		9c. COUNTY C			
2	Memorial Hos	spital			Cumberland		Alle	egany		
E E	10s. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR L	OCATION			10d. INSIDE CITY		
뜸	Maryland All	egany	Cun	berla	and			1 YES 2 NO		
A	10e. STREET AND NUMBER				10f. ZIP CODE	•	10g. CITIZEN	OF WHAT COUNTRY?		
FUNERAL DIRECTOR	Kennedy Homes 1	35 N. Mecha	anic St	reet	21502			USA		
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS	DECENDENT OF HISPAI	NIC ORIGIN? (Specify Yes	or No.— 14. F	RACE — American Indian, Black, White, etc.		
BY	1 Never Merried 2 Merried 3 Widowed 4 Olvorced	IF YES, GIVE WAR OR DA			YES 2X NO Specif			Specify:		
	15. DECEDENT'S EDU	CATION	16e. DECEDENT'S	I IIIII A OOO	PATION	ter while or him	 	White		
	(Specify only highest grade	completed)	(Give kind of life, Do NOT u	work done duri se retired.)	ng most of working	16b. KIND OF BUS	SINESS/INDUSTI	47		
COMPLETED	Elementary/Secondery (0-12)	College (1-4 or 5+)			ngfield C	o Tire	& Rub	her		
NO	17. FATHER'S NAME (First, Middle, Last)		norry	opin		ME (First, Middle, Maiden		,bel		
Ö	Frank Hammersm	ith				nces Rob				
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (S	treet end Number or Rural			9)		
٩	Self-thru Pre-	Arrangement	135	North	n Mechani	c Street	, Cumbe	rland, Md.		
	20a, METHOD OF DISPOSITION 1 Pauriel 2 Cremetion 3 Rem	20b	PLACE ANO OAT	E OF OISPOSI	TION (Name	DATE 20c. LO	CATION — City			
	1/L/Pluriel 2 ☐ Cremation 3 ☐ Remarks A ☐ Donation 5 ☐ Other (Specify)	Signal from State	Peter	y or other place	Paul Cem.	18/9/ Cum	berlan	d, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LIC				ME AND ADDRESS OF FA	CILITY				
- 1	Ernest a. Riley . A., Leasure-Stein, Inc. 230 Baltimore Av Cumberland, Md. 21502									
	23. PART I. Enter the diseasee, or a	complications that caused List only one cause on as		not anter th	e mode of dying, euc	h ae cardiac or respi	iratory errest,	Approximate interval Between		
	iMMEDIATE CAUSE (Final disease or condition reaulting in death)	e. A CUL DUE TO (OR AS A	CONSEQUENCE		ened	litie	7	Onaet and Death Julef		
CERTIFICATION	Sequentially liet conditione, if any, leading to immediata ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A C. DUE TO (OR AS A								
PHYSICIAN: MEDICAL C	PART II. Other algorificant condition		ut not resulting		1111 4	Part I. 24s. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
CA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? \ /	HOSPITAL:		THE RESERVE OF THE PARTY OF THE	26. PLACE OF DEATH (C)	only one)				
/Si	1 TYES 2 NO	1 inpatient 2 ERVOutp	efilent 3 🗆 DOA	4 Numin	Home 5 🗆 Residence	6 🗆 Other (Specify)				
H	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	26b. TH	ME OF 26	e. BIJURY AT WORK?	38d. DESCRIBE HOW I	INJURY OCCURE	D		
BY	1 Natural 5 Pending 2 Accident Investigation			м	T YES 2 NO					
TED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	urel Route Number							
COMPLETED	cont.	ICIAN: To the best of my knowless: On the basis of examination						use(s) end menner as stated.		
	296. SIGNATURE AND TITLE OF CERTIFIE	SNED (Month, Del. Har)								
O BE	and III.	Much	me	300	D 143	93	1 /7	00191		
5	30. NAME AND ADDRESS OF PERSON WE Dr. Frederick M				0		02			
	31. DATE OCT 702 7. 1991	32. REGISTRAR'S SIGN	andell.	001666	- Journet Tall	a, in 21)	U &			



REGISTRAN	1	-	STATE REGISTRAR
TIE CHOTTEN			TIE CHOTTEN

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR			CI	ERTIF	ICATE	OF DE	ATH		REG. NO.				
1. DECEDENT'S NAME (First,	Middle, Last)								OF DEATH		VEAR	3. TIME OF DEATH	
Levin	Thoma	as Jo	hnson					Oct		.19	91	4:A.M.	М
4. SOCIAL SECURITY NUMB		SEX	6. AGE (In yrs. las	st birthday)	IF UNDER		INDER 24 HRS.	7. DATE	OF BIRTH		S. BIRTH Countr	PLACE (State or Fore	ign
222-20-42	214	∑ M 2 □ F	56	YRS.	MONTHS	DAYS HOU	IRS MIN.	Nov		193	E	" Del	
9a. FACILITY NAME (If not in:		and number)			9b. CITY,	TOWN OR LO	CATION OF DE				NTY OF D		
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RESIDENCE OF DEC	EDENT	TOT CIT	-							<u> </u>	6611		
10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN O	R LOCATION						10d. INSIDE CITY LIMITS?	_
Delaware	Sussex	Co.		Fr	ankf							1 TES 2 N	0
10e. STREET AND NUMBER						101. ZIP (i			VHAT COUNTRY?	
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(Specify only	highesI grade coi	npleted)	(G	ive kind of Do NOT u	work done o	luring most of w	working						
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Pouland	u Tok	ncon					Charol	lett	e A.	H	andv	7	
Rowland 19a. INFORMANT'S NAME (7)		HISOH	19	b. MAILING	ADDRESS				ber, City or Town				\dashv
Thomas L.		on											- 1
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TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION 31. DATE FILED (Month, Day, Year)

91 3

DHMH-16 Rev 1/89

	law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ss been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran lept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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Ħ notified must be examiner medical the event, traumatic or other Injury, any shows 23 s certificate has h the State Deg Item 1 OR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate bours after death with the State 0 marked, 69 28 Hem FUNERAL D TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

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DIVISION

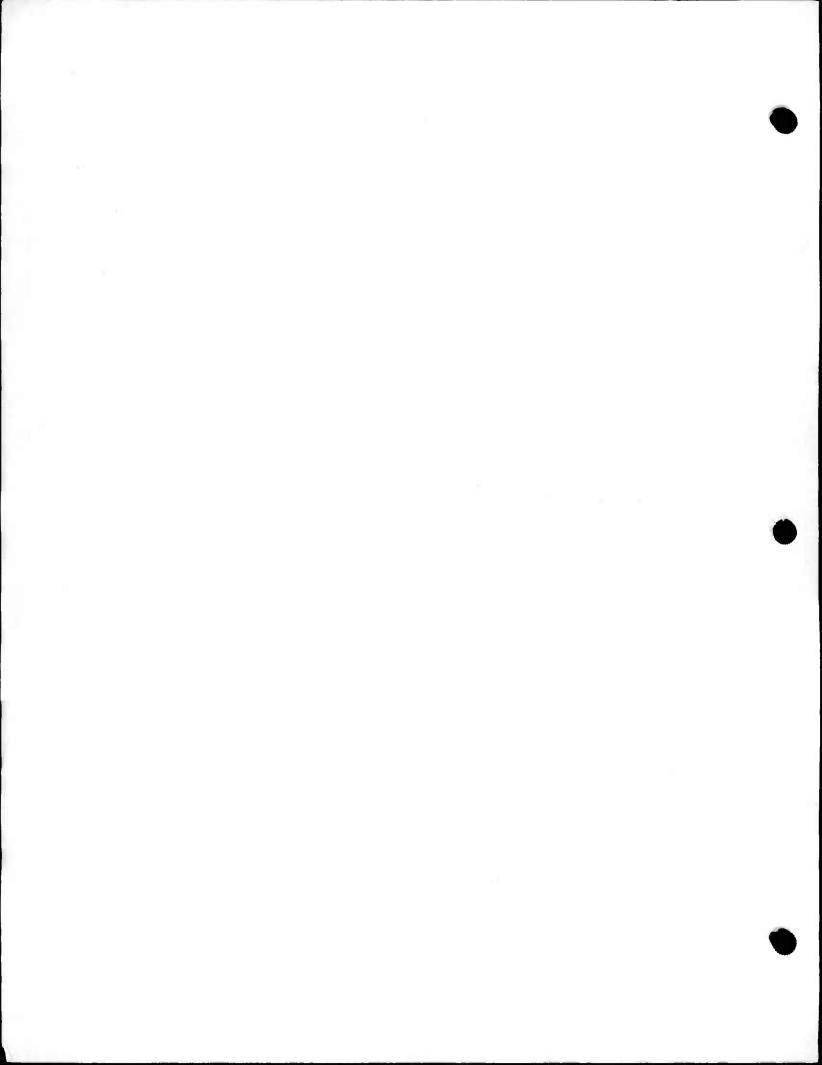
HOSPITAL

'91 3

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relia Davidson-Randell

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF OEATH DAY YEAR Anna Brown Jones 22 1991 Oct. 11:40 a^M 8. BIRTHPLACE (State or Foreign Country) 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 1 🗌 M 2 👽 F YRS. 220-16-9985 92 04/19/1899 Chester, MD 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY DF DEATH DIRECTOR Meridian/Corsica Hills Nursing Home Queen Anne's Centreville 10b. COUNTY 10a STATE 10c CITY TOWN OR LOCATION 10d. INSIDE CITY MARYLAND Queen Anne's 1 TYPS 2 NO Chester 10. STREET AND NUMBER 10g. CITIZEN DF WHAT COUNTRY? FUNERAL 101 7IP CODE 121 Goodhand Creek Road 21619 U.S.A 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC DRIGIN? (Specify Yee or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.) 11 MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried 1 YES ZONO Specify: Specify: B 3 X Widowed 4 Divorced white ETED. 15. OFCEOENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16h KIND DE BUSINESS/INQUSTRY (Specify only highe et of worldog (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 11 Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Richard Brown Emily Porter BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Reba C. Gardner 121 Goodhand Creek Road, Chester, MD 21619 20a. METHOD OF DISPOSITION
1 Description | METHOD OF DISPOSITION | | Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, State Woodlawn Memorial Park 10/24 Easton, Talbot Co., 4 Donation 5 Other (Specify) 21. SIGNATURE DF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Thomas Tom Helfenbein Funeral Homes, PA 106 Shamrock RD, Chester, MD 21619 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. Interval Betwe Onset and Death IMMEDIATE CAUSE (Fine) disease or condition resulting in death) CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (DR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST MEDICAL PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 TYES 2 WD 1 YES 2 ND PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 Residence 6 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending M 1 YES 2 NO BY Investigation 2 Accident 281. LOCATIDN (Street and Number or Flural Floute Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 8 Could not be determined COMPLETED 4 Homicide 29a, CERTUFIER TWI CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDIÇAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIES 294. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE 91 10-23 D05754 6 30: NAME, AND ADDRESS OF PERSON WRO-COMPLETED GAUGE OF DEATH (ITEM 27) (Type, Print) Grasonville, MD 21638 Ralph E. Libby Dr. Grasonville Medical Center 31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE



DHMH-18 Rev 1/89

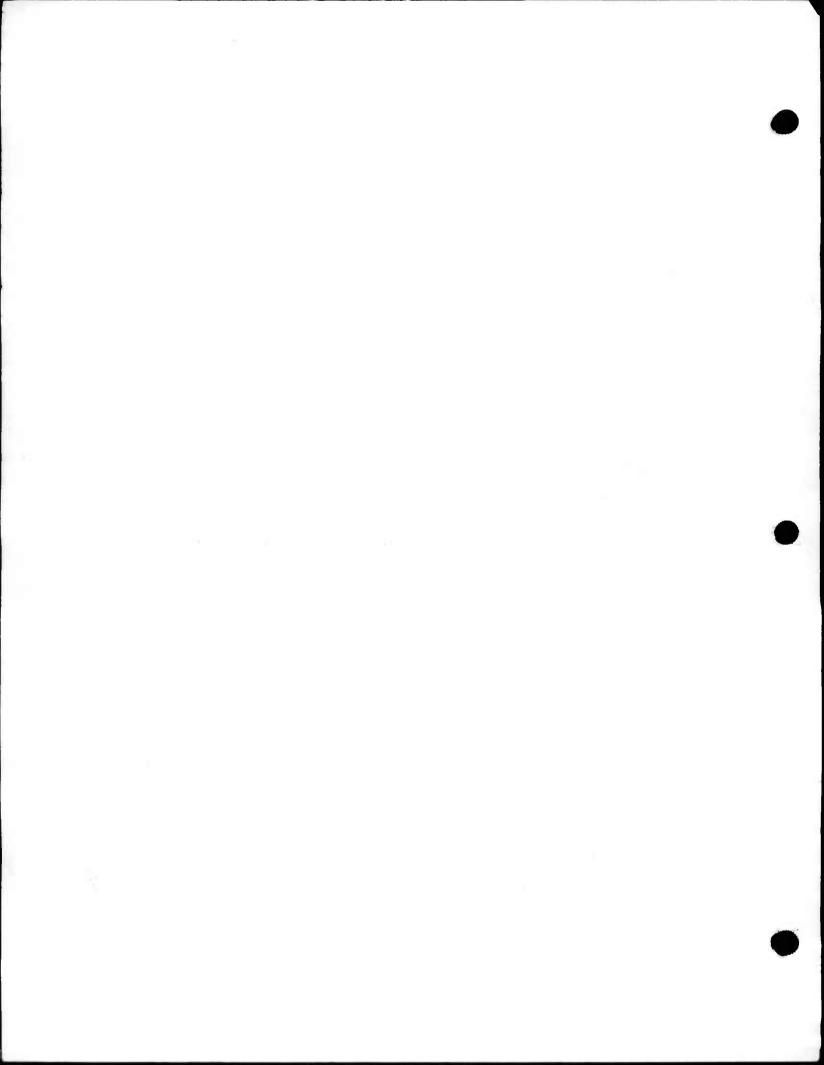
TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within explorant elegah. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1 be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

l TE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
BISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTM			MENTAL HYGIEN REG. NO.	E								
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	Y YEAF	3. TIME OF DEATH							
		Sarah Fra	nces Jon	es		Sept. 20									
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (in yrs. last birthday)	7. DATE OF BIRTH (Month, Day, Year)	ITNPLACE (State or Foreign intry)										
	213-03-4003	□ M 2 XF 8	1 YRS.	NTHS DAYS	HOURS MIN.	10-26-0	9 Ba	ltimore MD							
œ	9e. FACILITY NAME (If not institution, give street Meridian/Corsica	140	1131119		R LOCATION OF DE		9c. COUNTY OF	1,000,000							
DIRECTOR	RESIDENCE OF DECEDENT	HIIIS	Home		entrevi	ттте	Queer	Anne's							
2	10e. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ON			10d. INSIDE CITY LIMITS?							
		n Anne's			nstown			1 YES 2 NO							
RAI	10e. STREET AND NUMBER				ZIP CODE	5.0									
FUNERAL	Rt. 1 Box 166	WYE AC	res Driv		216	うと IC ORIGIN? (Specify Yes		S.A.							
	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, spe		n, Puerto Ricen, atc.)		ACE — American Indien, ack, White, atc. pecify:							
В	3 Widowed 4 Divorced	IF 1E3, GIVE WAR ON D	NES .	1 123	2 X NO Specify		"	white							
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con		16a. OECEDENT'S US (Give kind of work	done during mo:	N st of working	16b. KIND OF BU	SINESS/INDUSTR	′							
	Elementery/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use n		1.	200	D ' 1								
M	17. FATHER'S NAME (First, Middle, Last)	2	Account	ing C		ME (First, Middle, Maiden	Railro	ad							
	Frank Frederic	k Lollman	n			h Ozment	Surramaj								
BE	19a. INFORMANT'S NAME (Type/Print)	K HOTTIMAII		ORESS (Street a		Route Number, City or Tow	n, State, Zip Code)								
5	Harold R. Jone	S	Rt. 1	Box	166	Queenst	own. M	D 21658							
	20e. METNOD OF DISPOSITION	20b	PLACE OF DISPOSIT				CATION — City of								
	1 V V viriet 2 Cremetion 3 Remova 4 Donetion 5 Other (Specify)	From State	ye Churc	h Cem	etery	9/23 Wye	Mills	, Talbot Co							
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE /	0	22. NAME AN	Halfanh	outy Dein Fune	ral Ho	mas DA							
	Minman K.	Atelden	heren			21619		Shamrock							
	23. PART I. Entar tha diseasea, or con	plications that caused	tha death. Do not					Approximata							
	shock, or heart feliure. List only one/cause on each line. IMMEDIATE CAUSE (Final														
	disease or condition														
	DUE TO (OR AS A CONSEQUENCE OF):														
Z	Sequentially list conditions b.														
AT	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediata cause. Enter UNDERLYING														
FIC.	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):												
CERTIFICATION	reaulting in death) LAST														
CE							T								
CAL	PART ii. Other aignificant conditions of	contributing to death b	out not resulting in	tha undariyin	g cause givan in	Part I. 24e. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDR TO COMPLETION OF CAUSE							
						1 TYES	! [] NO	OF DEATH?							
M						—		1 YES 2 NO							
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL			26 PI	ACE OF DEATH (Ch	ack ante anni									
S	EXAMINER?	OSPITAL:		THER:		8 Other (Specify)									
HYS	27. MANNER OF DEATN	28a. DATE OF INJURY	28b. TIME	OF 28c. INJ	URY AT	28d. DEŞCRIBE NOW	INJURY OCCURE)							
0	A C No. of C Booties	(Month, Day, Year)	INJUE		RK? YES 2 NO										
	1 Netural 5 Pending					28f. LOCATION (Street and Number or Rural Route Number,									
BY	2 Accident Investigation			et, factory, offic	3 Suicide S Could not be 4 Homicide determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
BY	2 Accident Investigation 3 Suicide S Could not be			et, factory, offic)								
BY	2 Accident Investigation 3 Suicide S Could not be determined 29e. CERTIFIER 1 CERTIFYING PAYSICIA	building, etc. (Spe	cify)			City or Town, State									
BY	2 Accident Investigation 3 Suicide S Could not be 4 Homicide determined	building, etc. (Spe	cify)	at the time, data	end piece, end dua	City or Town, State	nner se stated.								
COMPLETED BY	2 Accident Investigation 3 Suicide S Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PNYSICIA	building, etc. (Spe	cify)	at the time, data	end piece, end dua	City or Town, State	nner ee stated. nd due to the cau								
BE COMPLETED BY	2 Accident 3 Suicide S Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	building, etc. (Spe	riedge, death occurred in end/or investigation,	at the time, date in my opinion, o	end plece, end dua leath occured at the 29c. LICENSE NUI	City or Town, State to the cause(e) and ma filme, date and place, e	nner ee stated. nd due to the cau	se(e) and manner ea ateted.							
COMPLETED BY	2 Accident 3 Suicide S Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	building, etc. (Spe	riedge, death occurred in end/or investigation,	at the time, date in my opinion, o	end plece, end dua	City or Town, State to the cause(e) and ma filme, date and place, e	nner ee stated. nd due to the cau	se(e) and manner es steted.							
BE COMPLETED BY	2 Accident 3 Suicide S Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	building, etc. (Spe	riedge, death occurred on end/or investigation,	at the time, date in my opinion, o	end place, and dus leath occured at the 29c. LICENSE NUI D320	City or Town, State to the cause(e) and ma filme, date and place, e	nner ee stated. nd due to the cau	se(e) and manner ea ateted.							



		REGISTRAR	-//
		1. DECEDENT'S NAME (First, Mic BRUCE	ddle, Last)
		4. SOCIAL SECURITY NUMBER	1.0
		219 - 56 - 792	5. s
200		9a. FACILITY NAME (If not institu	
	œ	909 BOB-E	
(S) (S)	5	RESIDENCE OF DECE	
- SAME	RE		b. COUNTY
널	□	Maryland (Carroll
020 physician. buriat-transit permit.	FUNERAL DIRECTOR	10e. STREET AND NUMBER	
ansit	ij	909 Bob-El Roa	a a
20 ysicia	5	11. MARITAL STATUS 1 Never Merried 2 Mar	12. \
-00-	BY	1 Never Merried 2 Mar 3 Widowed 4 X Divorced	
15- tendii		15. DECEDE	NT'S EDUCATION
or at		(Specify only hig Elamentary/Secondary (0-12)	hest grade compl
Spital led for	립	12	Col
AN the hos detach	COMPLETED	17. FATHER'S NAME (First, Middle	
YL by ti	BE C	William Pa	ul Jum
AR ained hould		19a. INFORMANT'S NAME (Type/	Print) Broth
M se ret	유	Wm. Paul Jump,	Jr.
RE may t		20a, METHOD OF DISPOSITION	
AO De 6 mum		4 Donation 5 Other (Spe	3 Removal fr
TIP niner		21. SIGNATURE OF FUNERAL SE	EVICE HEENSE
BALTIMORE, MARYLAND 21215-0020 or death. Page 6 may be retained by the hospital or attending physic the funeral director, page 5 should be detached for use as the burial-val.		Dome /	Bout
ECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020 uires that the death certificate be executed within 24 nours alter death. Page 6 may be retained by the hospital or attending physician sold physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transment health and Mental Hygiene prior to burial, cremation, or removal. In the medical examiner must be notified at once.		23. PART. Enter the disea	ses, or compl
nours or re		shock, or heart	fallura. Liat o
n 24 fille stion,		IMMEDIATE CAUSE (Final disease or condition	
SO, withii rplete crem.		resulting in daath)	a
87 cuted con inat.	z		
X 6	은	Sequantially list conditions if any, laading to immediate	
BO ate by prior prior	8	cause. Entar UNDERLYING CAUSE (Disease or Injury	
oritific or the plant of the pl	E	that initiated eventa	
P Harding	8	resulting in death) LAST	d
ORDS, s that the dear oned by the att ith and Menta any injury,	EDICAL CERTIFICATION	PART II. Other algnificant of	onditiona con
ORC hat th d by and my in	8		
CC uires t signer Health			
The second state of the se			
AL RI e law rec has beer Dept. of	AN	25. WAS CASE REFERRED TO ME	EDICAL
N: The State I State	S	EXAMINER?	HOS 1 🗆
SICIAN Certific Certi	Ĭ	27. MANNER OF DEATH	1.5
ISION OF TTENDING PHYS Affer this c affer death with 28 is marked,	2	1 Natural 5 Pend	
O O O O O O O O O O O O O O O O O O O	9	3 Suleide	tigation
DIVISION OF VITAL RECORDS, P.O. BOX 68760, THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within THE RUNERAL DIRECTIOR. After this certificate has been signed by the attenting physician and complete filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. crem PORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event.	ĮĮ.	a [A coul	d not be mined
DIV OR A DIREC	E I	29a. CERTIFIER	NG PHYSICIAN: 1
PITAL RAL	A	and only	EXAMINER: On I
HOSF FUNE within	8		
	TO BE COMPLETED BY PHYSICIAN: N	296/ SIGNATURE AND TITLE OF	
₽₽₩.	2	30. NAME AND ADDRESS OF PER	PON MINISTON
,			

FOR STATE C-681	ns:23 p	part I of i	7,28 MARYL	AND / D	EPARI RTIFI	MENT CATE	OF H	IEALTH DEA	AND I	MENTA	AL HYGIEN		U	000
1. DECEDENT'S NAME (First BRUCE	t, Middle, Last)	EDWA	RD			JUMI				2. DATI MON'	E OF DEATH	DAY	9 9 1	3. TIME OF DEATH 5:00 P M
4. SOCIAL SECURITY NUMBER 219 - 56 - 7		5. SEX		'in yrs. last b		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH	. 1		IPLACE (State or Foreign
9a. FACILITY NAME (If not it	nstitution, give s		-		This.			DR LOCATI			ch 12,	9c. COI	JNTY OF D	
RESIDENCE OF DEC		,			10c. CITY,							CA	RROI	
Maryland 100. STREET AND NUMBER	Carro	11			0	tmin	177							10d. INSIDE CITY LIMITS? 1 YES 2 NO
909 Bob-El F							101	211						States
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE.					D		f yes, sp	ENDENT Cooling Cube	n, Mexica	n, Puarto	N? (Specify Ye Ricen, etc.)	s or No-	Speci	— American Indian, t, White, atc. fy: LTE
15, DEC (Specify onl Elamentary/Secondary (C 12	EDENT'S EDUC y highest grade 0-12)	CATION completed) College (1-4 or 5 +	•)	Licer	kind of wo	Res	turing mo	st of working	g		ь кімо оғві Health			
17. FATHER'S NAME (First, M William I		Jump						1s. Ma		ME (First, Ava	Middle, Meiden			
190. INFORMANT'S NAME (1 Vm. Paul Jum		other		19b. A	AILING A	wel:	(Street a	nd Number reet	or Rural F	ntre	ville,	Mar	ylano	1 21617
20a, METHOD OF DISPOSIT Donation 5 Other	n 3 🗆 Remo	oval from State	ceme	PLACE AND etery, creme neste	tory or oth	er place)				10	. =		City or To	wn, Stata Maryland
21. SIGNATURE OF FUNERA	affers to	Barton	Jr.			22.	Bart	on F		al H				21617
IMMEDIATE CAUSE (Fir disease or condition resulting in death)	and the state of t	. Narco	tic	ich lina.	cicat		tha mo	da of dyl	ng, aucl	h as car	diac or reap	fratory sr	rest,	Approximata Interval Between Onset and Daath
Sequantially list conditi if sny, laading to imme- cause. Entar UNDERLY! CAUSE (Disesse or inju- that initiated eventa resulting in death) LAS	diata NG Iry			CONSEQUE										
PART II. Other algnifics	nt conditions	a contributing to	daath bu	Ut not resu	ulting in	the un	derlying	causa g	ivan in i	Part I.	24a, WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	D MEDICAL	HOSPITAL:	7.57			OTHER		ACE OF DE	ATH (Che	ick only o	ne)			
2 Accident 3 Suicide S	Pending investigation Could not be determined	2se. DATE OF (Month, Da found) 2se. PLACE OF building, of four found)	INJURY y, Year) 10/3/	/91 u - At home,	sb. TIME INJUI	OF RY	28c. INJI WOI 1 Y	RK? ES 2		Unk	SCRIBE HOW I	and Number	r or Rural B	oute Number, e.l. Rd .
Pa. CERTIFIER (Check only one) 1 CERT (Check only one) 2 MEDI	IFYING PHYSIC	CIAN: To the best of ax	my knowle	edge, death	occurred atigation,	at the til	ne, data pinion, de	and placa, eath occurr	and dua	to the car	use(s) and mai	mer as ata	ted.	and manner as stated.
PO NAME AND ADDRESS OF	+	Hall,	A	17	1			O C	M	E		▶10		(Month, Day, Year) 1991
MAKIO F. (1) 11. DATE FILED (Month, Day,	2011	COMPLETED CALL	VA	111	N.	PEI	NN :				r., M. TIMOR		RYL	AND 21201
UC.	T 17 '0	1 4		Davidson	~- Har	rdell								

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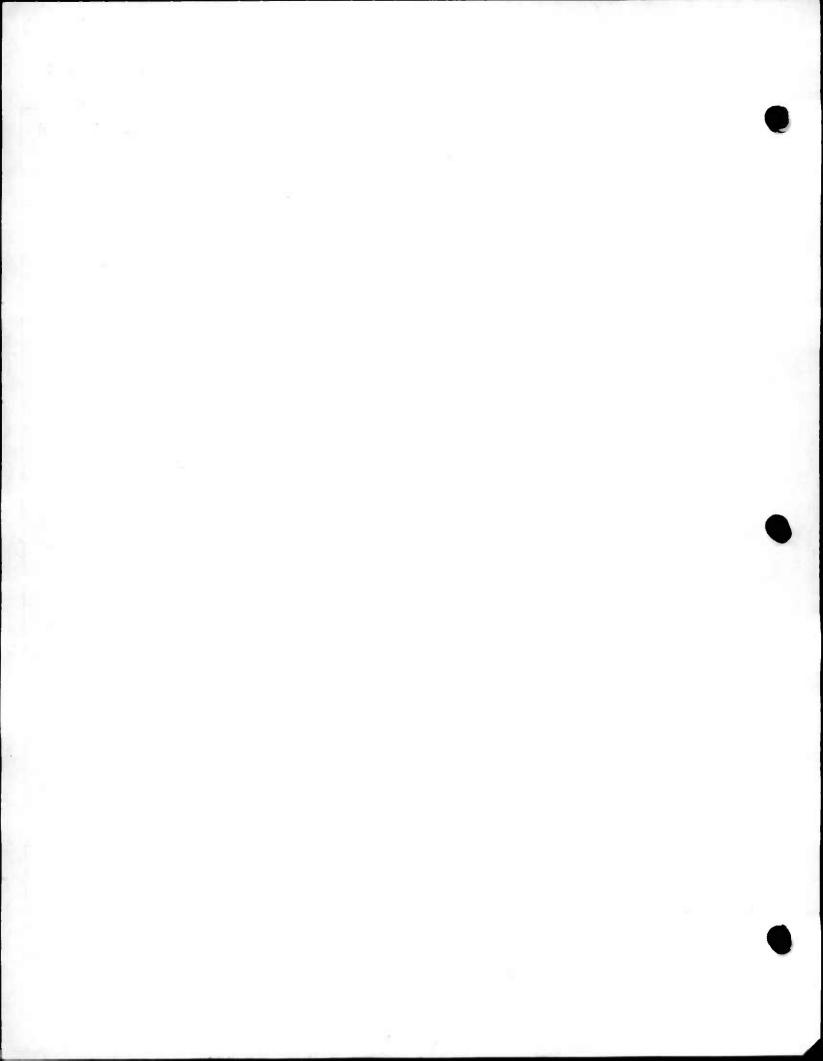
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Fig. 18 and the second

C	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending
1	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as this
	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,
	INDUMENTAL SECTION OF THE PROPERTY OF THE PROP

ST	STATE OF	MARYLAND / DEPARTMENT	OF	HEALTH AI	ND MENTAL	HYGIENE
		CERTIFICATI	E OF	DEATH		REG. NO.

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	200	MINNIE ELI	RA JONES		2. DATE OF DEATH	~ ×	3. TIME OF DEATH		
		4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 90. FACILITY NAME (If not institution, give street and number	YRS. MONTHS		7. DATE OF BIRTH (Morth, Day, Year) DEC. 29, 189	4 MA	BIRTHPLACE (State or Foreign Country) ARYLAND		
	DIRECTOR	HOLY CLOSS HOSPITA	<u></u>		TY, TOWN OR LOCATION OF D		MOU!	TOMORY	
		106. STATE 106. COUNTY 106. CITY, TOWN OR LOCATION SILVER SPRING					10d. INSIDE CITY LIMITS? 1 YES 2 NO		
	FUNERAL	2000 MARYMONT ROAD	101. ZIP CODE 20906	Tog. Giracit of the					
	BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, OIVE WAR OR DATES			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or if yea, specify Cuben, Mexicen, Puerto Ricen, etc.) 1 YES 2 NO Specify:			. RACE — American Indian, Black, White, etc. Specify: WHITE	
ari	COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 of	(G life.	CEDENT'S USUAL five kind of work done Do NOT use retired.	during most of working	16b. KIND OF BUS	SINESS/INDUS		
Once.	SON	17. FATHER'S NAME (First, Middle, Last)	1, 440	HIMMERCE	18. MOTHER'S NA	AME (First, Middle, Malden	Surname)		
ed at	BE (JOSIAH WESLEY POLLITT			MARGARE	TE REBECCA	HAYMA	.N	
notified	5	190. INFORMANT'S NAME (Type/Print) HERBERT O. JONES (SS (Street and Number or Rural				
9		20A. METHOD OF DISPOSITION	20h DI ACE I	OOO MAYM	ONT ROAD SI			LAND 20906	
Sum /		1 Burlet 2 Cremetton 3 Removal from State 4 Donetton 5 Other (Specify)	cemetery, cre-	matery or other place		1			
or removal. medical examiner must		21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W. SIL.SPR., MD.20901							
		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory errest, above, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of):							
nt. of Health and Mental Hygiene prior to burial, cremation. I shows any injury, or other traumatic event, the I: MEDICAL CERTIFICATION	RTIFI	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d							
	EDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. A ZOTEMIA L+4PONATREMIA 246. WAS AN AUTOPSY PRINCINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 VES 2 NO							
State Dept.	5 I	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL		OTHE	26. PLACE OF DEATH (Ch	eck only one)			
or i	YS	1 YES 2 NO 1 Inpatient	2 ER/Outpatient 3		rsing Home 5 - Residence				
death with the s marked, or	У РН	1 Natural 5 Pending (Moni	th, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW IN	JURY OCCUR	ED	
after 28 i	ЕТЕР ВУ	3 Suicide 280. PLAC	CE OF INJURY At hor ling, atc. (Specify)	me, ferm, atreet, fac		281. LOCATION (Street a: Cify or Town, State)	nd Number or F	Bural Route Number,	
2 hou	COMPLI	29e. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the ceuse(s) end menner as stated. Discrete the control of the ceuse(s) and due to the ceuse(s) end menner as stated.							
be filed within /	TO BE	29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)							
		8630 FENTON ST. SILVER SPRING, MD 20910							
		31. DATE FILED (Month, Day, Year) 32. REGISTRAP'S SIGNATURE SECTION OF THE DAY OF THE D							



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R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-flours after	Direction and antiferror has been alread by the retending physical and completely filled in his t
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death	- nettan
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BE COMPLETED BY

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29a. CERTIFIER (Check only one)

											_	1 :	30	055	7
	1 - FOR STATE REGISTRAR	STATE OF M			RTMENT					IYGIEN IEG. NO.					
	1. DECEDENT'S NAME (First, Midd								2. DATE OF MONTH	DEATH	v	CYEAR		E OF DEAT	
	Mary	С.		Jo	mes				Oct.	19		1991	5:	40 A	• M
	4. SOCIAL SECURITY NUMBER 1217-54-6564	5. SEX	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER	DAYS	IF UNDER	MIN.	7. DATE OF (Month, Pi ept • 1	ынтн у. Убаг) 1,19(01	8. BIRTH Gounts MC	IPLACE (y)	(State or Fo	oreign
SH	9a. FACILITY NAME (II not institution Moran Ma	The state of the s					ern				9c. COL	egany			
DIRECTOR		county 11egany			TY, TOWN D		TON						10d. I	NSIDE CITY	
	10s, STREET AND NUMBER				_	1 404	ZIP CODE				40+ 01	IZEN OF V		YES 2	NO
FUNERAL		ville St					215				iog. Gr	US		CONTRIT	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Marri 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2	MED 10		If yes, sp		n, Mexica	NIC ORIGIN? (S in, Puerto Rica y:		or No-	Black	E — Arr k, White Whi		en,
COMPLETED		T'S EDUCATION est grade completed) College (1-4 or 5+	(G.	ive kind of Do NOT u	s usual o work done me retired.)	during mo	ON st of working	ng	16b. Kil	HOT		DUSTRY			
OME	17. FATHER'S NAME (First, Middle,	Last)					18, MOT	HER'S NA	ME (First, Midd				_		_
BEC	.John	Gardı	ner					E11e	en	Whit	tfie	ld			
5	Mrs. Evelyn T								Route Number, Barton			1521			
	20e_METHOD OF DISPOSITION 1 Description 2 Cremation 3 4 Donation 5 Other (Spec		20b. PLACE other pli Frost	of Dispo	впом (м з Меп	ime of cei	netery, crem ark	natory or				city or To		Its	-
	21. SIGNATURE OF FUNERAL SET	Mele o							izie f		al H	ome			
	23. PART I. Enter the disees shock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in death)	fellure. List only one caus	caused the dese on each line OR AS A CONSECUTION AS A CON). 	not enter	the mo	de of dy	ing, suc	h ae cardiac		iratory e	rrest,		Approxim interval B Onset and	etween
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO	OR AS A CONSE	QUENCE?	OF):	De	bili	ty							
ERTIF	that initiated events resulting in death) LAST	d.	(DR AS A CONSE	DUENCE (OF):										
PHYSICIAN: MEDICAL C	PART II. Other significant of	onditione contributing to	Dis	resulting	ln the u	nderfyln	g ceuse	given in		e. WAS AN PERFO	RMED?	241	COMP OF DE	AUTOPSY F ABLE PHIOR LETION OF EATH? YES 2 [CAUSE
AN	25. WAS CASE REFERRED TO ME	DICAL				26. P	LACE OF E	DEATH (CA	eck only one)				-		
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ po₄	OTHE	R:		ra illes	6 Other (S	naniki)					
PHY	27. MANNER OF DEATH 1 Waturel 5 Pend	28a. DATE OF (Month, De	INJURY	28b. Til		28c. IN.	JURY AT ORK? YES 2 [28d, DESCR		INJURY O	CCURED			
D BY		tigation 28e PLACE O	F INJURY At he	ome, farm,	street, fac				28f, LOCATI	ON (Street	and Numb	er or Rural	Floute N	lumber,	

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 0/21/9 erusts 21244

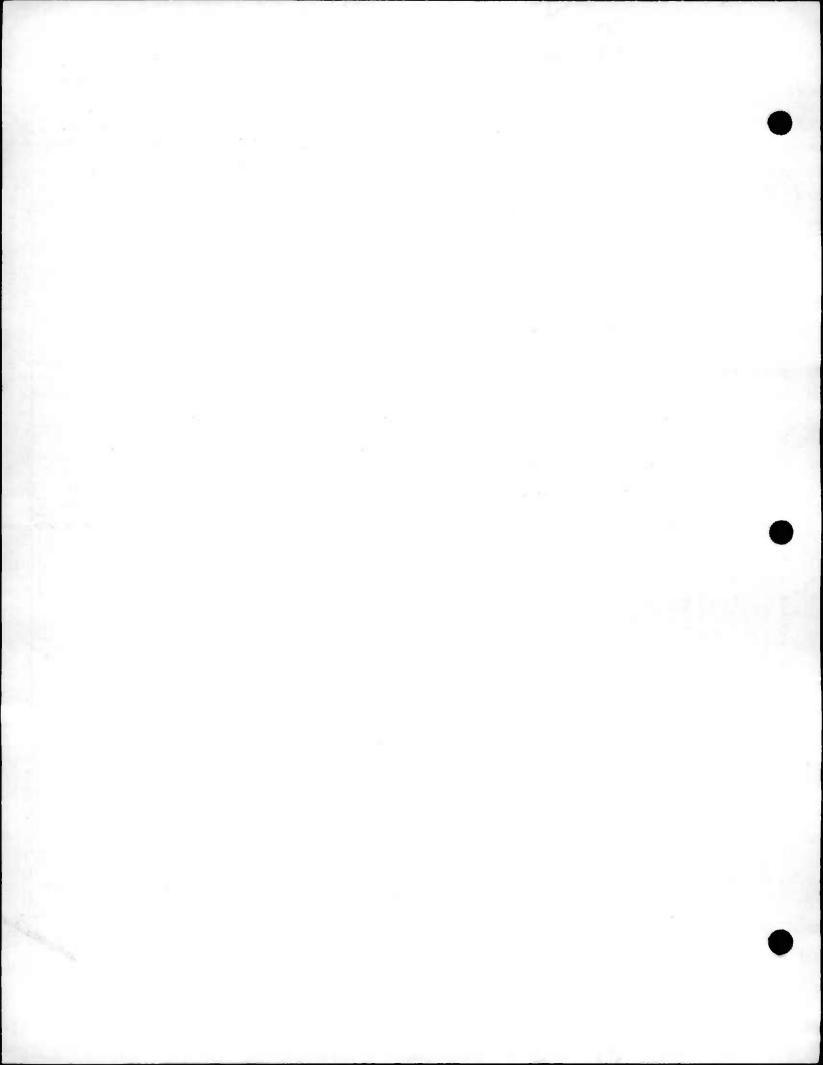
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Frostburg Plaza, Frostburg, Md 21532 OCT 2 2 1991

28e. PLACE OF INJURY — At home, farm, street, building, etc. (Specify)

32. REGISTRAR'S SIGNATURE A Davidson Randall

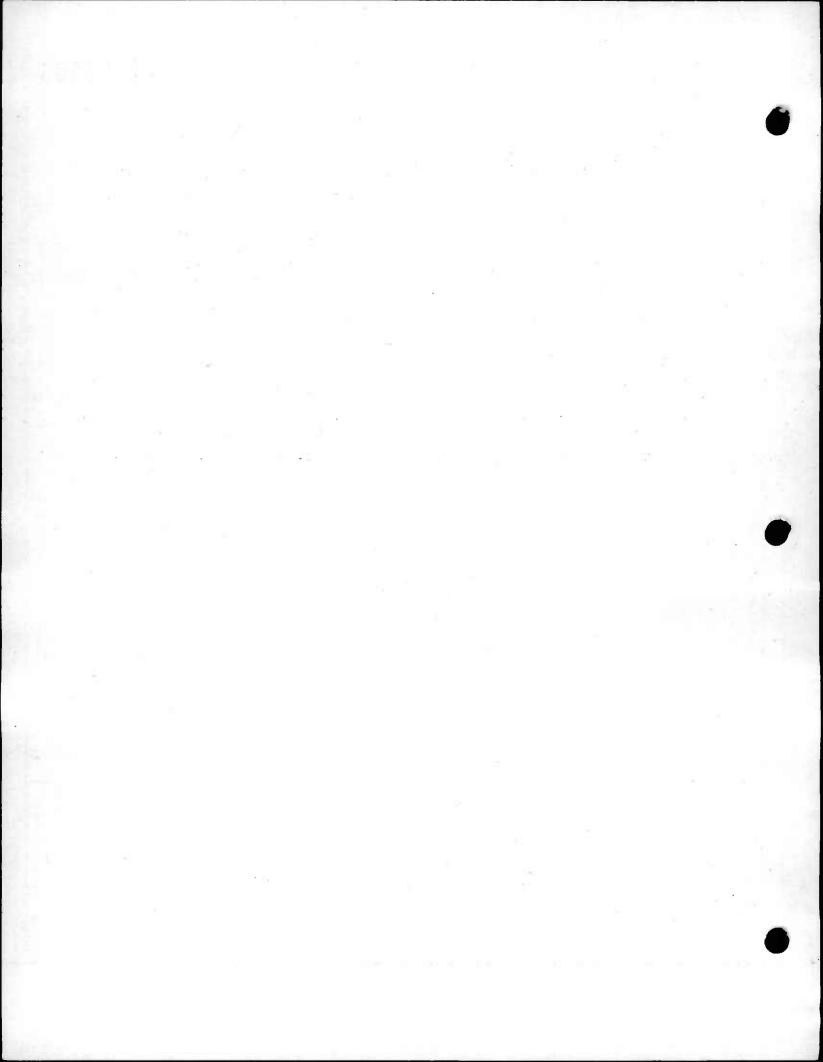
281, LOCATION (Street and Number or Flural Route Number, City or Town, State)



		2,3
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within E-riours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, and the funeral function of the funeral function of the funeral function of the funct

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1. DECEDENT'S NAME (First, Middle, Last)	HOTHITA	CERTIFIC		DEATH	REG. No.	O. DAY	3. TIME OF DEATH
	Sophia	RateKA.				10-	16-9	1 4 AM
	4. SOCIAL SECURITY NUMBER 401-46-456	2 1 🗆 M 2 💢 F	92 YRS. W	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	99	BIRTHPLACE (State or Foreign Coupyy) GRECCE
TOR	9a. FACILITY NAME (If not institution, give CIRCLE MANOR RESIDENCE OF DECEMENT	Total Control of		KENSI	NGTON	EATH / /	9c. COUNTY	OF DEATH GOMERY
DIRECTOR	MARYLAND MO	NTGOMERY		ORTH PO				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 12136 HIDDEN BR	OOK TERRACE		101	20878			OF WHAT COUNTRY? JSA
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 XWidowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 TYES IF YES, GIVE WAR OR D	2 XNO	If yea, sp		NIC ORIGIN? (Specify \ in, Puerto Ricen, etc.) y:	fea or No- 14.	RACE — American Indian, Black, White, atc. Specify: WHITE
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		18a. DECEDENT'S US (Give kind of wo iffe. Do NOT use HOMEMAK	rk done during mo retired.)		16b. KIND OF B	USINESS/INDUST	'RY
OM	17. FATHER'S NAME (First, Middle, Last)		HOTHERIAN	CLIC	18. MOTHER'S NA	ME (First, Middle, Maid	en Surname)	
	NIKOLAOS	MOUTSELOS	S		ELENI		ANTARIS	
) BE	19a, INFORMANT'S NAME (Type/Print)			DDRESS (Street a		Route Number, City or To		20878
2	HARRY TSITOURIS	(NEPHEW)	12136	HIDDEN	BROOK T	ERRACE. N	. РОТОМА	AC, MARYLAND
	20a. METHOD OF DISPOSITION	201	o. PLACE OF DISPOSIT				LOCATION — City	
	1 Donation 5 Other (Specify)	moval from State	GATE OF H	HEAVEN (CEMETERY	S	ILVER SE	PRING. MARYL
	21. SIGNATURE OF FUNERAL SERVICE L	500 L		FRANCE	CIS J. C	OLLINS FUI	NERAL HO	
CERTIFICATION	Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. Conords Due to (or as a	A CONSEQUENCE OF):	y dis	lase			years
EDICAL	PART II. Other significent condition	ons contributing to death i	out not resulting in	the underlyin	g cause given in	PERF	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH? 1 YES 2 NO
N: M								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inputient 2 ER/Out		OTHER:	LACE OF DEATH (C			
ву Рну	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN.	JURY AT DRK? YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOV	W INJURY OCCUR	ED
	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY	Y — At home, farm, etr cify)	eet, factory, offic	ca .	28f. LOCATION (Stre City or Town, Sta		Rural Route Number,
COMPLETED	onei	SICIAN: To the best of my know NER: On the basis of examination						ause(a) and manner as stated
BE C	256. SIGNATURE AND TITLE OF CENTIFI	in mo			29c. LICENSE NU	-	N /	GNEO (Month, Day, Year)
5	Jegnie 100	1/1/			D340.		10	16/91
	UJEANNE P.	HO COMPLETED CAUSE OF DI ASHER 3	720 FAR	RAGU	T AVE	KENSI	BTON	MO 20893
	OCT 17 199	1 Juna Daydo	on-Mandese					



1 - FOR STATE REGISTRAR		STATE OF I	ARYL					HEALTH AND	MEI	NTAL HYGIEN REG. NO.			0000	I
1. DECEDENT'S NAME (First,	-					109				DATE OF DEATH MONTH Ct. 20,	AV	YEAR	3. TIME OF DEATH	_
4. SOCIAL SECURITY NUMBER 214-09-2346		5. SEX 1			el birthday) YRS.	IF UNDER	R t YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	Ja	DATE OF BIRTH (Month, Dey, Year) In. 1, 19		a. BIRTI	L HPLACE (State or Foreign Irv) Land	Per
90. FACILITY NAME (H not inst Washington	County		al					OR LOCATION OF D	DEATH		9c. COU	hing		
Maryland	10b. COUNTY	ington				TY, TOWN O							10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
344 Central	Avenu							2174(_		U	SA	WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 X h 3 Wildowed 4 Divorce		12. WAS DECEDEN FORCES? t IF YES, GIVE W	YES	2 K N	MED		If yes, sp	CENDENT OF HISPA pecify Cuben, Mexic S 2 X NO Speci	cen, Pu	PRIGIN? (Specify Yea Jerto Ricen, atc.)	or No-	Black	E — American Indian, k, White, etc.	
Elementary/Secondary (0-1 12 years		CATION completed) College (1-4 or 5 +	+)	(Gi	ECEDENT'S Give kind of the Do NOT us		during mo	ON ost of working		166. KIND OF BUS		DUSTRY		
17. FATHER'S NAME (First, Mid Clarence P 198. INFORMANT'S NAME (First	B. Hul	1						Lottie	e B	First, Middle, Maiden S. Shank				
Thomas W.										Number City or Town			d 21740	
20a. METHOD OF DISPOSITIO t	n 3 🗆 Ramo (Specify)		20b Cem R6	D. PLACE	AND DATE	of dispos other place) n Cen	nete:	ame of LY	10	DATE 20c. LO	ersto	Olty or To	own, State Maryland	
21. SHOWAYUNE OF FUNERAL	£27.	Min	mic	ch	J	Ge Fu	name an eralo inera	d N. Min	nic	ch 305 Hage	N. H	Potom	nac Street Maryland	to distant
23. PART I. Enter the dis- ahock, or her iMMEDIATE CAUSE (Fina disease or condition resulting in death)	art fanore. L ai	complications the List only one ceu	isa on aa	iach iina.	a.	not enter	the mo	ode of dying, aud	ch aa	cerdiac or respi	ratory er	rest,	Approximete intervel Betwee Onset end Dee	
Sequentielly list condition if any, leading to immediceuse. Enter UNDERLYIN CAUSE (Disease or injury that initieted events resulting in death) LAST	ons, liete NG c.		2	1		44	1 0			Pre-	en o	nary		
	d.													
PART II. Other significant	Bla	Myel	-O-CL	L CQ	eaulting i	n the un	deriying) cause given in	Part	1. 24a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	S
25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:				OTHER		LACE OF DEATH (Ch	heck or	nly one)				_
1 VES 2 NO 27. MANNER OF DEATH		1-28e. DATE OF	INJURY	atlant 3	28b. TIMI	4 Nurs	uing Home	Ne 5 Residence	_	Other (Specify)	NJURY OC	CURED		_
2 0 0 1 1 1 1	westigation	(Month, Da		- At hor	1 2	JURY M Street, facto	1 🗌 Y	ORK? YES 2 NO					·	
4 Homicide de	could not be atermined	building, a	atc. (Speci	ify)	tro,	Arteus,	жу, опп.		40.,	LOCATION (Street a: City or Town, State)	nd Number	Or Huter in	loute Number,	
29e. CERTIFIER (Check only one) 2 MEDIC	FYING PHYSICI	CIAN: To the best of a) and manner as stated.	
29b. SIGRATURE AND TITLE O	F CERTIFICATION	Y	0		- 22			29c. LICENSE NUI		1.0	29d. DAT	E SIGNED	(Month, Day, Year)	
30. NAME AND ADDRESS OF P	PERSON WHO	COMPLETED CAUS	SE OF DEA	Post			1	81	11	CQ Z		W -	7 1971	_

32. REGISTBAR'S SIGNATURE
Julia Davidson-Randelle

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

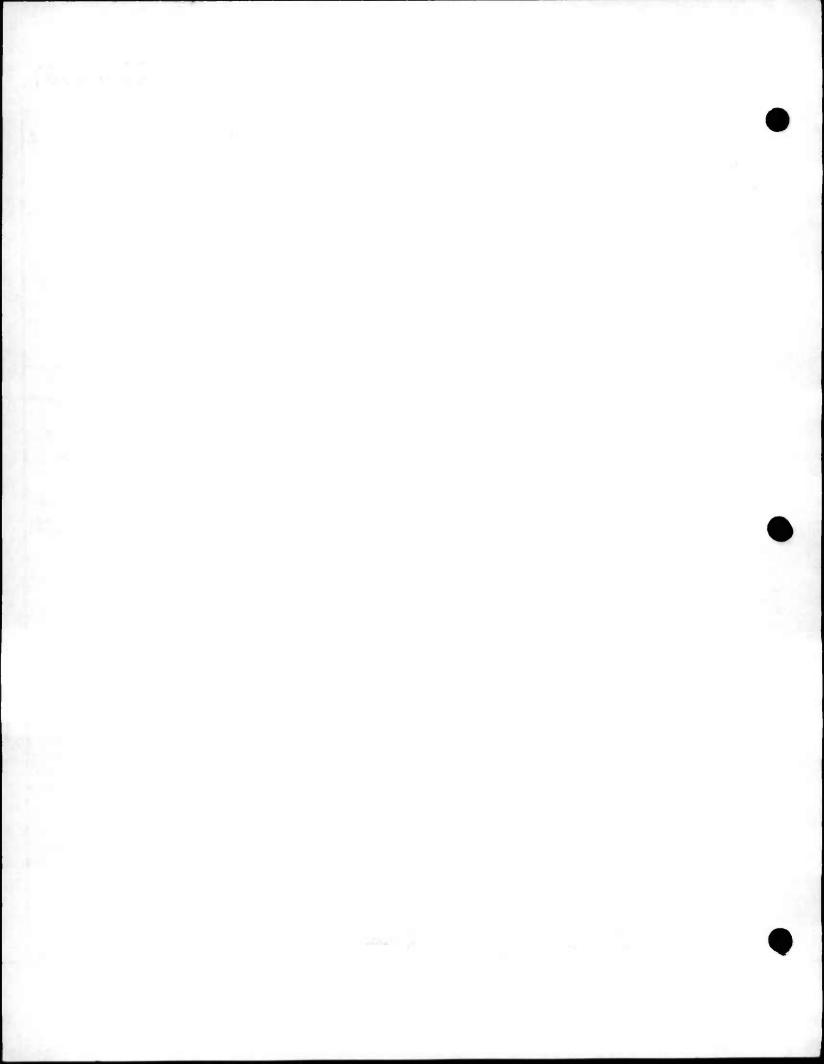
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)
OCT 2 9 '91

DHMH-16 Rev 1/89

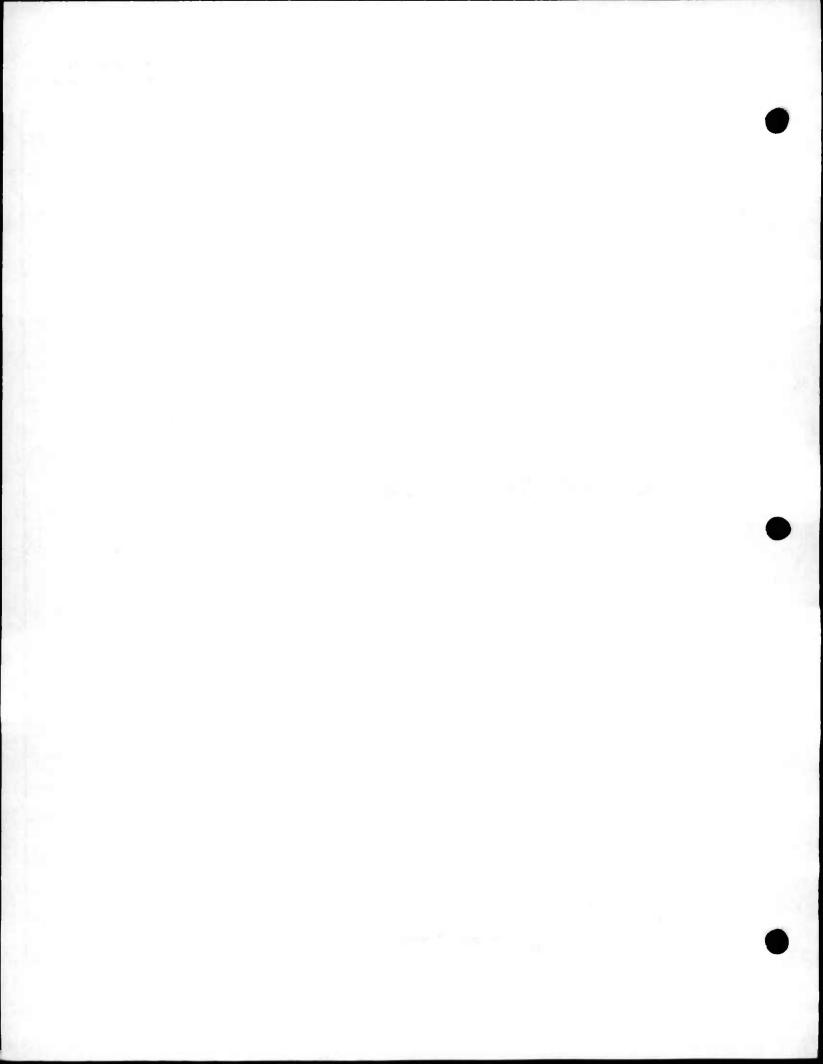


Г	1	FOR STATE REGISTRAR 1. DECEDENT'S NAME (First	Mydda (mat)	STATE OF		CE	RTIF	ICATE	OF H	DEA	AND I		REG. NO			3. TIME OF DEATH
		4. SOCIAL SECURITY NUM	Vic	5. SEX	a. AGE (I			IF UNDER 1	VEAR	-	R 24 HRS.	7. DATE	OF BIRTH	27, 19	19H	S. TIME OF DEATH S. 15 91 0 PLACE (State or Foreign
pinous		214-10-5705 9a. FACILITY NAME (If not it	nstitution, give s	1 2 F	8	0	YRS.	9b. CITY, T	OWN C	HOURS OR LOCAT	ION OF DE	Mar	ch 3,1		Countr	7land
E BO		Washington (County		L					stow					ningt	
PIBECTOR	. 15-	10s, STATE Maryland		ington				r, town or gerst		ION						10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL		908 Pin Oak							101	217				10g. CIT	USA	HAT COUNTRY?
		11. MARITAL STATUS 1 Never Married 2 🔀 3 Widowed 4 Divo		12. WAS DECEDED FORCES? IF YES, GIVE	YES	2 XN	MED O	111	rea, sp	ecify Cubi	OF HISPAN en, Mexica Specify	n, Puarto	f? (Specify Yes Rican, etc.)	s or No—	Speci	— American Indian, , Whita, atc. fy:
ONCE.		15. DEC (Specify onl Elementary/Secondary (C 10	PEDENT'S EDU y highest grade 0-12)	CATION completed) College (1-4 or 5	+)	(Gh	ne kind of v Do NOT us	usual occ rork done du e retired.)	ing mo	st of worki	ing		Potoma			
· · · · ·		17. FATHER'S NAME (First, M Luther E. Ke								18. MOT Ne	HER'S NA	ME (First,	Middle, Melden Miller	Sumame)		
1 1	- 11	Pauline Kend				19b 90	MAILING Pi	n Oal	Street a	oad,	Hage	Route Num erst	ber, City or Tow	n, State, Zig	1740	
xaminer must be		20e. METHOD OF DISPOSIT 1 X Buriel 2 Crematic 4 Donation 5 Other	n 3 🗆 Rem	ovat trom State	20b. ceme Ro	PLACEA etery, crem	ND DATE O	her place) Cemet	on/Na	me of		10/:		erst		wn, State Maryland
~ 00		21. SIGNATURE OF FLINERA	SERVICE LIC	POPO	Zi	2 n	Let	MIN	IIC:	H FU	NERA	L HO		ersto	own.	Md. 21740
ial, cremation, or removal.		23. PART i. Entar the d ahock, or h iMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart failure.	complications the List only one can a. DUE TO	it caused use on as (OR AS A	tha dea		ot antar th	a mo	da of dy	ing, suci	h aa card		iratory ari	rest,	Approximata Interval Betwee
or other traumatic		Sequantially list condition if any, leading to immecause. Enter UNDERLY: CAUSE (Disease or injusted initiated events resulting in death) LAS	diata NG ry	с	(OR AS A											
shows any inju		PART II. Other significe	nt condition	s contributing to	death bu	t not ra	aulting i	n the unde	rlying	cause	givan in	Part I.	24a. WAS AN PERFOR	IMED?	24b.	WERE AUTOPSY FINDINGS MILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
or Item 23 s IYSICIAN:		25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	ER/Outpe	tient 3 [□ DOA	OTHER:			EATH (Che					
death with the State marked, or item BY PHYSIC			Pending Investigation	28a. DATE OF (Month, D	lay, Year)		28b. TIME INJ	OF 26 JRY M	lc. INJU WOI	JRY AT RK? ES 2			CRIBE HOW I	NJURY OCC	CURED	
m 28 is		4 Homicide	Could not be datermined	28e. PLACE O building,	F INJURY - etc. (Specif	At horr	ne, tarrn, s	treet, factory	, office			281, LOC. City	ATION (Street a or Town, State)	and Number	or Rural R	oute Number,
2 = 5		29a. CERTIFIER (Check only one) 1 CERTI	CAL EXAMINE	CIAN: To the beat of R: On the basis of a	my knowle	edge, dear	th occurre	d at the time	deta	and placa	, and due red at the i	to the cau	se(a) and man	ner as atat	ed. a cause(a)	and manner as stated.
IMPORTANT: TO BE CO!	L	296. SIGNATURE AND TITLE	Bu	L COMPLETED CAN	Pers	on	ol 1	hyp	cu	29c. LICI	ENSE NUM	D 4	1359	29d. DATI	SIGNED (O)	(Month, Day, Moer)

Type.

31. REGISTRAR'S SIGNATURE
JULIA DAY doon-Randelle

31. DATE TO DE (Money Bar Mer)

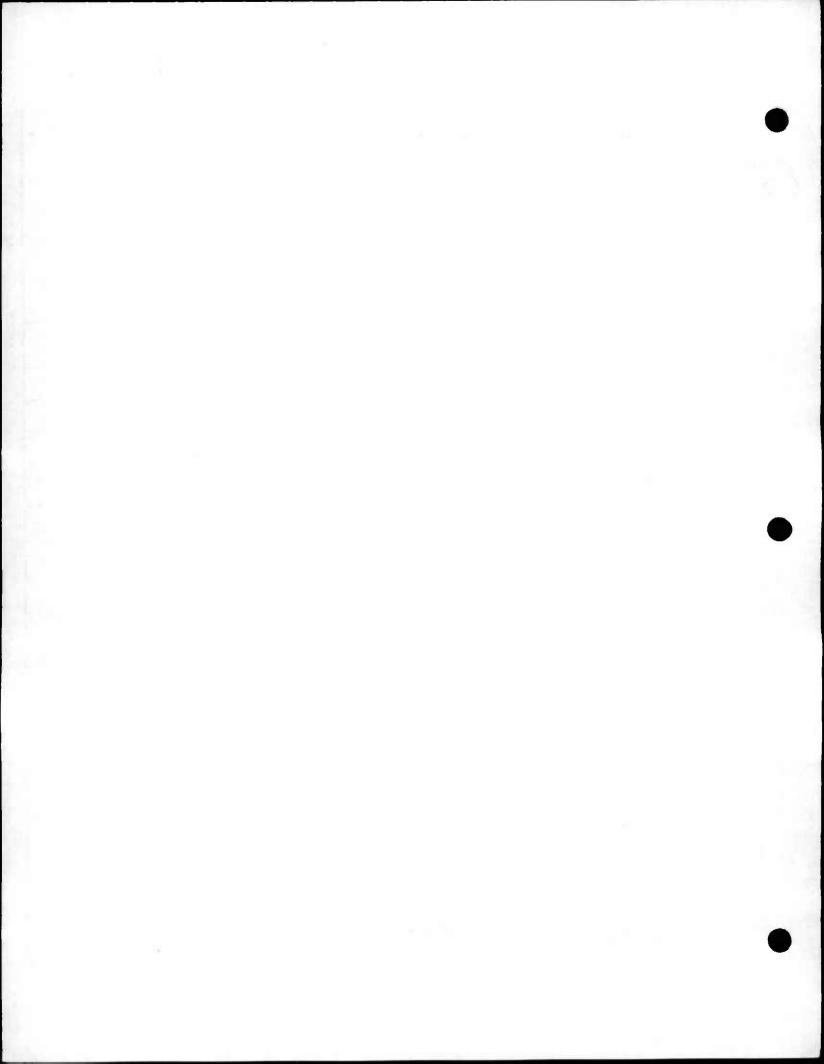


FOR 1 - STATE

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND	, MARYLAND
TO THE MOSPITAL OF ATTENDING PHYSICIANS: The taw requires mat me death centricate be executed within 24 hours after death. Page 6 may be retained by the thought of TO THE FUNERAL DIRECTIONS. After this certificate has been signed by the attending physician and completely filed in by the funeral director, page 5 should be detached filed within 22 hours after death with the State Dept. of Health and Mental Hydrele point to build, cereation, or removal.	be retained by the hosp ge 5 should be detached
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	e notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

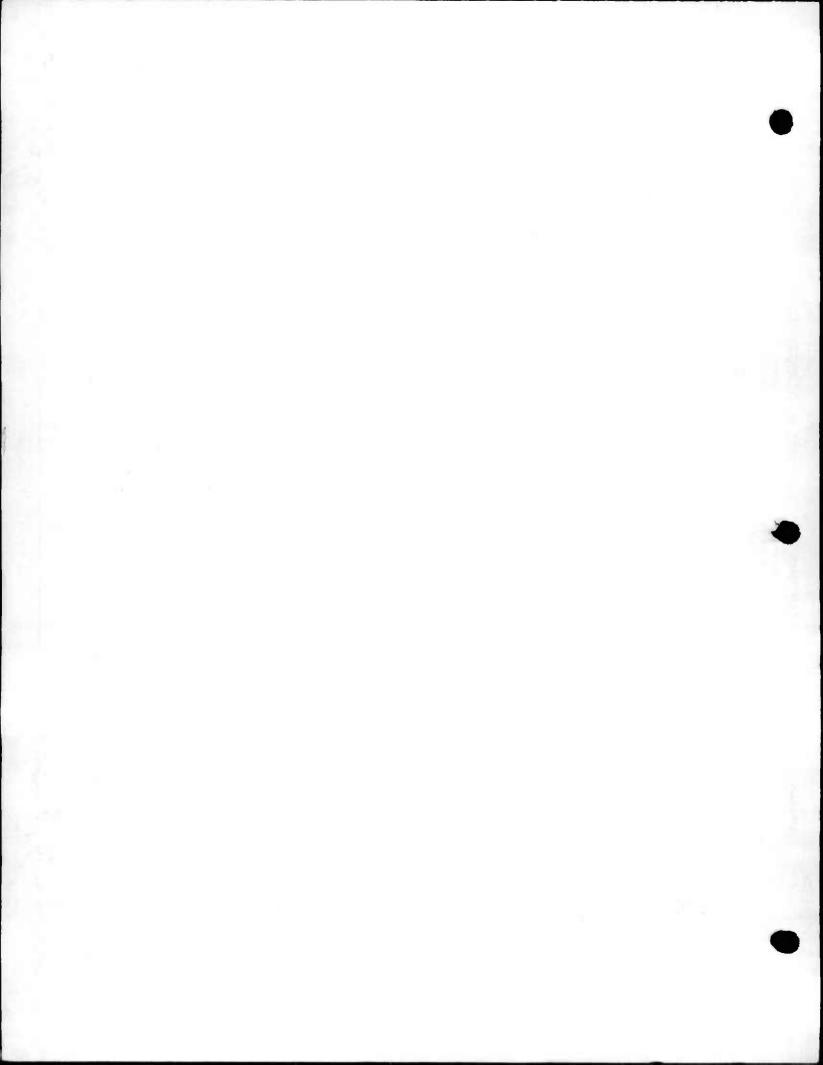
_	REGISTRAR			CERTIF	ICATE O	F DEATH	RE	G. NO.		
	1. DECEDENT'S NAME (First, Middle,	Last)					2. DATE OF DE			3. TIME OF DEATH
	Helen E	Lizhbeth	Kir	ital			OCT	23	1991	
	4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In	yrs, last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.				0 . 20 0
	215-44-9711	1 🗆 M 2 💢 F	0.702 (111		MONTHS DAYS		7. DATE OF BII (Month, Day,	Year)	6. BIR	THPLACE (State or Foreign ntry)
			81	YRS.			Dec.31	,1909) Ma	aryland
	9e. FACILITY NAME (If not institution,	give street end number)			9b. CITY, TOWN	OR LOCATION OF D	EATH		. COUNTY OF	DEATH
5	Washington Cour	nty Hospita	1		Hager	stòwn			MACH	INGTON
5	RESIDENCE OF DECEDEN	IT.			mager	0001111			MAJIT	INGTON
DIRECTOR		OUNTY		10c. CIT	Y, TOWN OR LOC	ATION.				10d. INSIDE CITY
a	Maryland Wa	ashington		Had	gerstow	n				LIMITS?
ابا	10e. STREET AND NUMBER					of, ZIP CODE		- 40		WHAT COUNTRY?
E.	Rt.9 Box# 12	22				21740		10		
FUNERAL						21/40			USA	H
5	11, MARITAL STATUS	12. WAS DECEDEN FORCES? 1	T EVER IN U	S. ARMED		CENDENT OF HISPA			No- 14. RA	CE — American Indian, ock, White, etc.
ВУ	1 Never Merried 2 Merried 3 X Widowed 4 Divorced	IF YES, GIVE W				pecify Cuban, Mexico S 2 X NO Specif		etc.)		
	3 (A) Wildows 4 Divorces								Wn:	rte .
COMPLETED	15. DECEDENT'S (Specify only highest		10	Se. DECEDENT'S	USUAL OCCUPAT	ION	16b. KIND	OF BUSINE	SS/INDUSTRY	
Щ	Elementary/Secondary (0-12)	College (1-4 or 5 +	,	We. Do NOT us	vork done during (e retired.)	nost of working				
P.				Housewin	fe.			Home		
N	17. FATHER'S NAME (First, Middle, La	ef)				I to prove the same of				
ŏ	James	Benjamin	L	lose		18. MOTHER'S NA				D: 1
BE						1	ilda	Lamo		Dickerhoff
6	19e. INFORMANT'S NAME (Type/Print			19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City	y or Town, St	ate, Zip Code)	
-	Frances E.Well	er		12769) India	n Springs	Rd.Big	Pool	,MD 21	1711
	20g, METHOD OF DISPOSITION		20b. PI	ACEANDDATEC	E DISPOSITION (lama al	DATE	20- 10047	ON OIL	
	1 (X Burlel 2 ☐ Cremation 3 ☐ 4 ☐ Donetton 5 ☐ Other (Specify,	Removal from State	cemete	ry, crematory or of	her plece)	2001 10/	26 /04	112 7 7 2	ON — City or	t,MD 21795
1	21. SIGNATURE OF FUNEFIAL SERVI		1 0	ar eem av	vii Melli.	ark 10/	20/91	WILLI	amspor	t,MD 21795
- 1	MIN	720			OSBO	NE FUNER	AL HOME			
	-///wy:11/	. Win							+ MD C	1705
	23 PART I Four the diseases	De animallactions that			11.0.	30x # 348	WIIIId	mspor	U,MD Z	1795.
	23. PART I. Exter the diseases shock, or heart fel	lure. List only one cau	se on eech	ne death, Do n n line.	ot enter the m	ode of dying, auc	h aa cardiac o	r raapirato	ry errest,	Approximate intervel Between
	IMMEDIATE CAUSE (Finel		- 0							Onset and Death
	diseese or condition reaulting in deeth)	lermin	al (6	arcinar	no of	una lisi	the Mi-	trista	606	
	Tousing in addity	. lermino	(OR AS A CO	ONSEQUENCE OF):	across to	11/1 1000	MJIM		
-		_								
CERTIFICATION	Sequantially list conditions,	b. DUE TO	OR AS A CO	ONSEQUENCE OF	١٠					
A	if any, leading to immediate cause. Enter UNDERLYING		,		,.					
유	CAUSE (Disease or Injury	C. DUE TO	(00.10.10.	ONSEQUENCE OF						
Ē	thet initieted events reaulting in death) LAST	DOE 10 1	(OH AS A CC	ONSEGUENCE OF):					
E		d								
9	PART II. Other significant cond	ditions contributing to	do oth but							
EDICAL	C s to so O	attione contributing to				ng ceuse givan in	Part i. 24a. V	MAS AN AUTO		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
8 1	Severe Pulm	lonary Er	riphy	Sema				YES 2 1		COMPLETION OF CAUSE
		/	, ,					-4		OF DEATH?
Σ.							-			1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDIC	41								
\overline{c}	EXAMINER?	HOSPITAL:			OTHER:	LACE OF DEATH (Che	eck only one)			
ΥS	1 TES 2 NO	1 X Inpatient 2	ER/Outpatio	ent 3 🗆 DOA		me 5 🗆 Residence	6 - Other (Spec	ify)		
표	27, MANNER OF DEATH	28e. DATE OF (Month, De		28b. TIME	DF 28c, th	JURY AT	28d. DESCRIBE	HOW INJUR	Y OCCURED	
ВУ	1 Natural 5 Pending 2 Accident Investigs		19, 1001)	11130		ORK? YES 2 NO				
		28e. PLACE OF	INJURY —	At home, farm, a			201 (OCATION)	(Campa) and b		
8	4 Homicide 8 Could no	J DUNGHIG.	etc. (Specify)		areat, leaderly, offi		28f. LOCATION City or Town	(State)	umber or Hurai	riouta Number,
COMPLET										
리	29e. CERTIFIER (Check only	PHYSICIAN: To the best of	my knowledg	ge, death occurre	d at the time, dat	e end place, end due	to the ceuse(e) e	nd menner	ee stated.	
S		AMINER: On the besis of ex								(a) and manner as stated
	286. SIGNATURE AND TITLE OF CER			- V 1-						(o) and months as stated.
8	My Time	1				29c. LICENSE NUM	IBER	290	I. DATE SIGNE	D (Month, Day, Year)
6	n yournight	7				D0604	1		10/2	3 91
- 1	36. HAME AND ADDRESS OF PERSO	N WHO COMPLETED CAUS	E OF DEATH	(ITEM 27) (Type,	Print)		•		-16	- 1 11
	Dr. E.R. Lardizal	29 382 5	Clos	10 man	1 VO 11	agerstow	w 111	0.0	10	
	31. DATE FILED (Month, Day, Year)	\$2.MEGISTRAI	'S SIGNATE	DE P. AA	11C. H	uger 570W	n, Ma	11+4	FO	
	00 25 91	12. PEGISTHAN	dson-	anacia						
	AA. D. A.	(V								- 1



DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the final part of the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tra	BALTIMORE, MARYLAND 21203-3146 after death. Page 6 may be retained by the hospital or attending physicial the thoreral director, page 5 should be defacted for use as the burial-tr
be filed within 72 hours after death with the State Dept. or rearth and Mental Hyglene phor to burial, cremation, or removal.	
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	t be notified at once.

STATE OF MARYLAND	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
CI	ERTIFICATE	OF DEAT	ГН		REG. NO.

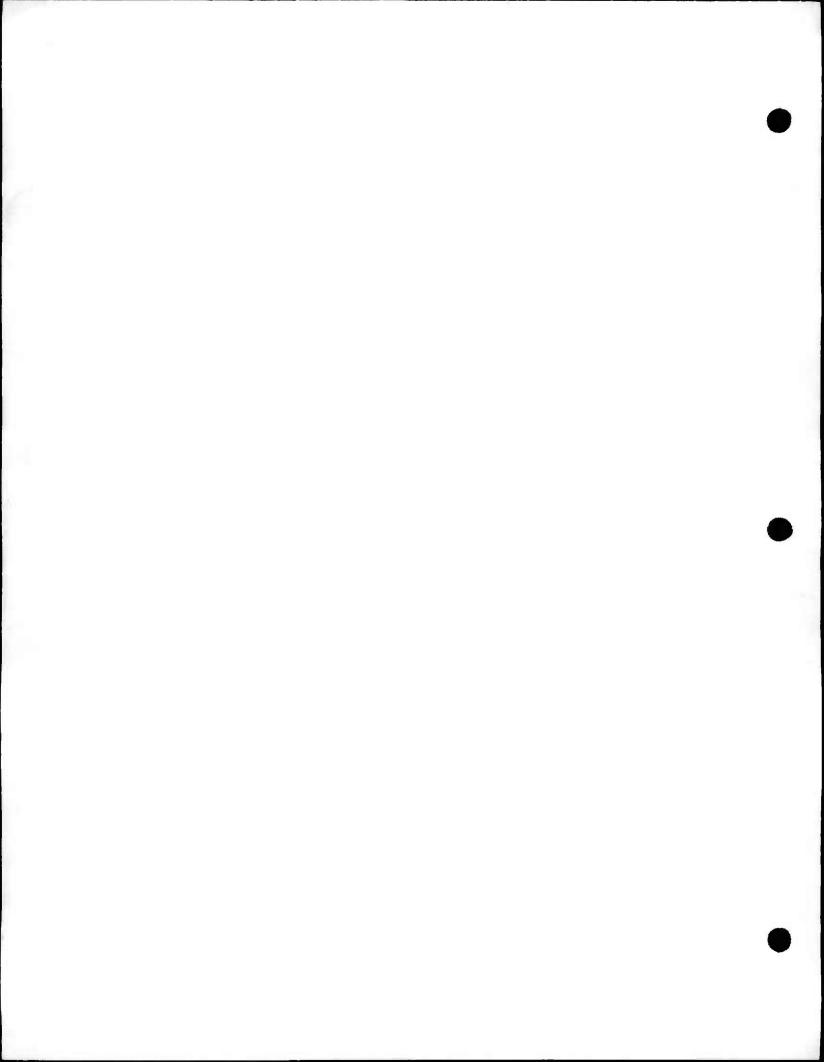
	FOR STATE REGISTRAR	STATE OF MARYLAN		TMENT OF I			GIENE G. NO.		
	1. OECEOENT'S NAME (First, Middle, Last)	0.71				2. DATE OF DE MONTH	ATH	YEAR 91	3. TIME OF DEATH
	Kathery 4. SOCIAL SECURITY NUMBER	n Gilbert Kaet	tze I yrs. Inst birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIF			7:50 P M
	216-46-9720	1 D M 2 X F	B3 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, 12-1	5-1907	Mai	ryland
œ	9a. FACILITY NAME (If not institution, give				OR LOCATION OF DE	EATH		TY OF D	
DIRECTOR	Reeders Memo				sboro		was	hing	gton
E	10e. STATE 10b. COUNT			, TOWN OR LOCA					10d. INSIGE CITY LIMITS?
LD	Maryland Wa	shington	1	Boonsbor	C ZIP COOE		10g CITI	ZEN OF V	1 X YES 2 NO
FUNERAL	4 Park View Driv	'e			217	13		S.A	100000
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U		13. WAS DE	ENDENT OF HISPAN	NIC ORIGIN? (Spe	cify Yee or No—	14. RACE	— American Indian,
ВУ	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE			2 NO Specify		1	Speci	
	15. DECEDENT'S EO		6a. DECEDENT'S	USUAL OCCUPATI	ON	16b. KIND	OF BUSINESS/IND	USTRY	WIICE
COMPLETED	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT us	•	ost of working				
MP		5 +	Home	emaker			ersonal	Res:	idence
8	17. FATHER'S NAME (First, Middle, Lest) G. Fielder	Gilbert			18. MOTHER'S NA	ME (First, Middle,	Malden Surname)		Slonaker
BE	19a. INFORMANT'S NAME (Type/Print)	GIIDCIC	19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, Cit	y or Town, State, Zip		JOHanel
5	Joyce F. Kaetz	el			ive Boon				1713
	20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Rer		PLACE OF DISPOS	SITION (Name of co	metery, cremetory or		20c. LOCATION -		
	4 Donetion 5 Other (Specify)	<u>I</u>	Boonsbo	co Cemet			Boonsbor	o, 1	Maryland
	21. SIGNATURE OF FUNERAL SERVICE L Douglas A. F	//	ACT		ND ADDRESS OF FA	760			nal Pike Marvland
CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart fellure IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, it any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury the Initiated events resulting in death) LAST	a. DUE TO (OR AS A COOL OF AS A	consequence of	is demin		h as cerdlec d	r respiretory arr	eat,	Approximate interval Between Onset and Death Side Comme our Comme our Systems of the Comme our Systems
CAL	PART II. Other algorificant condition	_ / _ ,	t not resulting	In the underlyle	g cause given in		WAS AN AUTOPSY PERFORMED? YES 2 NO	240	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?
PHYSICIAN: MEDI						_			1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26.1	LACE OF DEATH (C)	neck only one)			
SICI	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpat	lent 3 DOA	OTHER:	ne 5 🗆 Residence		clfv)		
¥	27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)	26b. TIN	E OF 26c. IN	JURY AT		E HOW INJURY OC	CUREO	
ВУВ	1 Netural 5 Pending 2 Accident Investigation				YES 2 NO				
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY – building, etc. (Specify	– At home, farm,	atreet, tectory, off	ee ee	26f. LOCATION City or Tow	(Street and Number n, State)	or Rural	Route Number,
COMPLETED	anal and	SICIAN: To the best of my knowled							a) and manner ea stated.
	29b. SIGNATURE AND TIPLE OF CONTINU				29c. LICENSE NU				(Month, Day, Year)
) BE	NAK	The mo			PZ	-6575	•	10	123/91
10	30. NAME AND ADDRESS OF PERSON &	COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type	, Print)	nd -	21713		- 1	
	31. DATE FILED (Morith, Day, Your)	32 REGISTRAR'S SIGNAT	TURE	ulle !	101 0	1111			
	UU 24'91	gulia Davidson.	- Randall						



DIVISION OF VITAL RECORDS, P.O. BOX 13148,	DALIMORE, MARYLANI
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the ho	urs after death. Page 6 may be retained by the ho
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact	In by the funeral director, page 5 should be detach
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	edical examiner must be notified at once

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR		STATE OF MARY					EALTH AND M	MENTAL HYGIE			
1. DECEDENT'S NAME (First, Rus		1sworth K	EADLE	Ξ.				2. DATE OF DEATH	Pay .	9 ^{YEAR}	3. TIME OF DEATH 4:10 am M
4. SOCIAL SECURITY NUME			E (In yrs. les	- 44	F UNDER 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year)		Count	
214-28-5786		1 🔀 M 2 🗆 F	95	YRS.	L OUTY		R LOCATION OF OE	3-23-189		Ma NTY OF D	ryland
Ravenwood I	Luthera						stown	AIH			ngton
10a. STATE	10b. COUNTY			10c. CITY,	TOWN OF	LOCATI	ON				10d. INSIDE CITY LIMITS?
Maryland	Washin	gton_		Booi	nsbo	ro					1 X YES 2 □ NO
10a. STREET AND NUMBER	3 5 1					101.	ZIP CODE		10g. CIT		WHAT COUNTRY?
105 Orcha		VE 12. WAS DECEDENT EVE	D IN 11 0 AD	4450	Land	10.050	21713				S.A.
1 Never Married 2 3 Widowed 4 Divo	Married	FORCES? 1 Y	ES 2 X		11	yes, spe		IIC ORIGIN? (Specify \ n, Puarto Rican, atc.) ':	as or No—	14. RAC Blac Spec	E — American Indian, k, White, etc. White
15. DEC (Specify only	EOENT'S EOUCA y highest grade o	ATION ompleted)	(G	CEDENT'S US	k done du	CUPATIO	N at of working	16b. KIND OF E	USINESS/IN	DUSTRY	
Elementary/Secondary (I)-12)	College (1-4 or 5+)	life.	. Do NOT use	retired.)			7 ~~ : -			
8 yrs. 17. FATHER'S NAME (First, M	ticicia i anti		F	armer		_	16 MOTHERIC NA	Agric ME (First, Middle, Maid		e	
Elmer			Ke	adle			Mollie		ar gurrierre)		Doyle
19a. INFORMANT'S NAME (1	Type/Print)				DORESS	(Street a		Route Number, City or 7	own, State, Zi	p Code)	
J. Lorraine	e Summe	rs						boro, Mar			713
20s. METHOD OF DISPOSIT 1 X Burlel 2 Cremetic 4 Donation 5 Other	on 3 🗆 Remov	vat trom Stata	_ other pl	of dispositions of the second	Cem	etei	netery, crematory or	В	ocation –	oro.	Marvland
21. SIGNATURE OF FUNERA	L SERVICE LICE	ENSEE			22. N	AME AN	O AOORESS OF FA	7606 O	ld Na	tion	al Pike
Dougla	as A. F	iery / hou	chil	VEI		Bast	. Funera	1 Home B	oonsb	oro.	Maryland
IMMEDIATE CAUSE (Fit disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injusted initiated events resulting in death) LAS	stions, diete ling c.	DUE TO (OR A	AS A CONSE	QUENCE OF:	L'	ua.	it ve ?	no Cot	-y'	ر در در در در در در در در در در در در در	Interval Between Onset and Death
PART II. Other signification	ent conditions	contributing to deat	th but not	resulting in	the und	Serlying	g cause givan in	PERF	AN AUTOPSY ORMEO?	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED T EXAMINER?		HOSPITAL:			OTHER		ACE OF DEATH (Ch	eck only one)			
1 TYES .2 NO		1 Inpatient 2 ER/		3 DOA	Nurs	ing Hom		6 Other (Specify)			
27. MANNER OF DEATH 1 Natural 5 2 Accident	Pending Investigation	26s. DATE OF INJU (Month, Day, Ye	ar)	28b. TIME INJU	RY M	1 🗆 1	RK? /ES 2 NO	28d, OEŞCRIBE HO			
3 Suicide 6 4 Homicide	Could not be determined	28s. PLACE OF INJ building, atc. (URY — At he Specify)	oms, farm, sti	reet, facto	ery, offic		26f. LOCATION (Stre City or Town, St.		er or Rural	Route Number,
const only		IAN: To the best of my k									(e) and menner se stated.
296. SIGNATURE AND TITL	E OF CERTIFIE						29c. LICENSE NU	MBER	29d. DA	TE SIGNE	D (Month, Day, Year)
20	16	-e-W		MI	>		Do	4262	•	22 8	Dot- 1991
30. NAME AND ADDRESS O	PERSON WHO	COMPLETED CAUSE OF	DEATH (ITE	EM 27) (Type, I	Paint)	4:4	E much	t. Hag	erido	rwr	MD 21740
31. DATE FILED (Month, Day,	Year)	32. REGISTRAR'S	SIGNATURE	1.00				,)		



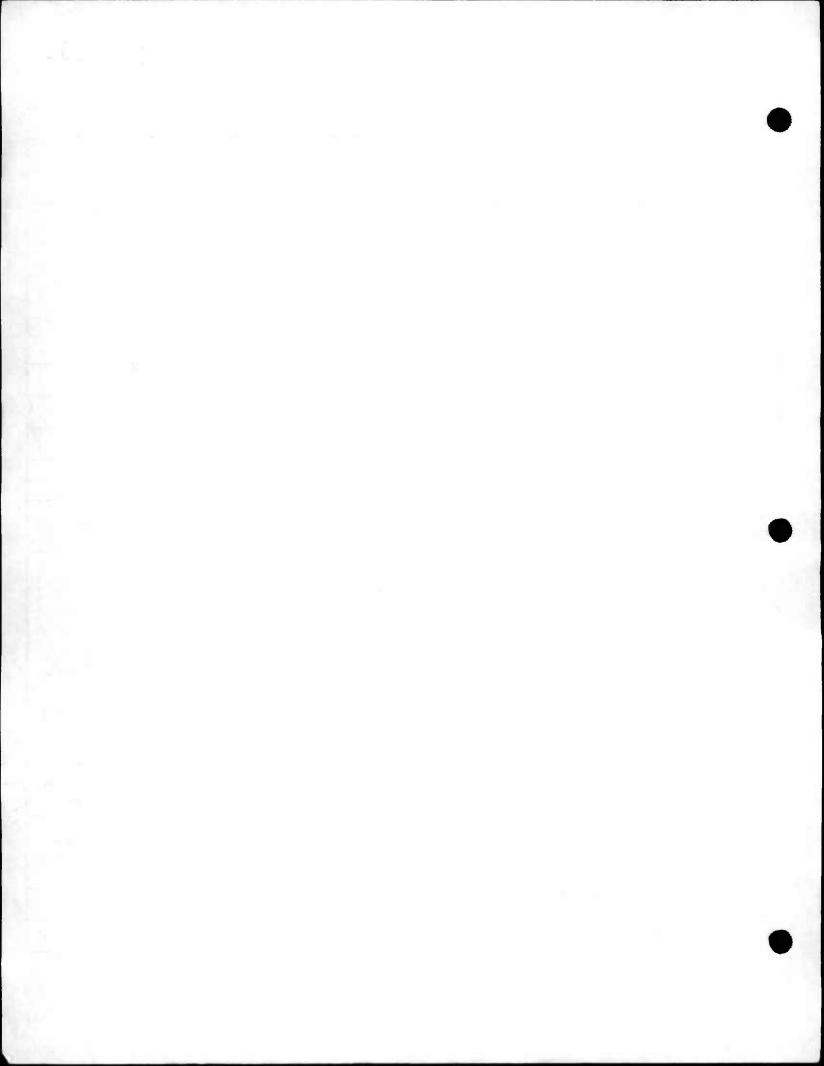
BALTIMORE, MARYLAND 21215-0020	thours after death. Page 6 may be retained by the hospital or attending physicia	iled in by the funeral director, page 5 should be detached for use as the burial-t
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicial	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-t

attending physician. TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF	MARYLAND /	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	CI	ERTIFICATE	OF DEAT	ГН		REG. NO.

FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM				IYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Li	nst)				2. DATE OF		YEAR	3. TIME OF OEATH
Emily	Katherine	Kit	zmille:	c	Oct.	14	1991	1:10 P
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (II	yrs. last birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF I		8. BIRT Coun	HPLACE (State or Foreign
219-56-9866 9s. FACILITY NAME (If not institution, g		80 YRS.	CITY, TOWN O	HOURS MIN.	Oct. 2	7 1910	E1k	Garden WV
Memorial Hospit	al & Medical C	enter	Cumbe	erland			Allega	iny
10a. STATE 10b. COI			OWN OR LOCAT	ON				10d. INSIDE CITY LIMITS?
Md Al	legany	Wes	ternpor	t				1 X YES 2 NO
10e. STREET AND NUMBER			10f.	ZIP CODE		100	. CITIZEN OF	WHAT COUNTRY?
306 Spruce	St.			21562			US	
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Olvorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS OECH If yes, spe 1 YES	ENDENT OF HISPA city Cuben, Mexico 2 NO Specia	an, Puerto Rica	Specify Yea or N in, etc.)	0 14. RAC Black Spe	ck, White, etc. White
15. DECEDENT'S (Specify only highest g	rade completed)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use re	done during mos	N t of working	16b. Kili	ND OF BUSINES	S/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Housew				NT / A		
Unknown 17. FATHER'S NAME (First, Middle, Last)		Housew	TIG	18. MOTHER'S NA	ME (First Minh	N/A	me)	
William Kitz	1				ie Wi			
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street as	nd Number or Rural			ite, Zip Code)	
Dixie Brinkmar	1	Potom	ac Parl	c, Cumbe	rland.	Md. 2	1502	
20a. METHOD OF OISPOSITION 1 M Burlal 2 Cremation 3 1		PLACE AND DATE OF COMMERCE OF	OISPOSITION	(Name	OATE	20c. LOCATIO	ON City or 1	Town, State
4 Donation 5 Other (Specify) . 21. SIGNATURE OF FUNERAL/SERVIC		Kaibaug		D ADORESS OF FA		EIK	Garden	, WV.
· Wayn	e Boar	1/	Boa.	L-Warnic	k Fune			ld. 21562
IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	psiś					Onset and Dear
PART II. Other algorificant cond	itions contributing to death be	at not resulting in t	ha undarlying	cause given in		PERFORMED	?	b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICA	AL		26. PL	ACE OF OEATH (C	heck only one)			
EXAMINER? 1 YES 2 K NO	HOSPITAL:		THER:	5 🗆 Residence		Specify)		
27. MANNER OF DEATH 1 Netural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJ	URY AT		IBE HOW INJUR	Y OCCUREO	
2 Accident Investigat 3 Suicide 8 Could no	28e. PLACE OF INJURY	— Al home, farm, stre		ES 2 NO	28f. LOCATI	ON (Street and A Town, State)	lumber or Rura	I Route Number,
4 Homicide datarmine					City or 1	own, Stelle)		
and a	HYSICIAN: To the best of my knowl MINER: On the basis of examination							(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CER	THERE			29c. LICENSE NU D 31579		29	d. DATE SIGNE	ED (Month, Pay, Year)
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, Pri	int)				- (11 17 17
Dr. K. Suresh,			land,	MD 2150)2			
OCT 2 3 1991	fulia Day ason-Rand	THE						



ret	S	
y be	page 5	
6 ma	ctor, p	
Page	direc	
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be reta	INRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 s	
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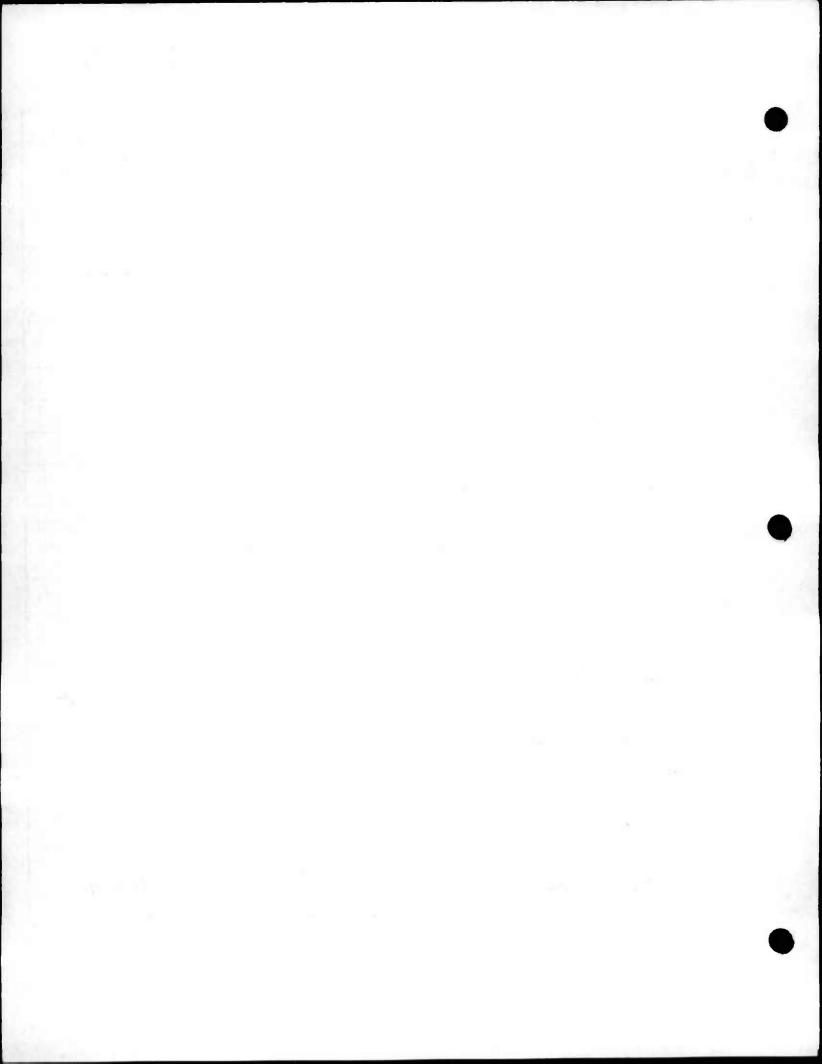
	REGISTRAR 1. DECEOENT'S NAME (First, Middle, Last)			ERIIF	ICATE	OF	DEATH	2 D4	REG. NO.	_	-	TIME OF DEATH
	Alma	Elizah	eth Lo	no					NTH DA	-	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le		IF UNDER 1	YEAR	IF UNDER 24 HRS		TE OF BIRTH	190		ACE (State or Foreign
1	197-20-6031 9s. FACILITY NAME (If not institution, give s	1 M 2 F	85	YRS.		DAYS	HOURS MIN.	08	-02-06	N	IcKee	sport, PA
<u>۳</u>					90. 0111,	IOWN O	H LOCATION OF	DEATH		9c. COUNT	Y OF DEA	гн
15	Memorial RESIDENCE OF DECEDENT	Hosp	ital		E	ast	t on			Tal	bot	
DIRECTOR	10a. STATE 10b. COUNT			10c. CIT	Y, TOWN OR	LOCAT	ION					d. INSIDE CITY
	Maryland Qu	een Ann	e's		Stev		Ville ZIP CODE			19a, CfTIZE		YES 2 NO
FUNERAL	216 Queen An	ne's Ro	ad				216	56		-77.7	U.S.	
BY FUI	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 😿	RMEO NO	18	yes, spe	ENDENT OF HISP city Cuben, Mex 2000 Spe	can, Puert	GIN? (Specify Yea to Rican, etc.)		4. RACE — Black, V	American Indian, thite, atc.
	XX Widowed 4 □ Divorced		3 -			_ 120	XXIO Spe	uny.			Specify:	white
TED	15. OECEDENT'S EOU (Specify only highest grade		16a. Ol	CEOENT'S	USUAL OCC work done du se retired.)	CUPATIO	N st of working	1	6b. KINO OF BUS	INESS/INOU	STRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5	·)							_		
W	17. FATHER'S NAME (First, Middle, Last)			C	leri	cal				l In	dust	ry
ы	Edward White	bead							t, Middle, Maiden	Sumame)		
m	19a. INFORMANT'S NAME (Type/Print)	circua	19	b. MAILING	AOORESS (Street or			ramer mber, City or Town	- C		
5	Eileen F. Gri:	ffith							vensvil			1666
	20a. METHOD OF DISPOSITION 1X Burlal 2 Cremation 3 Rem		20b. PLACE	AND DATE	OF DISPOSIT	ION /Nan	ne of			CATION - CIE		
	4 Donatton 5 Other (Specify)	oval from Stata	Mt. Ve	matory or of	ther place) Ceme	ter	V	9/		salle		
1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. NA	AME AN	O AODRESS OF	ACILITY				
_ 1	Linda M.	Mine	lith)		10	m H	lelten	oein	Funer	al H	omes	PA
	23. PART I. Enter the diseases, or o	complications the	t caused the de	ath. Do n	ot enter th	o o	le of dving e	CK R	D, Che	ster	MI	
	ehock, or heart fellure. IMMEDIATE CAUSE (Final	Liet only one cau	se on each line				,		rolec of feeph	ctory ciree	π.,	Approximate Interval Between
	diseese or condition resulting in deeth)	-		1-15	1 -2		Lini					Onset and Death
	recording in deetin)	OUE TO	OR AS A CONSE	DUENCE OF):	Y (19	OF TOO	CH	~			
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate	DUE TO	(OR AS A CONSEC	DUENCE OF	j:						-	
금	cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events	oue to	OR AS A CONSEC	DUENCE OF								
E	reaulting in death) LAST		(0.1.7.0.1.001.000	JOEHOL OF	<i>)</i> -							
	PART II Other claudious as and											
CAL	PART II. Other significent condition		death but not r	esulting l	n the unde	erlying	ceuse given i	n Part I.	24a. WAS AN A PERFORE			RE AUTOPSY FINDINGS VLABLE PRIOR TO
EDIC	Beatinho	9100							1 TYES 2	□ NO	co	MPLETION OF CAUSE OEATH?
Σ									ſ		1[YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL					00 81 0	05.05.05.05					
-	EXAMINER?	HOSPITAL:	ER/Outpatient 3		OTHER:		CE OF OEATH (C					
SICI		26s. DATE OF	INJURY	2ab. TIME	OF 28	g nome Bc. INJU	5 Residence	1	er (Specify)	ILIBY OCCUE	en.	
HYSICI	27. MANNER OF DEATH		IV. Year)	INJ	**	WOR	K?		-vollet How he	0000	140	
IY PHYSICIAN	Natural 5 Pending	(Month, Da	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1 1 14						
D BY	Natural 5 Pending Investigation 3 Suicide 6 Could not be	(Month, Da	INJURY — At ho	ma, farm, s				28t. LO	CATION (Street ar	nd Number or	Aural Aoute	Number,
TED BY	Natural 5 Pending 2 Accident Investigation	(Month, Da		me, ferm, s				2at. LO	CATION (Street ar y or Town, State)	nd Number or	Rural Route	Number,
ETED BY	Positive State of the Control of the	28s. PLACE Of building, o	FINJURY — At horate. (Specify)		treet, factory	, offica		Git	y or Town, State)		Rural Route	Number,
OMPLETED BY	Natural 5 Pending Investigation 3 Suicide 6 Could not be distermined	(Month, Da 28a, PLACE Of building, o	FINJURY — At heretc. (Specify)	eth occurre	treet, factory	, offica	nd pleca, and du	e to the co	y or Town, State)	er as stated.		
ETED BY	Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only)	(Month, Da 28a, PLACE Of building, o	FINJURY — At heretc. (Specify)	eth occurre	treet, factory	, offica a, data a nion, der	nd pleca, and du	e to the co	y or Town, State) suse(a) and mannite and place, end	er as stated.	ause(a) an	

32. REGISTRAR'S SIGNATURE
Sulia Davidson-Randelle

'91

21658

Quenopa

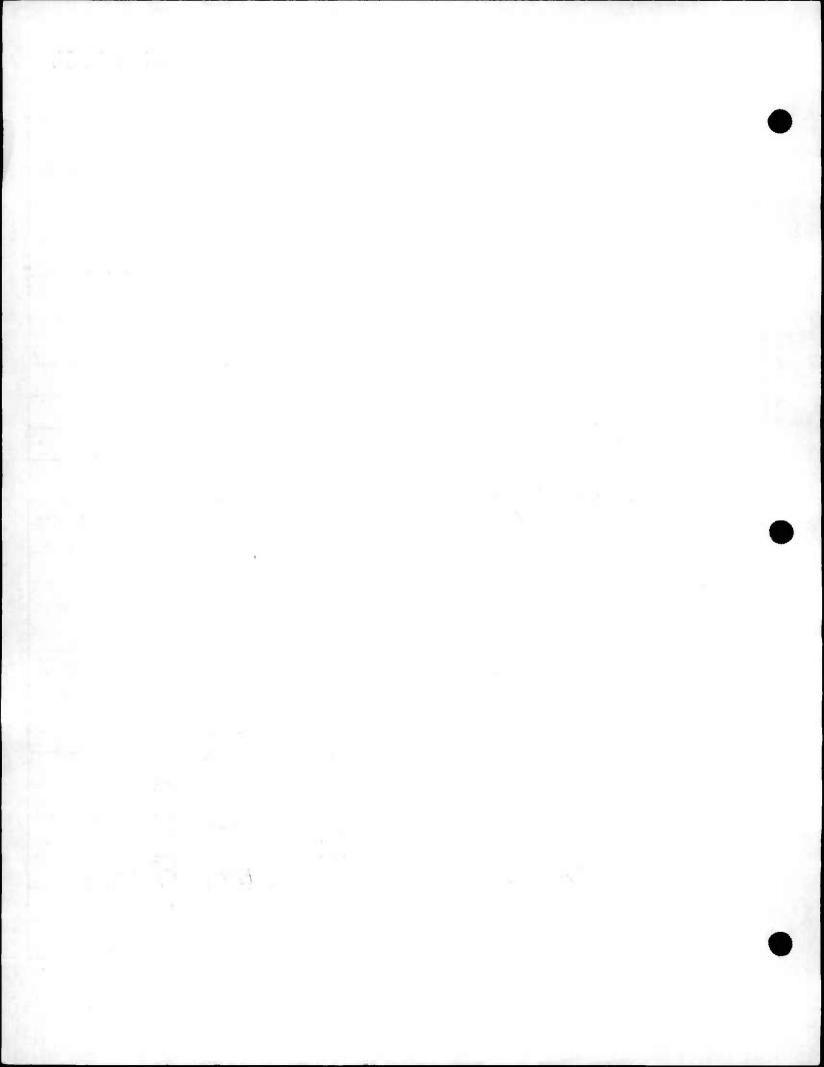


DHMH-16 Rev 1/89

hospital or attending physician.	ached for use as the burial-transit per	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit in a flow within 27 hours after death with the State Dent, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
th certificate be executed within 24 hours	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fire fact within 72 hours after death with the State Dent, of Health and Mental Hotelere prior to build. Cremation, or removal.	or other traumatic event, the medi
YSICIAN: The law requires that the death	is certificate has been signed by the attention the State Dent of Health and Mental	ed, or item 23 shows any injury,
TO THE HOSPITAL OR ATTENDING PH	TO THE FUNERAL DIRECTOR: After this	IMPORTANT: If item 28 is marke

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)	ond Wilson				2. OATE OF OEATH MONTH DA		3. TIME OF DEATH 991 2:47 P M	
			yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6.	BIRTHPLACE (State or Foreign	
	n/a	⊠ M 2 □ F	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 10/03/19		country) Baltimore, MD	
	9a. FACILITY NAME (If not institution, give stree	t and number)		9b. CITY, TOWN C	R LOCATION OF OR		9c. COUNTY		
DIRECTOR	THE JOHNS HOPK	INS HOSPITAL		BALITM	ORE CIT	Y	BALI	TMORE	
2	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c. CITY	, TOWN OR LOCAT	ION			10d, INSIDE CITY	
E	Maryland Sud	lersville				's County 1 YES 2 1			
7	10e. STREET AND NUMBER	TELSVILLE	<u> </u>		ZIP CODE	uncy	10g. CITIZEN	OF WHAT COUNTRY?	
FUNERAL	Rt. 1 Box 1	9_B			21668			U.S.A.	
3		2. WAS DECEDENT EVER IN U		13. WAS DEC	ENDENT OF HISPAN	VIC ORIGIN? (Specify Yes		RACE American Indian, Black, White, etc.	
BY F	1 Never Married 2 Married 3 Widowed 4 Olyorced	FORCES? 1 YES			cify Cuban, Maxica 2 NO Specifi	n, Puerto Rican, etc.) y:		Specific:	
	7875							white	
=	15. DECEDENT'S EDUCAT (Specify only highest grade con		(Give kind of w life. Do NOT us	OSUAL OCCUPATION OF MAIN OF MA	ON st of working	16b. KIND OF BUS	INESS/INDUST	TRY	
ا ڐ	Elementary/Secondary (0-12)	College (1-4 or 5+)	me. Do NOT as	n/a					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			11/a	18 MOTHER'S NA	ME (First, Middle, Maiden	Sumamal		
Ö	Thomas Robert	Leager, Si	_			sv Rhode			
BE	19a. INFORMANT'S NAME (Type/Print)	neager, br		ADDRESS (Street a		Route Number, City or Town		de)	
2	Thomas R. Leag	er, Sr.	Rt. 1	Box	19-B. S	Sudlersvi	lle.	MD 21668	
	20a. METHOD OF DISPOSITION 1 M Buriel 2 ☐ Cremetion 3 ☐ Remove	20h	PLACE AND DATE	OF DISPOSITION	/Name	DATE 200 100	CATION _ CHY	or Town State O 3	
	4 Donation 5 Other (Specify)	Su Su	idersvi	lle Cem	etery	10/10 Su	dlers	ville MD	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE /	7	22. NAME AL	ID ADDRESS OF FA	n Funeral			
	1 homes Ki	Helfente	n			MD 21623	nones,	, FA	
	23. PART I. Enter the diseases, or con	nplications that caused	the death. Do n				ratory erreat		
	ehock, or heart feilure. Lie IMMEDIATE CAUSE (Finel							Interval Between Onset and Death	
ł	disease or condition resulting in death)	Extreme	Premat	uritu				30hrs	
	Tooling in doubly	DUE TO (OR AS A C	CONSEQUENCE OF	7:					
Z	Sequentielly list conditions, b.								
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C	CONSEQUENCE OF	ን:					
FIC	CAUSE (Diseese or Injury C.	DUE TO (OR AS A C	CONSEQUENCE OF	n:					
E	that initiated events resulting in death) LAST								
	d								
CAL	PART II. Other aignificent conditions							24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
	Twin pregnancy; +				e and na	1 YES 2	□ NO	OF DEATH?	
Σ	no Visualized Kidn	eys I blader	mprena	tal son	oglam	`		1 TES 2 NO	
PHYSICIAN: MEDI									
ICI		HOSPITAL:		OTHER:	ACE OF DEATH (Ch				
148	1 YES 2 NO 1	npatient 2 ER/Outpat	28b. TIM			8 Other (Specify) 28d. DESCRIBE HOW II	N II IBY OCCUP	RED.	
	1 Natural 5 Pending	(Month, Day, Year)	INJ	URY WO	PRK7	zoa. Degombe now	NOOM GOODIN		
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY -	- At home, farm, a			28f. LOCATION (Street a	and Number or	Rural Route Number,	
핃	4 Homicide detarmined	building, etc. (Specif	y)			City or Town, State)			
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of my knowle	dge, death occum	ed at the time, data	and place, and due	to the cause(a) and mar	mer se stated		
M	and and							cause(a) and manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER	. 1			29c, LICENSE NUI	MBER	29d. DATE S	IGNED (Month, Day, Year)	
BE	Maulu C. Ale	lamp			020	6728	10	14/91	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT			1 /.	1 1 1	10	1 . 11	
	Marilee C. Aller	MD	Johnsi	topicins	Hosp /1	Venatolo	î4		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA					1		
- 1	0°T1 0 '01	Sul: No	ره دان	1.00					

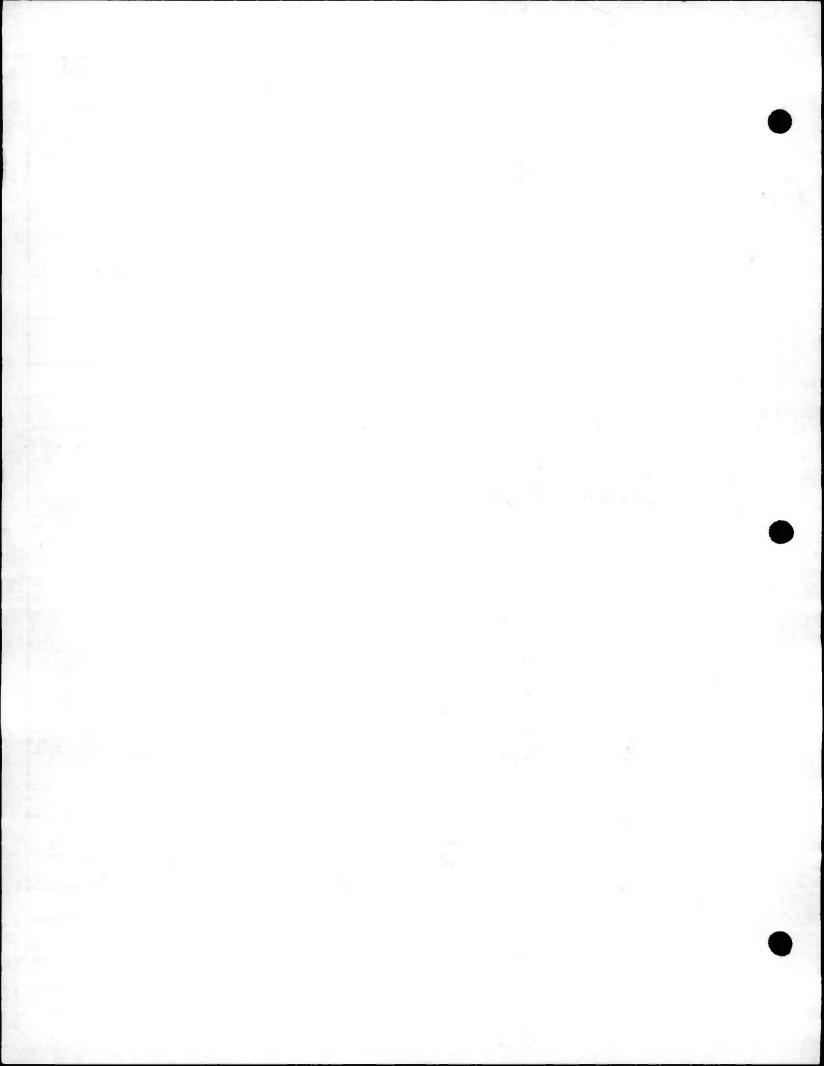


T.O. BOX 09.00,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, T.O. BOX 62.00,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the file within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any

31. DATE FILED (Month, Day, Year)

32. VEGISTRAR'S SIGNATURE
Julia Davidson

MONTH DAY YEAR	1. DECEDENT'S NAME (First, Midd	in (nat)	CERTIFIC	CATE OF D	EATH	REG. NO.		2 TIME	OF DEATH
The Johnsh Hopkins Mose shed and analogy as parted and analogy as presented analogy as presen	Т	emple Sidney				OCTOBER 3	, 1991	10:	19A M
THE JOHN'S HOPKINS HOSPITAL BALTIMORE CITY BALTIMORE CITY MACHINETIC OF DECEDERAT No. DIVIDE TO COMPANY TO	n/a	1X M 2 □ F			T	(Month, Day, Year)	1000	Country)	
Thomas Robert Leager, Sr. Ste. Manifeld Signed of the Second Control of Second Cont		The state of the s					9c. COUNTY	OF DEATH	
Mary Jand	DALLINONE CITY								
Major Majo	10a. STATE 10b.	COUNTY						LIN	ITS?
11. MANTIAL STATUS There Marting 2 Marting 2 Marting 1 12. WAS DECEDENT EVER NO U.S. JAMES POPCEST 1 Fe 2 2 2 2 2 2 2 2 2 2		Queen imme	5	T 100			10g. CITIZEN		
11. MANTEL STATUS New Martin d 2 Started 2 MARTINGE CERTIFIER HI U.S. JAMES THE PROCESS THE S 2 2 2 2 2 2 2 2 2 2	Rt. 1 Box	19-B			21668	3	U	.S.A.	
Content of the protection of	11. MARITAL STATUS 12 Never Married 2 Marri	12. WAS DECEDENT EVE FORCES? 1 \(\subseteq \text{ Y}	ES 2 NO	If yes, speci	y Cuben, Mexica	in, Puerto Rican, atc.)		RACE Amer Black, White, Specify:	
Elementary(Tescondary (0-12) College (1-4 or 5-1) In No MAIL In No MA			16a. DECEDENT'S U	USUAL OCCUPATION	d modelne	16b. KIND OF BU	SINESS/INDUS	TRY	
Thomas Robert Leager, Sr. Thomas R. Leager, Sr. Thomas R. Leager, Sr. Thomas R. Leager, Sr. Thomas R. Leager, Sr. Thomas R. Leager, Sr. Thomas R. Leager, Sr. Thomas R. Leager, Sr. Thomas R. Leager, Sr. Thomas R. Leager, Sr. Thomas R. Leager, Sr. Thomas R. Leager, Sr. Thomas R. Leager, Sr. Thomas R. Leager, Sr. Thomas R. Leager, Sr. Thomas R. Leager, Sr. Thomas R. Th	Elementary/Secondary (0-12)		ille. Do NOT use	retired.)	i working				
198. MALING ADDRESS (Street and Number or Pural Route Number, City or Rawn, State, Zip Code) Thomas R. Leager, Sr. Rt. 1 Box 19-B, Sudlersville, MD 21668 20. METHOO OF DISPOSITION 10 Brand Translate 20. Cremation 3 Removal from State 21 Cremation 3 Removal from State 22 Cremation 3 Removal from State 23 PART II. Cremation 3 Removal from State 24 Denales 6 Other (Secol) Sudlers Ville, MD 25 Sudlers Ville, MD 26 PLACE AND DATE of Disposition 17 Cremation 3 Removal from State 28 PLACE AND DATE of Disposition 29 PLACE AND DATE of Disposition 29 PLACE AND DATE of DATE 20 PLACE AND DATE of DATE 20 PLACE AND DATE of DATE 20 PLACE AND DATE of DATE 20 PLACE AND DATE of DATE 20 PLACE AND DATE of DATE 21 STATE The disposition 1 Removal from State 21 PLACE AND DATE of PLACE AND DATE of PLACE 21 STATE The date of Date (Secol) 21 STATE The Date of Date (Secol) 22 PLACE OF DEATH (Check only one) 23 PLACE OF DEATH (Check only one) 24 PLACE OF DEATH (Check only one) 25 WAS CASE REFERENCE TO MEDICAL 25 WAS CASE REFERENCE TO MEDICAL 26 PLACE OF DEATH (Check only one) 27 PLACE OF DEATH (Check only one) 28 PLACE OF DEATH (Check only one) 29 PLACE OF DEATH (Check only one) 21 PLACE OF DEATH (Check only one) 21 PLACE OF DEATH (Check only one) 21 PLACE OF DEATH (Check only one) 22 PLACE OF DEATH (Check only one) 23 PLACE OF DEATH (Check only one) 24 PLACE OF DEATH (Check only one) 25 PLACE OF DEATH (Check only one) 26 PLACE OF DEATH (Check only one) 27 PLACE OF DEATH (Check only one) 28 PLACE OF DEATH (Check only one) 29 PLACE OF DEATH (Check only one) 20 PLACE OF DEATH (Check only one) 21 PLACE OF DEATH (Check only one) 21 PLACE OF DEATH (Check only one) 22 PLACE OF DEATH (Check only one) 23 PLACE OF DEATH (Check only one) 24 PLACE OF DEATH (Check only one) 25 PLACE OF DEATH (Check only one) 26 PLACE OF DEATH (Check only one) 27 PLACE OF DEATH (Check only one) 28 PLACE OF DEATH (Check only one) 29 PLACE OF DEATH (Check only one) 20 PLACE OF DEATH (Check only one) 21 PLACE OF DEATH (Check only one) 21 PLACE OF DEATH (Check only	17. FATHER'S NAME (First, Middle,	Last)			B. MOTHER'S NA	AME (First, Middle, Maiden	Surname)		
198. MALING ADDRESS (Street and Number or Paral Route Number City or Rams, State, Zip Code) Thomas R. Leager, Sr. Rt. 1 Box 19-B, Sudlersville, MD 21668 20. RECAGN DATE 0 Siphor (State) 20. COLORION - City or Town, State, A Colorion - City	Thomas Rob	ert Leager,	Sr.		Betsy	Rhodes			
229. MAS CASE REFERRED TO MEDICAL EXAMINEER OF SINCE AND DATE OF DISPOSITION Marine of Comments of Com				ADDRESS (Street and			n, State, Zip Co	de)	
Approximate Commetted Co	Thomas R.	Leager, Sr.	Rt.	1 Box	19-B,	Sudlersv	ille,	MD 2	1668
22. NAME AND ADDRESS OF FACILITY TOM Hell fembers Tom Hell fembers Tom Hel	1 Surial 2 Cremation 3		20b. PLACE AND DATE of cemetary, crematory of Sudlersv	of DISPOSITION (No of other place)	_{ame} meterv	DATE 20c. LO	cation – ch udler	or Town, State	Q.A.C
23. PART I. Entar the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Onset and Death General Condition on the Course of t	21. SIGNATURE OF FUNERAL SEI	IVICE LICENSEE	0	22. NAME AND	ADDRESS OF FA	CILITY			
23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between condition and control on a cause on each line. IMMEDIATE CAUSE (Final disease or condition) B. EXTERME PREMITTION B. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):	17/	4 Hallat					Homes,	PA	
INMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (O	23. PART 1. Enter the disease	es, or complications that cau	sed the death. Do no				Iratory arrest	1 A	onrovimate
Sequentially list conditions DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CO	ahock, or haert	failure. List only one cause o	n each ilna.		ot ujing, out		natory arros	in	tervai Between
DUE TO (OR AS A CONSEQUENCE OF): Diection		Endran	Deam	ntucita				:	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditione contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significant conditione contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significant conditione contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significant conditione contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significant conditione contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significant conditione contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significant conditione contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significant conditione contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significant conditione contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significant conditione contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significant conditione contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significant conditions and significant significant in Part II. PART II. Other significant conditions and significant signi	resulting in death)							6	011 084
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A				,				10	1014
That initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d. PART II. Other aignificent conditione contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other aignificent conditione contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other aignificent conditione contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other aignificent conditione contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other aignificent conditione contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other aignificent conditione contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other aignificent conditione contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other aignificent conditione contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other aignificent conditione contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other aignificent conditione contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other aignificent conditione contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other aignificent conditione contribution of cause (a) was analyzed and look of the cause (a) and manner as stated. PART II. Other aignificent conditione contribution of cause (a) and manner as stated. PART II. Other aignificent conditione contribution of cause (a) and manner as stated. PART II. Other aignificent conditione contribution of cause (a) and manner as stated. PART II. Other aignificant conditione contribution of cause (a) and manner as stated. PART II. Other aignificant conditione contribution of cause (a) and manner as stated. PART II. Other aignificant conditione contribution of cause (a) and cause (a) a	If any, leading to immediate cause. Enter UNDERLYING		S A CONSEQUENCE OF):					
PERFORMED? PERFORMED? AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (Check only one) 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. DATE OF INJURY 27. MANNER OF DEATH 1 Netural 5 Pending Investigation in Suicide 6 Could not be delarmined 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY AT NORK? 28. DATE OF INJURY 28. DATE OF INJURY AT NORK? 28. PLACE OF INJURY AT NORK? 28. PLACE OF INJURY AT NORK? 28. PLACE OF INJURY AT NORK? 28. PLACE OF INJURY AT NORK? 28. PLACE OF INJURY AT NORK? 28. PLACE OF INJURY AT NORK? 28. PLACE OF INJURY AT NORK? 28. PLACE OF INJURY AT NORK? 28. PLACE OF INJURY AT NORK? 28. PLACE OF INJURY AT NORK? 28. PLACE OF INJURY AT NORK? 28. PLACE OF INJURY AT NORK? 28. PLACE OF INJURY AT NORK? 28. PLACE OF INJURY AT NORK? 28. PLACE OF INJURY AT NORK? 28. PLACE OF INJURY AT NORK? 28. PLACE OF INJURY AT NORK? 28. PLACE OF DEATH (Check only one) 28. PL	that initiated events	DUE TO (OR /	S A CONSEQUENCE OF):					
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25. WAS CASE REFERRED TO MEDICAL EXAMINER? MOSPITAL: Continue Continu	Prenotal Dias	nosis: stuck tu	in sundra	me olice	hudson	PERFO	RMED?		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? MOSPITAL: Continue Continu	and idnoved	or bladder 11	iciplized	, Tige	ryavan	THES !	Z [] NO	74.2	
EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 1 Natural 2 Accident 3 Suicide 4 Homicide 5 Pending investigation 3 Suicide 4 Homicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office 29e. CERTIFIER (Check only one) 29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29e. SIGNATURE AND TITLE OF CERTIFIER 29e. LICENSE NUMBER 29e. LICENSE NUMBER 29e. LICENSE NUMBER 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)	110 12 141643	DY PICCHCITY V	13001126			-		1 1 16	s 2 Xno
EXAMINER OF DEATH YES 2 NO		DICAL		28. PLAC	E OF DEATH (C)	heck only one)			
27. MANNER OF DEATH 1 Natural 2 Accident 3 Suicide 4 Homicide 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY AT WORK? 28e. DATE OF INJURY AT WORK? 28e. DATE OF INJURY AT WORK? 28e. DATE OF INJURY AT WORK? 28e. DATE OF INJURY AT WORK? 28e. DATE OF INJURY AT WORK? 28e. DATE OF INJURY AT WORK? 28e. DATE OF INJURY AT WORK? 28e. DATE OF INJURY AT WORK? 28e. DATE OF INJURY AT WORK? 28e. DATE OF INJURY AT WORK? 28e. DATE OF INJURY AT WORK? 28e. DATE OF INJURY AT WORK? 28e. DATE OF INJURY AT WORK? 28e. DATE OF INJURY AT WORK? 28e. DATE OF INJURY AT WORK? 28e. DATE OF INJURY AT WORK? 28e.			Outpatient 3 DOA	OTHER:					
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29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER 28c. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28c. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28c. CERTIFIER (City or Yown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 29g. CERTIFIER (Check only one) 29g. CERTIFIER (Check only one) 29g. MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29g. SIGNATURE AND TITLE OF CERTIFIER 29g. CICENSE NUMBER 29g. CERTIFIER 29g. CICENSE NUMBER 29g. DATE SIGNED (Month, Day, Year)		ing 1013	191 10:11	URY WORK	? ./				
29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)	2 Outside	28e. PLACE OF INJ	URY — At home, farm, s			28f. LOCATION (Street	and Number or	Rural Route Nur	nber,
(Check only one) 2 MEDICAL EXAMINER: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)			Specify)			City or Town, State)		
29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)	(Check only	IG PHYSICIAN: To the best of my k	nowledge, death occurre	d at the time, date ar	d place, and du	e to the cause(a) and ma	nner as stated.		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	one) 2 MEDICAL	EXAMINER: On the basis of examin	ation and/or investigation	n, in my opinion, dea	th occured at the	time, data and place, a	nd due to the d	ause(a) and ma	nner as stated.
The state of the s	296. SIGNATURE AND TITLE OF	on at M	Chris De				.	1-141	Day, Year)
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Andrew M. Atz / Christine A. Gleason, M.D.	THE CHANGE OF LE	The source of the second	(I Em 2/) (/ype,	a a					

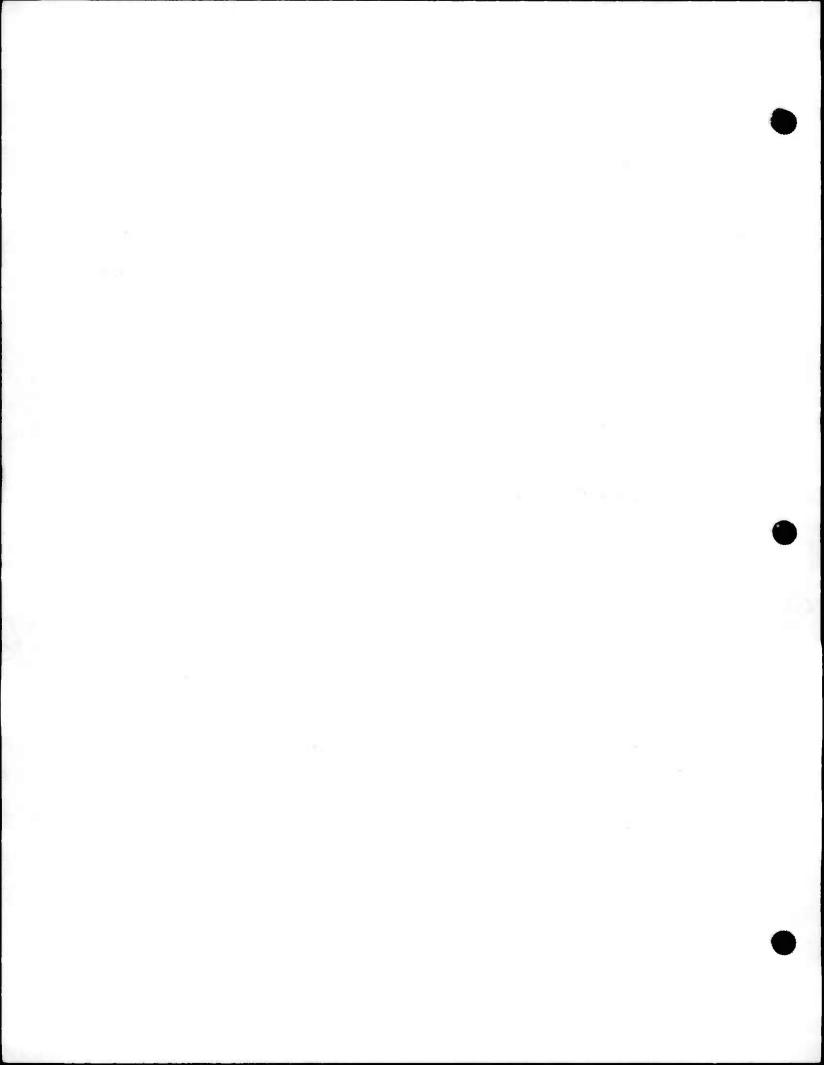


notified at must be examiner the medical event, traumatic Injury, or other shows any 0 Item 23 State Dept. IE HOSPITAL OR ATTENDING PHYSICIAN: The law IE FUNERAL DIRECTOR: After this certificate has the within 72 hours after death with the State Dept DHTANT: If Item 28 is marked, or Item 23 IMPORTANT: If Item THE HOSPIT THE FUNER

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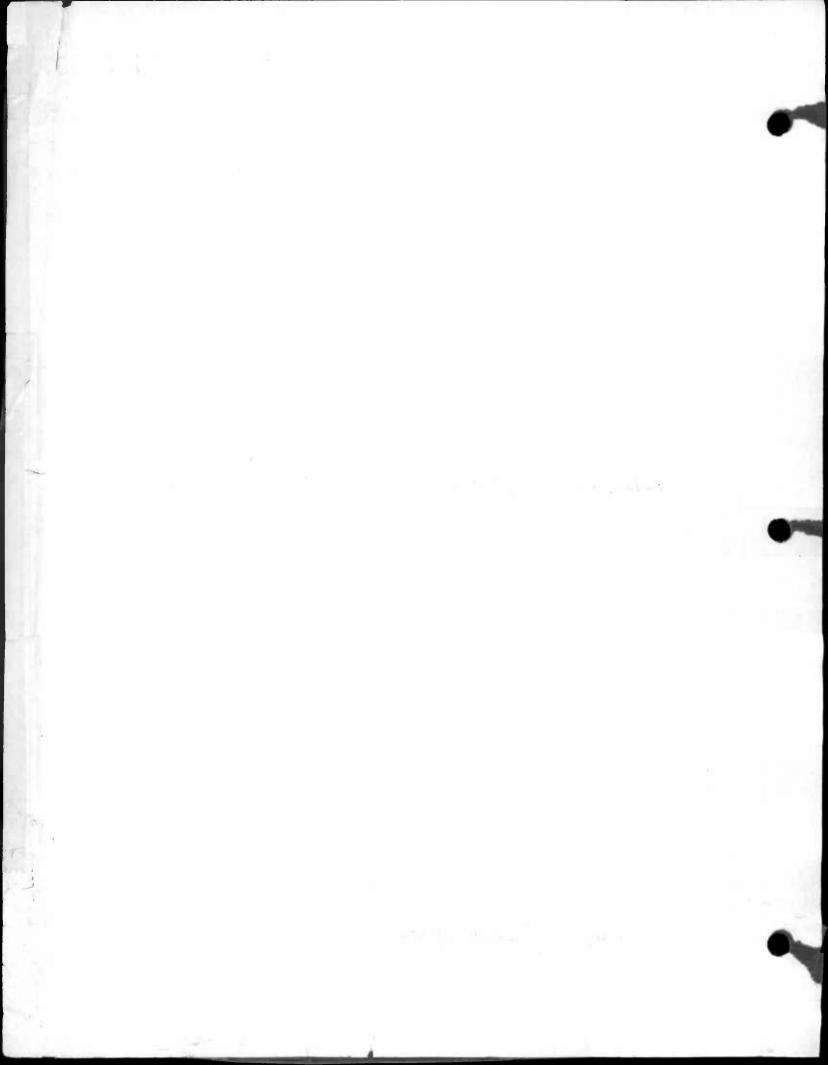
CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH DAY YEAR Oct. Margaret June LeMay 23, 1991 4:30 a M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 1 🗌 M 2 💢 F HOURS YRS. 214-14-4823 06-22-20 West Virginia 9s. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR at her home Queen Anne's Queenstown RESIDENCE OF DECEDENT 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Queen Anne's 1 YES 2 NO Queenstown 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10f. ZIP CODE Rt. 1 Box 214 Wye Road 21658 U.S.A. 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Maxicen, Puerto Rican, etc.) 1 Never Merried 2 Married 1 YES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced white 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highe COMPLET Elementary/Secondary (0-12) 12 Tin sorter Bethlehem Steel Corp. 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Laura McCrobie Brynmore Benjamin 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 George C. Box 214, Queenstown, MD LeMay 21658 20a. METHOD OF DISPOSITION
15€ Burial 2 ☐ Cremetion 3 ☐ Ramoval from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, State TS Burial 2 Cremetion 3 | r 4 Donatton 5 Other (Specify) 0ak Lawn Cemetery 10/26 Baltimore Co., MD 22. NAME AND ADDRESS OF FACILITY
Tom Helfenbein Funeral Homes, PA 21. SIONATURE OF FUNERAL SERVICE LICENSEE Thomas k 106 Shamrock RD, Chester, MD 21619 Sta 23. PART I. Enter the disease, or complications that caused the daeth. Do not enter the mode of dying, such se cerdiec or respiratory arrest, ehock, or haert feliure. List only one cause on each line Interval Between Onset end Deeth DUE TO (OR AS A CONSEQUENCE OF): IMMEDIATE CAUSE (Final disease or condition resulting in deeth) CERTIFICATION Sequentially liet conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evente resulting in deeth) LAST PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 00 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: 1 YES A NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED INJURY 1 Natural 5 Pending investigation M 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide 29a, CERTIFIER 15 OERTIFYINO PHYSICIAN: To the bast of my knowledge, death occurred at the time, data end place, end due to the ceuse(e) end menner as stated.
2 MEDICAL EXAMINER: On the basis of examinetion end/or investigation, in my opinion, death occurred at tha time, data and place, end due to the ceuse(e) end menner as stated. 296. SIGNATURE NO TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 띪 D32036 10/23/91 2 ERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Gary J. P.O. Box 210, Queenstown, MD Sprouse 31. DATE FILED (Month, Day, Year) 32. REGISTRAN'S SIGNATURE Julia Davidson-Randell



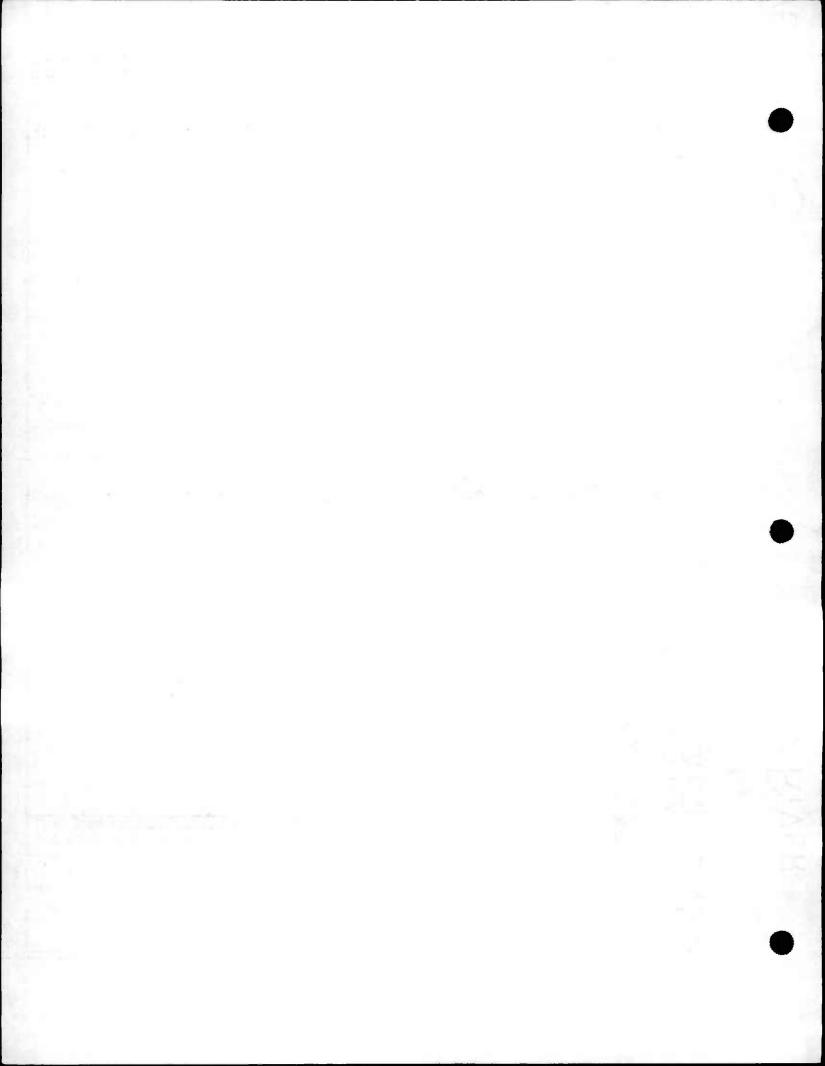
BALTIMORE, MARYLAND 21215-0020	24 Tours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit on, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR		STATE OF MARY	LAND / DEPART			MENTAL	HYGIENE REG. NO.				
1. DECEDENT'S NAME (First	, Middle, Last)					2. DATE	OF DEATH			. TIME OF DEA	ATH
Louise) A.	lexandrine	Lewis			Octo	ber 19		EAR	7:10	ъм
4. SOCIAL SECURITY NUMBER	BER	5. SEX 6. AGE		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE C			BIRTHPL	ACE (State or I	
129-14-6609		1 🗆 M 2 🔀 F	97 YRS.	ONTHS DAYS	HOURS MIN.			893	Country)	in Isl	ande
9a. FACILITY NAME (If not in	nstitution, give stre	eet and number)	6	b. CITY, TOWN	OR LOCATION OF D			9c. COUNTY			anas
Manor Care		Spring		Silve	er Sprin	α		Mont	COM	227	17
RESIDENCE OF DEC	10b. COUNTY					3		HOHE	gome	Ly	
				TOWN OR LOCAT					10	0d. INSIDE CIT LIMITS?	Y
Maryland 10e. STREET AND NUMBER		gomery		Silver						TYES 2 K	
				101	ZIP CODE			10g. CITIZE	N OF WH	AT COUNTRY?	
1602 Belve		- TIOTAL W			20902				ted	States	3
11. MARITAL STATUS 1 Never Married 2		12. WAS DECEDENT EVER FORCES? 1 YES		13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN	(Specify Yas	or No 14	RACE -	- American Ind White, atc.	lien,
3 Widowed 4 Divo		IF YES, GIVE WAR OR	DATES		2 XNO Speci				Specify:		
15 DEC	EDENT'S EDUCA	TION	40. 00000000000000000000000000000000000							Black	ζ
(Specify onl	y highest grade co	ompleted)	18a. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done during mo	on at of working	16b.	KIND OF BUS	NESS/INDUS	TRY		
Elementary/Secondary (0)-12)	College (1-4 or 5+)									
12 17. FATHER'S NAME (First, M	Notation (a set)		Library	Assist				c Lib	rary	7	
Francis I	,				18. MOTHER'S NA						
190. INFORMANT'S NAME (xandra	-			
					nd Number or Rural						
Cathann Ange					Blvd.,	Silv	er Spr	ing.	MD	20902	
20a. METHOD OF DISPOSIT 1 Burlai 2 Crematic	n 3 🗌 Remov	ral from Stata C6	b. PLACE AND DATE OF metery, crematory or othe	r placel	10	/21/9	7 20c. LOC	ATION CIT	y or Town	, Stata	
4 Donation 5 Other		M	ontgomery	Cremate	orium, I	nc.	Beth	esda,	Mar	yland	
21. SIGNATURE OF FUNERA			M00381	Rober A	A. Pum sda-Chev Bethe	phrev	Funer	al Ho	me/		-
Darbara (10mm	ullen dawne	nce	Bethe	sda-Chev	y Chá	se, In	ic. 7	557	Wiscor	nsin
iMMEDIATE CAUSE (Fir disease or condition resulting in desth) Sequentially list condition from the condition of the conditio	e.	Anemia Decubitu	Mycloma A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF:							Interval E Onset an	
resulting in deetil) CAS	ď.	HYDERCOL	amec								
PART II. Other significa	nt conditions	contributing to death	but not resulting in	the underlying	j ceuse given in		24a. WAS AN A PERFORM 1 YES 2	ED?	AN CX Of	ERE AUTOPSY IF MALABLE PRIOR OMPLETION OF F DEATH? YES 2	CAUSE
25, WAS CASE REFERRED TO	O MEDICAL			2/L PI	ACE OF DEATH (CA	neck only one)				
EXAMINER?		HOSPITAL:	continue a C Box	THER:							
27. MANNER OF DEATH		28a. DATE OF INJURY	28b. TIME C		5 Raeldenca	_		IIIII OOOIII			
1 Natural 5	Pending	(Month, Day, Year)	RULMI	Y WO	RK?	286. DEŞU	RIBE HOW IN	JURY OCCUP	ÆD		
- Condent	investigation	28a DI ACE OF IN HID	Y — At home, farm, stre		ES 2 NO						
	Could not be determined	building, atc. (Spe	ocify)	ret, nectory, offici	1	City or	TION (Street and Town, State)	d Number or	Rural Rout	te Number,	
	CAL EXAMINER:	AN: To the best of my known On the beels of examination				time, data e	and place, and	dua to the c	ause(a) ar	nd manner as s	
MOVISHER	10	tell Val	W, 111	117	1320	723				21, 1	
50. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, Pr	int)	000	,		0010	-ner	۷۱, ۱	JJT
Melissa Bet			2415 Mus		oad, #20	05, Si	ilver	Spring	or, M	D 209	04
31. DATE FILED (Month, Day, OCT 22	31	38. REGISTRAR'S SIGN	Andrea 12								<u> </u>

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



- 8	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	SHIRLEY AUDE	CERTIF	ICATE OF	DEATH	REG. N	NO.	3.	TIME OF DEATN
8	SHIPLLEY 4. SOCIAL SECURITY NUMBER	ELBER	LUN In yrs. last birthday)	By	IF UNDER 24 HRS.	MONTH 10 - 7. DATE OF BIRTN	14 -	PAR PAR 8. BIRTNPLA	1245 P
ľ	577-07-2937		35 YRS.	MONTHS DAYS	HOURS MIN.	Month, Day, Year,	-06	Country)	YLVANIA
OR	9e. FACILITY NAME (If not institution, give s FREDERICK MEMO)			96. CITY, TOWN	OR LOCATION OF O	EATN		ty of deati ERICK	N
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNT MARYLAND FREI	v DERICK		TY, TOWN OR LOC REDERICK					d. INSIDE CITY LIMITS? YES 2 NO
FUNERAL C	100. STREET AND NUMBER 5639 CRABAPPLE I	ORIVE			01, ZIP CODE 21701				T COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, s		NIC ORIGIN? (Specify an, Puerto Rican, etc.) fy:	Yea or No-		American Indien, inite, etc. WHITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)		(Give kind of tife. Do NOT i			186. KIND OF	BUSINESS/INDI	JSTRY	
ш	17. FATHER'S NAME (First, Middle, Lest) HARRY W.	ELDER			7	AME (First, Middle, Mele		OLD	
TO B	19a. INFORMANT'S NAME (Type/Print) GEORGE F. LUNDY,	JR. (SON)				RIVE, BRO			52005
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3X Rem 4 Donation 5 Other (Specify)	20th oval from State	. PLACE AND DAT	TE OF DISPOSITIO	N (Name	DATE 20c.	LOCATION —	City or Town,	State
	21. SIGNATURE OF SUBERIAL SERVICE U		EKSEI SI		AND ADDRESS OF F	LLINS FUN	ERAL H	OME, I	PENNSYLVA INC. ., MD 2090
	ATM. Enter the diseases, or shock, or haert fellument the manner of the shock of th	a. CARDIR DUE TO (OR AS A	CONSEQUENCE	2225	7	ch as cerdiac or re	eapiratory arre	est,	Approximeta interval Between Onset and Daeti
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST	· MYOCAT	2DIAZ	OF):	FARTI	ON			
DICAL CE	PART II, Other significent condition					Part I. 24a, WAS	AN AUTOPSY		ERE AUTOPSY FINDINGS
. ME				-		1 _ YES	S 2 NO	OF	OMPLETION OF CAUSE F DEATH?
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	patient 3 DOA	OTHER:	PLACE OF DEATN (C	heck only one) 6 Other (Specify)			
BY PHY	27. MANNER OF OEATN 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. Ti	ME OF 28c. I	NJURY AT WORK? YES 2 NO	28d. DESCRIBE NO	OW INJURY OCC	CURED	
	3 Suicide 8 Could not be 4 Nomicide datermined	26e. PLACE OF INJURY building, etc. (Spec	' — Al home, farm cify)	, street, factory, of	fice	28f. LOCATION (Str City or Town, S		or Rural Rout	e Number,
COMPLETED	0001 —	SICIAN: To the best of my know ER: On the beele of axeminatio							nd menner as stated.
TO BE COM	296 SIGNATUBE AND TITLE OF GERTIFIE	meroto	Atysic	IAN	29c. LICENSE NU H 39	804	29d. DATE	SIGNED (Me	fonth, Day, Year) f - 9)
	30. NAME AND ADDRESS OF PERSON W DAY) DM - SVMM	ners 915	TO LL	HOUSKE	Ave-	FREDE	RIOK	Ma	D 21701
	31. DATE FILED (MANIS ON 1917) 7 19	9 32. REGISTRAR'S SIGN	10son-Range	dell					



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71	-	0	UU	0	7

10/14/91 PATRICIO # #91 569300319A

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567300391 1508834 S F W

FRANCES

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 09/03/07 FOR STATE REGISTRAR 1 -1. DECEDENT'S NAME (First, Middle, Last)

Lasalle

6. AGE (In yrs. last birthday)

A 16	REGUNOZ	HEARU !				
	2. DATE OF DEATH DAY October 15,	1991	3. TIME OF D	A		
HRS.	7. DATE OF BIRTH	8, BIRT	HPLACE (State o	r Foreign		

1 🖾 M 2 💢 F 569-30-0391 84 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH

D.

(Month, Bay, Year)
ept. 3, 1907 Sept. Maryland 9c. COUNTY OF DEATH

Good Samaritan Hospital RESIDENCE OF DECEDENT

10c. CITY, TOWN OR LOCATION Washington, DC 10d. INSIDE CITY 1X YES 2 NO

10e, STREET AND NUMBER 2000 F

4. SOCIAL SECURITY NUMBER

Street, NW. #718

College (1-4 or 5+)

Frances

10f. ZIP CODE

IF UNDER 1 YEAR IF UNDER 24

DAYS

Baltimore

10g. CITIZEN OF WHAT COUNTRY? United States

8altimore City

11. MARITAL STATUS

10a. STATE

DIRECTOR

FUNERAL

BY

COMPLET

9

te

be notified

examiner must

other traumatic event, the medical

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

B

2

6

cremation.

use as the burial-transit

1XXNever Married 2 Married 3 Widowed 4 Divorced

12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 ☐ YES 2 💢 NO IF YES, GIVE WAR OR DATES

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noff yes, specify Cuban, Maxican, Puerto Rican, etc.)
1 YES 2 NO Specify:

20006

14. RACE — American Indian, Black, White, etc. White

15. DECEDENT'S EDUCATION (Specify only highest grade comp

Flementary/Secondary (0-12) Unknown

18e. DECEDENT'S USUAL OCCUPATION ring most of working Secretary

S. Department of State

17. FATHER'S NAME (First, Middle, Last) Unavailable

Unavailable 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

19a. INFORMANT'S NAME (Type/Print)

1445 New York Avenue, NW, Washington, DC 20005

16. MOTHER'S NAME (First, Middle, Maiden Sumame)

Charlie Dy

20b. PLACE ANO DATE OF DISPOSITION (Name OATE 20c. LOCATION — City or Town, State

Suburban Crematory

Suburban Crematory

10-17 Silver Spring, Maryland

21. SIGNATURE OF FUNERAL SERVICE LICENSEE leen

22. NAME AND ADDRESS OF FACILITY
Rapp Funeral Services, P. A. 933 Gist Avenue, Silver Spring, MD 20910

165 KING OF BUSINESS/INQUISTRY

23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death)

20 DUE TO (OR AS A CONSEQUENCE OF): UTI

interval Between Onset and Death days

Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

RT II	Oth	ar si	gnificant	conditions	contributing t	o daath	but not	resuiting	in tha	undarlying	cause	given in	Part i.
		_											_

	AN AUTOPSY ORMED?
1 🗌 YES	2 NO

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO

25. WAS CASE REFERRED TO MEDICAL 1 YES 2 X NO

26. PLACE OF DEATH (Check only one) OTHER: 1 (Inpatient 2 ER/Outpatient 3 DOA ng Home 5 - Residence 6 - Other (Specify) 4 - Nurs

27. MANNER OF DEATH 1 Matural

31. DATE FILEO (Month, Day, Year)

2 Accident

3 Suicide

4 Homicide

28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

28d. DESCRIBE HOW INJURY OCCURED 281, LOCATION (Street and Number or Rural Route Number, City or Town, State)

16 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination

29b. SIGNATURE AND TITLE OF CERTIFIER Karam Nali

8 Could not be

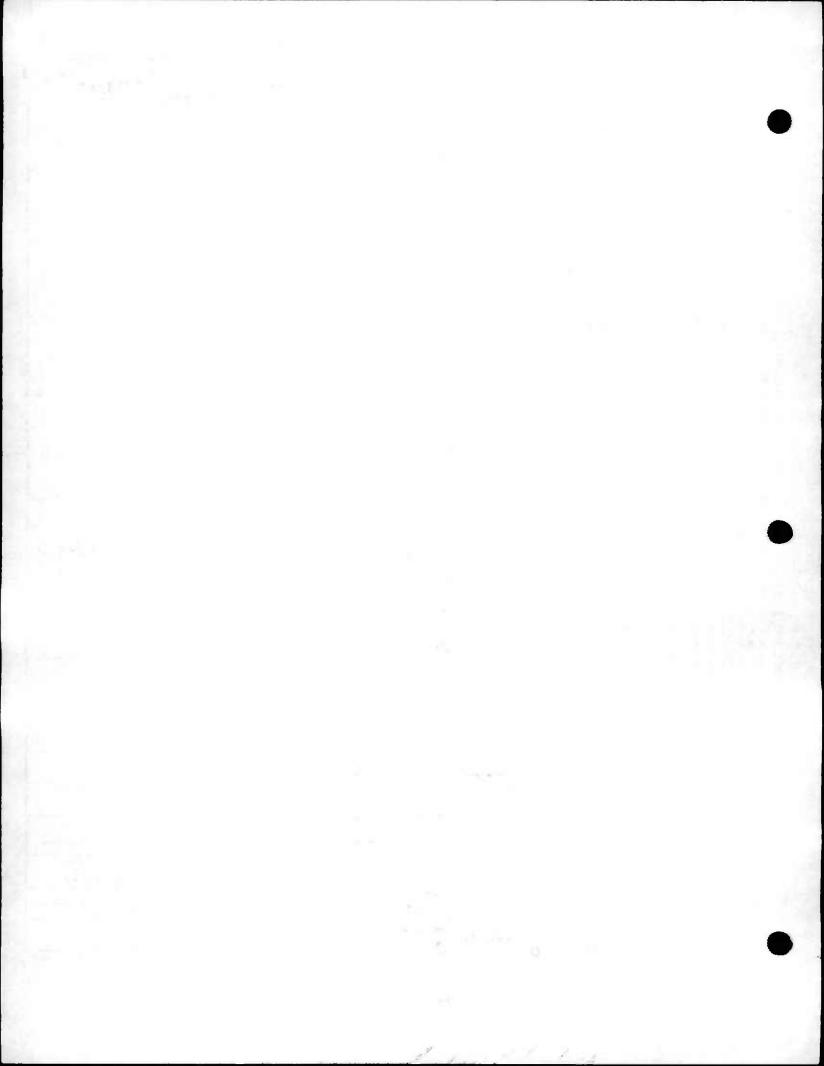
29c. LICENSE NUMBER 29d, OATE SIGNEO (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) S601 hout NOI RAVEN

3. REGISTBAR'S SIGNATURE

DIVISION OF VITAL

TO THE HOSPITAL (TO THE FUNERAL DE FILED WITHIN 72 h



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within source and the death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

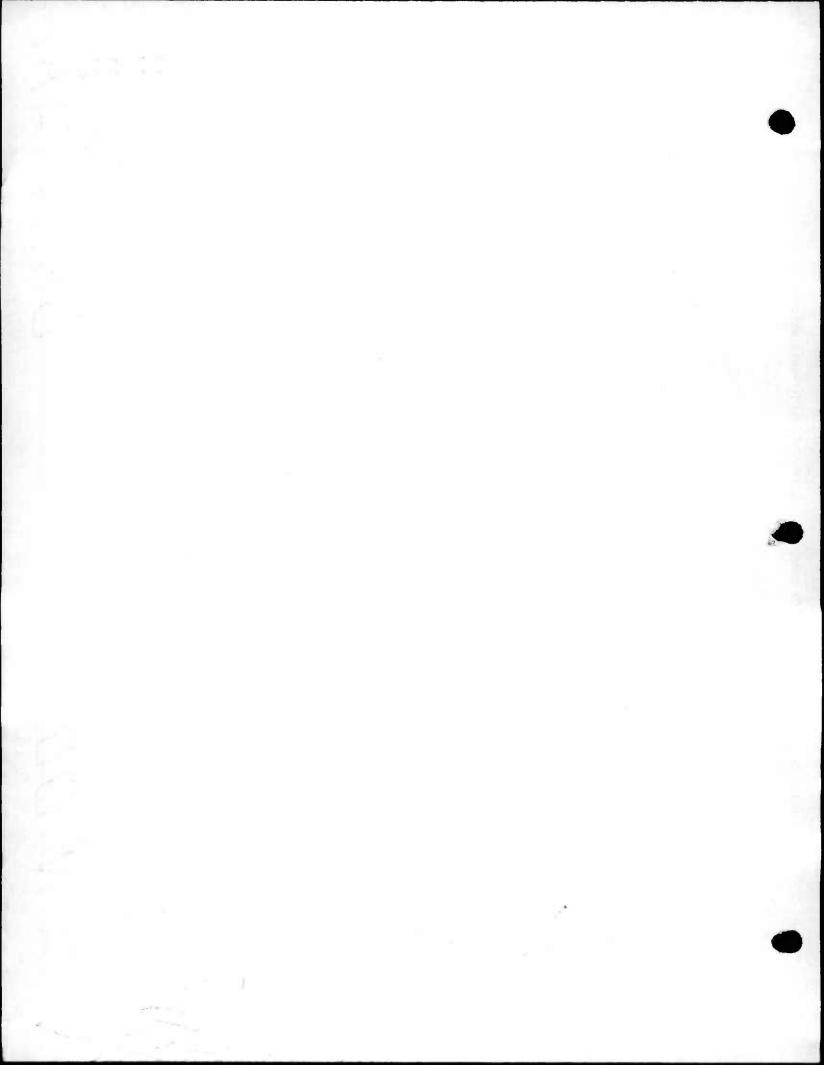
29b. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED (Month, Day, Year)
OCT 22 '91

1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR					MENTA	L HYGIEN	E		
1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH			3. TIME OF DEATH
Charles	Lefkowit		*					MONT 10	-20-91		YEAR	12:10p M
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les	st birthday)	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. DATE	OF BIRTH		BIRTH	PLACE (State or Foreign
007 07 4224	1 2 M 2 D F		9 YRS.	MONTHS	DAYS	NOURS	MIN.		h, Day, Year)		Country	y) .
99. FACILITY NAME (If not institution, give s	Δ	L. 8	9						<u>-01-02</u>		Pola	
98. PACILITY NAME (II not institution, give s	treet and number)			71			ION OF D	EATH		9c. COUNT	Y OF D	EATH
Hebrew Home				Ro	ockv	ille	:			Mont	MOP	ery
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	v		100 017	Y. TOWN C	D 10041	ION				P. P. A.		10d. INSIDE CITY
	tgomery		1	ckvi		ION						LIMITS?
10e. STREET AND NUMBER					101	ZIP COD	E			10g. CITIZE	N OF W	HAT COUNTRY?
6121 Montrose Rd						20	852			USA		
11. MARITAL STATUS		IT EVER IN U.S. AF		13. 1	WAS DEC		7.4	NIC ORIGII	N? (Specify Yes		4. RACE	- American Indian,
1 Never Married 2 Married		MAR OR DATES	NO		f yes, sp	ocity Cub	an, Mexica Specia	en, Puerto	Rican, etc.)		Speci	
3 Widowed 4 Divorced	11 123, 0172	AN ON DAILS			ППЕЗ	242 140	Speci	y.			Speci	White
15. DECEDENT'S EDU		18a. DI	CEDENT'S	USUAL O	CCUPATIO	ON		188	, KIND OF BU	SINESS/INDU	STRY	WILL
(Specify only highest grade		(C	live kind of a	work done (during mo	st of work	ing	1850				
Elementary/Secondery (0-12)	College (1-4 or 5	+)							_	a 3		
12		LOwr	er/O	pera	or				Beauty		n	
17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	AME (First,	Middle, Malden	Surname)		
Hanock Lefkow	itz					Un	know	m				
19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street a	nd Numbe	or or Rural	Route Nun	ber, City or Tow	n, State, Zip C	code)	
Fav Chernin		16	A04 1	Ranno	ockh	iim	Dr	Poth	esda.M	D 208	17	
20er METHOD OF DISPOSITION		20b. PLACE	OF DISPOS	SITION (Na	me of car	netery, cre	matory or			CATION - C		wn, State
1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	New N							Tor	g Isl	and	. NY
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	11011 1					ESS OF F	ACILITY	1201	9 101	21100	, 111
D - 0	0								eral H	ome		
Time L).	rem			4	72 N	. Wa	shir	aton	St. F	alls	Chui	rch, VA22046
23. PART I. Enter the diseases, or	complications the	nt caused the d	eeth. Do r									Approximate
ahock, or heart failure.										,	,	Interval Between
IMMEDIATE CAUSE (Finel disease or condition	^)								Onset and Deeth
resulting in deeth)	a. ASP	IRATIO!	V_ F	NEU	DAO	MIA						50
	DUE TO	OR AS A CONSE	OUENCE O	F):								
	STT	ROKE										
Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSE	OUENCE O	F):								
cause. Enter UNDERLYING	20											
CAUSE (Disease or injury that initiated events	DUE TO	OR AS A CONSE	OUENCE O	f):								
resulting in deeth) LAST												
	d				_							
PART II. Other algoliticant condition	ns contributing to	deeth but not	reaulting	In the ur	nderlyln	g cause	given in	Part I.	24a. WAS AN		24b	WERE AUTOPSY FINDINGS
MULTINFARCT DE	MENTA									RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
1100-1101	16 1-111			_					1 TYES	MO NO		OF DEATH?
												1 YES 2 NO
											1	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF	DEATH (C	heck only a	ne)			
1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 DOA	4 Nur	R: sina Hon	10 5 □ F	tealdence	8 🗆 Oth	er (Specify)			
27. MANNER OF DEATH	28a. DATE O	F INJURY	28b, TIN	E OF	28c. IN.	URY AT		_	SCRIBE HOW	NJURY OCCI	JRED	
1 Natural 5 Pending	(Month,	Day, Year)	IN.	JURY	W	PRK? YES 2	- NO					
2 Accident Investigation	90- PI ACE	OE IN ILIPY A		about 41				001.15	DATION CO.	and the same	- 0	Maria Abraha
3 Suicide 8 Could not be 4 Homicide determined	building	OF INJURY — At h	orne, farm,	screet, fact	ory, offic	•			CATION (Street or Town, State		r Hural i	Houre Number,
Tomicide determined									U.			
29a, CERTIFIER												
(Check only 1 CERTIFYING PHYS	ICIAN: To the best of	if my knowledge, d	eath occurr	red at the t	ime, date	and plac	e, and du	e to the co	use(a) and me	nner as atate	d.	

29c. LICENSE NUMBER

29d. DATE SIGNED (Month, Day, Year)



notified at be must examiner medicai this certificate has been signed by the attending physician and completely fille with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, irked, or Hem 23 shows any injury, or other traumatic event, the

is marked,

28

IMPORTANT: If Item

2

DIRECTOR: After the hours after death w

FUNERAL E

THE

2 2 3

91 30071 Mabel Irene Lowery FOR STATE REGISTRAR STATE OF MARYLAND / OEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First Middle, Last) 1 TIME OF DEATH 4. SOCIAL 7. DATE OF BIRTH DIRECTOR RESIDENCE 10e. STATE 10c. CITY TOWN OR LOCATION 10d MISIDE CITY own 10158159 VES 2 NO FUNERAL 100. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 33-35 S. Prospect Street 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 140 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- American Indian, White, atc. 1 Neyer Married 2 Married it yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced White ETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 8 years homemaker home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) William Loudenslager Emma Wilson BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Beyer Lois 266 Parkview Drive Hagerstown, Maryland 21740 20a. METHOD OF DISPOSITION
1 X Burlat 2 □ Cremation 3 □ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE "Rest" Haven Cemetery Donation 5 Other (Specify) 10/30 Hagerstown, Maryland GNATURE OF FUNERAL SERVICEA 22 NAME AND ADDRESS OF FACILITY GETALD N. Minnich 305 N. Potomac Street Funeral Home Hagerstown, Maryland 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition_ reaulting in death) A3 CVD X DUE TO (OR AS A CONSEQUENCE OF): him Anterio CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY Semb Demen 1 YES 2 LNO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL OTHER:
4 Nersing Home 5 Realdence 8 Other (Specify) 1 YES 2 4NO 1 | Inpatiant 2 | ER/Outpatiant 3 | DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Natural BY 1 YES 2 NO 2 Accident 3 Suicide 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 8 Could not be determined COMPLETED 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29s. CERTIFIER
(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER B 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

> MD 33 h MILL ST HAKERSTOWN MD 21740 32. REGISTRAR'S SIGNATURE

18019

31. DATE FILED (Month, Day, Year) 9'91

VAJAW T

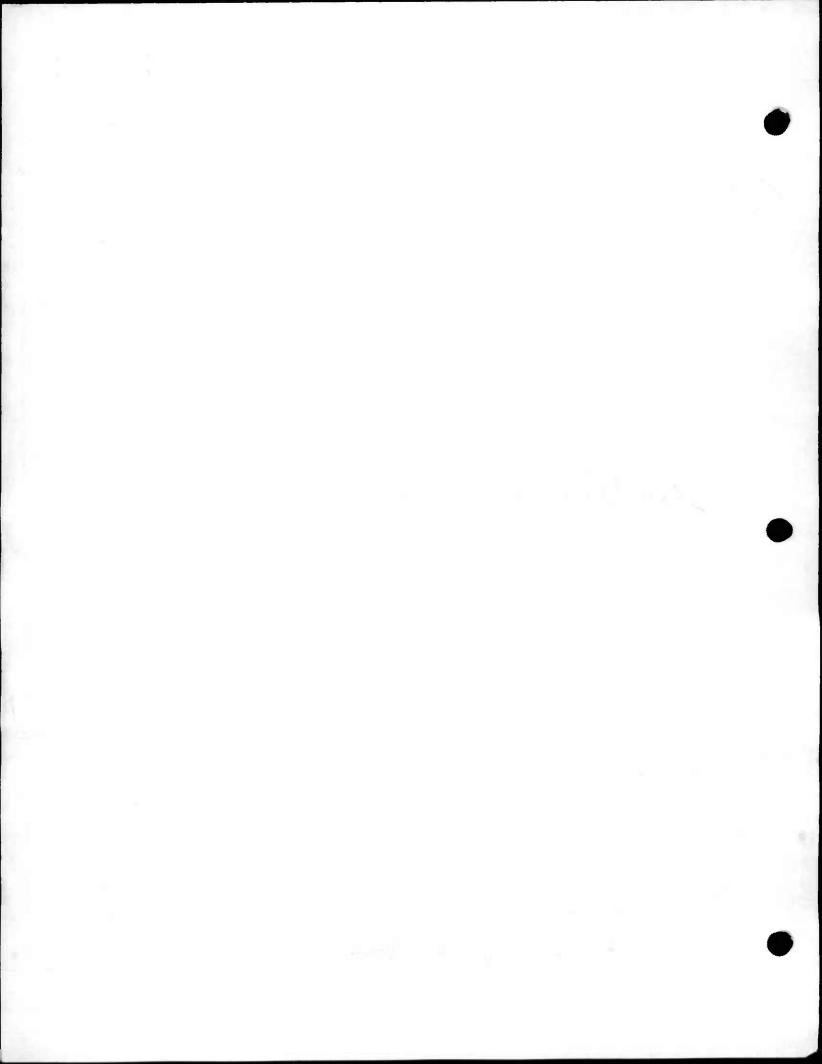
Variable Mo

30. NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

D4 774

Julia Davidson

10.2891



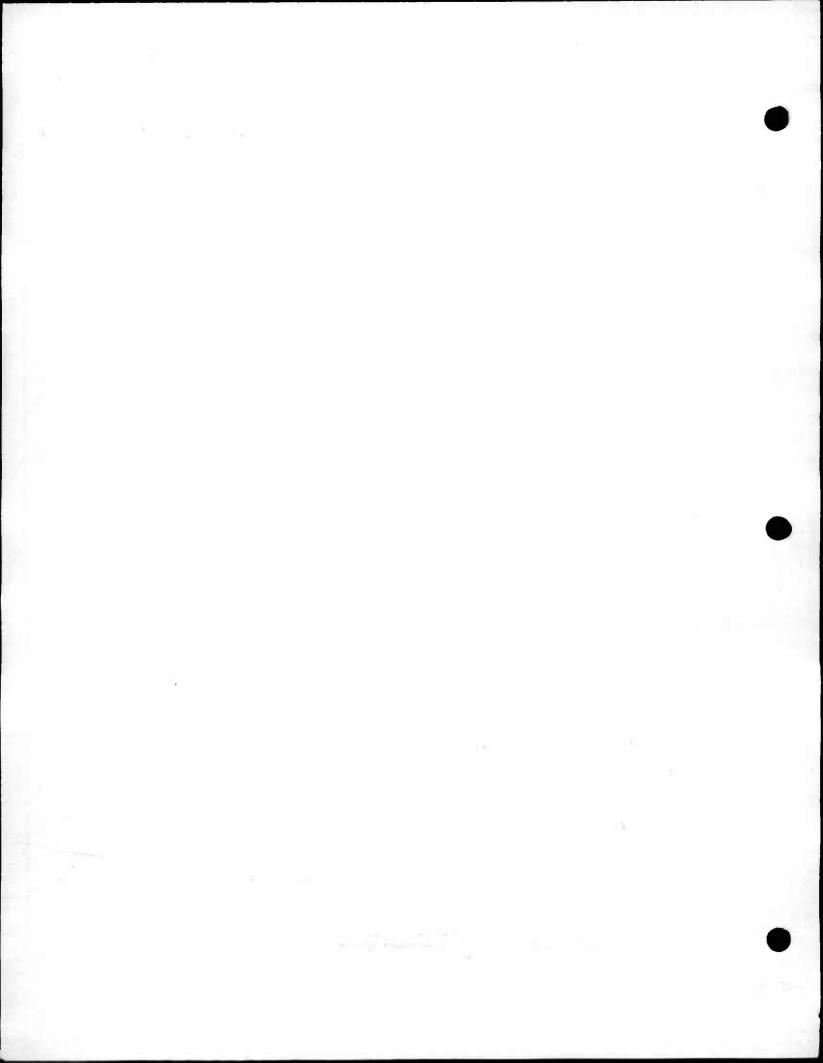
DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permat. Place within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF I	HEALTH AND	MENTAL	HYGIENE REG. NO.		0012		
1100	1. DECEDENT'S NAME (First, Middle, Last) CLARA IRE					2. DATE OF MONTH		YEAR	3. TIME OF OEATH 2/20 PM		
	4. SOCIAL SECURITY NUMBER 213-16-0294	5. SEX 6. AGE (III	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF	E BIRTH Day, Year) 2,1919	Country	PLACE (State or Foreign			
TOR	98. FACILITY NAME (If not institution, give WASHINGTON COUNTRESIDENCE OF DECEDENT			96. CITY, TOWN O	STOWN	EATH		ASHIN			
DIRECTOR	MARYLAND WAS	SHINGTON		ERSTOWN					10d. INSIDE CITY LIMITS? 1 YES 2 \(\subseteq \text{NO} \)		
FUNERAL	100. STREET AND NUMBER 242 WINTER STF				21740			U.S.	HAT COUNTRY?		
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 7NO	If yes, sp	ecity Cuban, Maxico 2 NO Special	en, Puarto Ric	(Specify Yea or No— ean, atc.)		— American Indian, , White, atc. y: WHITE		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	Cation completed) College (1-4 or 5+)		SUAL OCCUPATION of done during more retired.)	st of working		RCRAFT		WILLE		
BE COM	17. FATHER'S NAME (First, Middle, Last)	JTHER LUMN		LMDCIL			dde, Maiden Sumame IZABETH		ROVINGER		
70	190. INFORMANT'S NAME (Type/Print) RALPH E. LAF		424 E	AST WA	SHINGTO		., City or Town, State, .		WN, MD. 21		
	206. METHOD OF DISPOSITION 1 N Burlel 2 Cremetion 3 Removal from State 206. PLACE AND DATE OF DISPOSITION (Name of Carpeting Compilery C										
	· R. hou	2 Bridy		ANDRE	ANTIETA	FMAN F	UNERAL H	WN.MD			
	23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on each	ch line.			h as cardia	c or reapiratory a	rrest,	Approximate interval Between Onset and Death		
CATION	disease or condition resulting in death) a.										
CERTIFICATION	CAUSE (Disease or injury that initiated eventa resulting in death) LAST C. DUE TO (OR AS A CONSEQUENCE OF): d.										
SA	PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i.								WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Chock costs only)										
XSI	1 YES 2 NO	HOSPITAL: 1 ☐ Inpatient 2 PR/Outpet		OTHER:	5 - Realdence	6 Other (S	Specify)				
BY PH	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME (M I D	RK7 ES 2 NO	28d, DESCR	NIBE HOW INJURY O	CCURED			
	3 Suicide 4 Homicide 8 Could not be detarmined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)										
COMPLETED	29s. CERTIFIER (Check only one) CERTIFYING PHYSI (Check only one) MEDICAL EXAMINE	CIAN: To the best of my knowled R: On the basis of examination of	age, death occurred and/or investigation,	at the time, data in my opinion, de	and place, and dua	to the cause((a) and manner as st d place, and due to	ated. The cause(a)	and manner as stated.		
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D 38471										
	RYUBICO	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) WILLIAM B. KERNS MD ROUTE # 4 BOX 601, SMITHSBURG, MD. 21783									
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 10/27/50CT 29 91 Julia Savidson-Randelle										

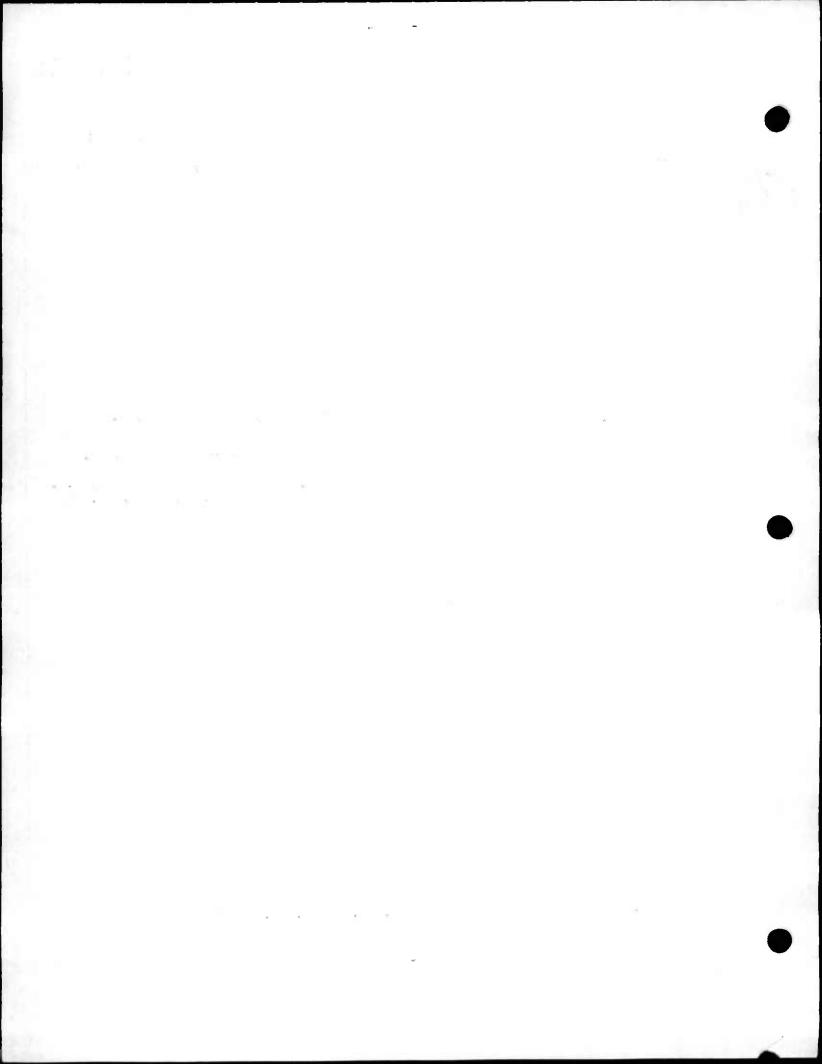


TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician. filled in by the funeral director, page 5 should be detached for use as the bunat-transit permion, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm be filled within 72 hours after death with the State Deat, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

-	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND ME CERTIFICATE OF DEATH	NTAL H
0	ECEDENT'S NAME /Elect Middle Local		

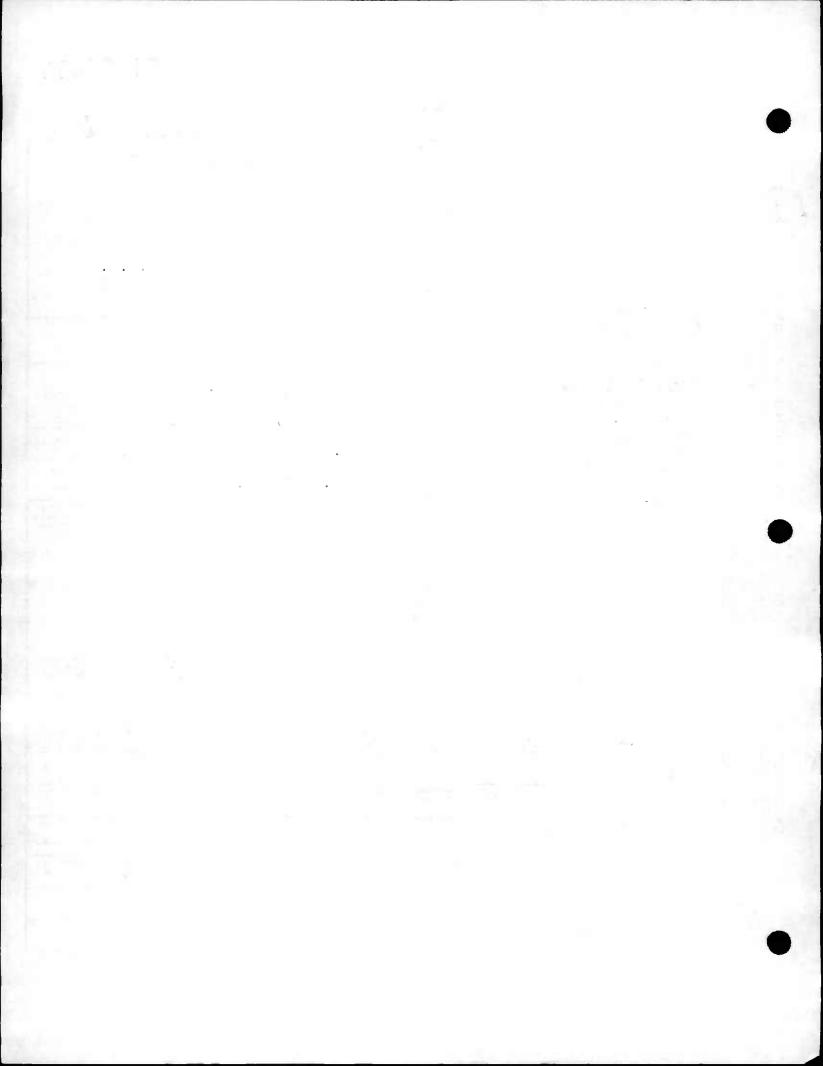
	1 - STATE REGISTRAR	STATE OF M	MARYLAND / CE				EALTH DEAT		MENTA	L HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last) Gertie	Frances		LONG					2. DATE MONT	OF OEATH		YEAR 91	3. TIME OF DEATH 4:45 A M
	4. SOCIAL SECURITY NUMBER 216-24-5920	5. SEX 1 ☐ M 2 💢 F	8. AGE (In yrs. last	birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE (Mont	OF BIRTH		A BIRTH	PLACE (State or Foreign est Virginia
TOR	90. FACILITY NAME (II not institution, give Franklin Square RESIDENCE OF DECEDENT	L				Vill	ON OF DEA			9c. COU	NTY OF D	EATH	
DIRECTOR	10a. STATE 10b. COUNTY				Y, TOWN C						10d. INSIDE CITY LIMITS?		
	Maryland Harfo		J	Fores	101	ZIP CODE		<u> </u>				1 YES 2X NO	
FUNERAL	2286 Phillips Mill Road 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A				21050 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Y					Y? (Specify Yes	USA		
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	YES 2 SANG	•		t yes, spi	2X NO	Specify:	, Puarto	Rican, etc.)			— American Indian, k, Whits, atc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest gradi Elementary/Secondary (0-12)	(Speciny only highest grade completed) ((Elementary/Secondary (0-12) College (1-4 or 5+)					ECEDENT'S USUAL OCCUPATION Shee kind of work done during most of working a. Do NOT use retired.						
OMF	17. FATHER'S NAME (First, Middle, Lest)							Manufa Middle, Maiden S		1119			
BE	James Omar Ke	= IIIISON	100				Flo				cGlo		
٩	Dorothy W. Stifl	ler	1 196.	749	Jarr	etts	vill	e Rd	, Ja	ber, City or Town	vill	e,Md	. 21084
	20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		20b. PLACE AN cemetery, crem Bel A	etory or of	of dispositive place)	rial	Gard	dens	10-	25–91	Bel	City or To	wn, State Md
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE NO PON	101111	7	22. H	War	D ADDRES	MCCC	mas	III F	unera	al Ho	ome, P.A.
CERTIFICATION	MANUAL CALLS (Filed) the cause on each line.								Approximate interval Between Onset and Death				
PHYSICIAN: MEDICAL CI	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 □ YES 2 NO								WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					VCE OF DE	ATH (Checi	k only on	0)			
HYSI	1 YES 2 NO	1 Inpetient 2 I		DOA 28b. TIME				idence 8	_				
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day	r, Year)	INJU	URY M	1 Y			280. DEŞ	CRIBE HOW IN	JURY OCC	URED	
	3 Suicide 8 Could not be determined	28e. PLACE OF building, e	INJURY — At home tc. (Specify)	a, farm, a	treat, facto	ry, office		1	City	ATION (Street an or Town, State)	d Number	or Rural R	oute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	CIAN: To the beat of m	ny knowledge, deat	h occurre	d at the tir	ne, data a	and pleca,	and due to	the cau	se(s) and mann	due to the	ed.	end manner as stated.
TO BE C	250. SIGNATURE AND TITLE OF CENTIFIES	R						NSE NUMB					(Month, Day/fee
	30. NAME AND ADDRESS OF PERSON WH DR. Maria DAY		Frankli:			. Ba	lto-	MD.	212	37	/	/	/ //
	31. DATE FILE (A) POTO DEV. 19	32. HEGISTRAN	46 SIGNATURE	delle				- 111/6	412				



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR 1 - STATE REGISTRAR	STATE OF MA		PARTMENT				MENTAL HYGIENI REG. NO.	. D.	
1. DECEDENT'S NAME (First, Middle, LOIS	MARTE.		LEWIS				2. DATE OF DEATH MONTH DAY		3. TIME OF DEATH 9:13 p
4. SOCIAL SECURITY NUMBER 219-56-9791		AGE (In yrs. lest birthd	MONTHS	R 1 YEAR DAYS	HOURS I	HRS. MIN.	7. DATE OF BIRTH	e. N	BIRTHPLACE (State or Foreign Country) IARYLAND
9a. FACILITY NAME (If not institution, Memorial Hos		VITT-1			rLocation			9c. COUNTY	
RESIDENCE OF DECEDER	_					_			
MARYLAND 10b. C	ALLEGANY	10c.	FROS	OR LOCATION					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
40 FROST V	ILLAGE			101.	2153	32			S.A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO	13.	If yes, spe		Mexica	IIC ORIGIN? (Specify Yea n, Puerto Rican, atc.)		RACE — American Indian, Black, White, etc. Specify:
15. DECEDENT' (Specify only highes Elementary/Secondary (0-12)		(Give kind life. Do No	NT'S USUAL Cod of work done OT use retired.)	during mos	N t of working		166. KIND OF BUS		
17. FATHER'S NAME (First, Middle, LI LEROY WOLFO							ME (First, Middle, Melden)THY E , L		TER
JAMES J. LEV							Route Number, City or Town FROSTBUR		·
20. METHOD OF DISPOSITION 1. Burlel 2 Cremation 3 C 4 Donation 5 Other (Specify		FROSTB				K 1	0/23 FRO		or Town, Stata
21. SIGNATURE OF PUNERAL SERV	IGE LICENSEE	Devers.	22	. NAME AN	D ADDRESS	OF FA	CILITY SOWER	S FUN	NERAL HOME RG, MD 21532
23. PAHT I. Enter the disease shock, or heart fe IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO 10	O ON EACH HINE.	MIA SE COPIE SEL CO	A hely		2	bylaminal	Absce,	t, Approximata Intarval Between Onset and Deat
PART II. Other significant con	nditiona contributing to de	path but not result	tind in the u		cause gly	1	Part I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDI EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpetient 3 🗆 DO	OTHE	ER:			6 Cther (Specify)		
27. MANNER OF DEATH 1 Natural 6 Pendin 2 Accident investi			b. TIME OF INJURY M	28c. INJI WO			28d, DESCRIBE HOW I	NJURY OCCU	RED
2 Accident Accident 3 Suicide 8 Could 4 Homicide determ	not be 28s. PLACE OF i	INJURY — At home, fa ic. (Specify)	erm, street, fe	ctory, office	1		261. LOCATION (Street City or Town, State)		Rurel Route Number,
(OHOOK OH)	3 PHYSICIAN: To the best of m XAMINER: On the bests of examiners								cause(s) and menner as stated.
29b. SIGNATURE AND TITLE OF CE	N.A. Ranist	Les	16		29c. LICEN	193		29d. DATE S	SIGNED (Month, Pay, Year)
30. NAME AND ADDRESS OF PERS Dr. N. A. Ranj				umber	land,	Mo	1. 21502	,	
31. DATE FILED (Month, Day, Year) OCT 2 3 19	91 32. REGISTRAP	s signature							



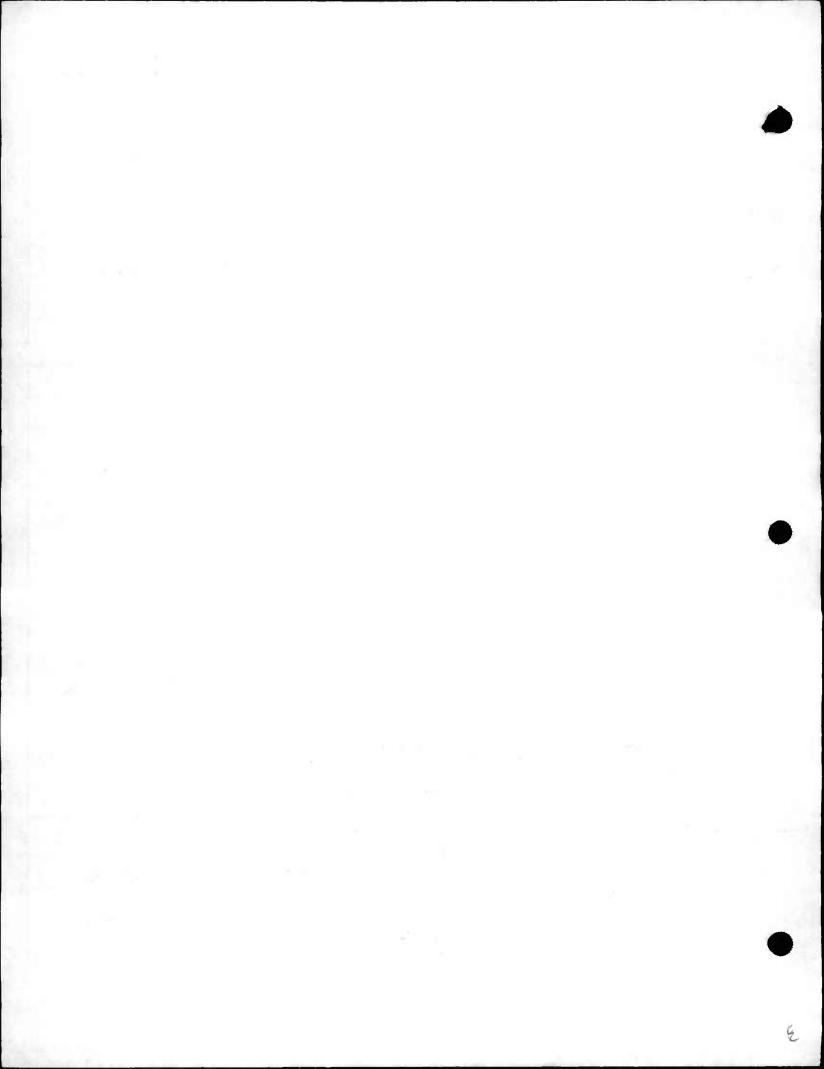
TO BE COMPLETED BY FUNERAL DIRECTOR

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OR AT	DIRECT	NOUIS 8	tem 2
PITAL	ERAL	127 n	THE
E HOS	E FUN	d with	HTAN
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mous after death. Page 6 may be retained by the hospital or atte	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
CERTIFICATI	OF DEATH	REG. NO.

1 - FOR STATE REGISTRAR	STATE OF MARY			F HEALTH AND		YGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	OEATH		3. TIME OF DEATH
Lena	Maure	r			монтн 09	12	91	1:15 P M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (in yrs. lest birthday)	IF UNDER 1 Y		7. DATE OF I		6. BIRTH	PLACE (State or Foreign
093-03-3166	1 🗆 M ZX 🗆 F 8	3 YRS.	MONTHS D	AYS HOURS MIN.	06-23		Gerr	"
9a. FACILITY NAME (If not institution, give st	reet and number)	14	9b. CITY, TO	WN OR LOCATION OF DI	EATH	9c. CO	UNTY OF D	EATH
Corsica Hills N	ursing Home		Centre	ville		Que	en Ar	nes
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,	10c CIT	Y, TOWN OR L	OCATION				10d. INSIDE CITY
MAX NI NI	Nassau Co.			.oominoit				LIMITS?
10e, STREET AND NUMBER	XANNES	Ba	ldwin	101. ZIP CODE		10a CI	TIZEN OF V	1 YES 2 NO
1124 74 20045 - 7						100.00	U.S	
1124 Atlantic Av	12. WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS	11510 DECENDENT OF HISPAI	NIC ORIGIN? (S	ipecify Yea or No-		
1 Never Married 2 Married	FORCES? 1 TYPE	ES 2 XNO	If ye	es, specify Cuban, Maxica YES 21 NO Specif	in, Puerto Rice		Black Speci	— American Indian, c, White, etc.
3 ₩ Widowed 4 Divorced			1	A A A A A A A A A A A A A A A A A A A	,		Whit	•
15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S	USUAL OCCU	IPATION	16b. KII	ND OF BUSINESS/II	DUSTRY	
Elementary/Secondary (0-t2)	College (1-4 or 5+)	life. Do NOT u	se retired.)	ng most of working				
10		house	wife		h	ome make	er	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Midd	lie, Maiden Surname)		
**XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX Sebasti	an Ecker	lin	Kathrin	e Wegh	orn Maur	er	
19a. INFORMANT'S NAME (Type/Print)				treet and Number or Rural				
Theodore Maurer		908 B	ayside	Dr. Steve	nsvill			
20a. METHOD OF DISPOSITION 1 Burlal 2X3Cremation 3 Rem	oval from State	20b. PLACE AND DAT of cemetary, crematory	or other place	al	DATE	20c. LOCATION -		wn, State 66 Balto.
4 Donation 5 Other (Specify)	FNGEF	Metro Cr	emator	y Inc. 9-1	J J 1	11.0. B		Md. 21229
Mamas KA	1 herken		Tom	Helfenbei mrock rd.	n Fune		PA.	106
23. PART I. Enter the diseases, or o	omplications that cau	sed the deeth. Do						Approximate
shock, or heert fellure.	List only one cause or	n eech line.						Interval Between Onset and Deeth
IMMEDIATE CAUSE (Finel disease or condition	Ca	- 0.1.	Morinal	-6.1.				
resulting in deeth)	DUE TO (OR A	S A CONSEQUENCE O	OF):	ra, me				
	b. F	1 1 make	had	lad in				
Sequentially list conditions, If any, leading to immediate		S A CONSEQUENCE O	OF):					
cause. Enter UNDERLYING CAUSE (Disease or Injury	с							
that initiated events	DUE TO (OR A	S A CONSEQUENCE O	PF):					
resulting in deeth) LAST	d							
PART II. Other significant condition	ne contributing to deet	h but not resulting	In the unde	dylna cause alven in	Part I 24	a. WAS AN AUTOPS	V 24h	. WERE AUTOPSY FINDINGS
Als hours			m the ande	arying caaco given in		PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
- 111 C V 1 1 - 12	<u> </u>				— I	☐ YES 2 ☐ NO		DF DEATH?
					_			1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL								
EXAMINER?	HOSPITAL:			26. PLACE OF DEATH (C				
1 YES 2 NO	1 Inpatient 2 ER/C	Contract Con		g Home 5 - Residence	· -			
1 Natural 6 Pending	(Month, Day, Yes		JURY	ic. INJURY AT WORK?	28d. DESCR	IBE HOW INJURY O	CCURED	
2 Accident Investigation	00. 01.00.05.01	IIII		1 YES 2 NO				
3 Suicide 8 Could not be 4 Homicide determined	building, etc. (S	URY — At home, farm, Specify)	street, factory	, office	City or 1	ON (Street and Numi lown, State)	ber or Rural	Route Number,
no- CERTIFIER								
one)	ICIAN: To the best of my ki ER: On the basis of examin							s) and manner as stated.
295. SIGNATURE AND FITLE OF CERTIFIE				29c, LICENSE NU				
29d. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, 16ar)						> 10 /		
DIL NAME AND ADDRESS OF PERSON WE	O COMPLETED CAUSE OF	DEATH (ITEM 27) (5-	e. Print)	4004	026		///	5/7/
Can Tro	se P	O Bas	210	Quer	show	(m)	21	652
31. DATE FILED (Month, Day bear)	1. REGISTRAR'S S Juna Davids	ignature in Landell						

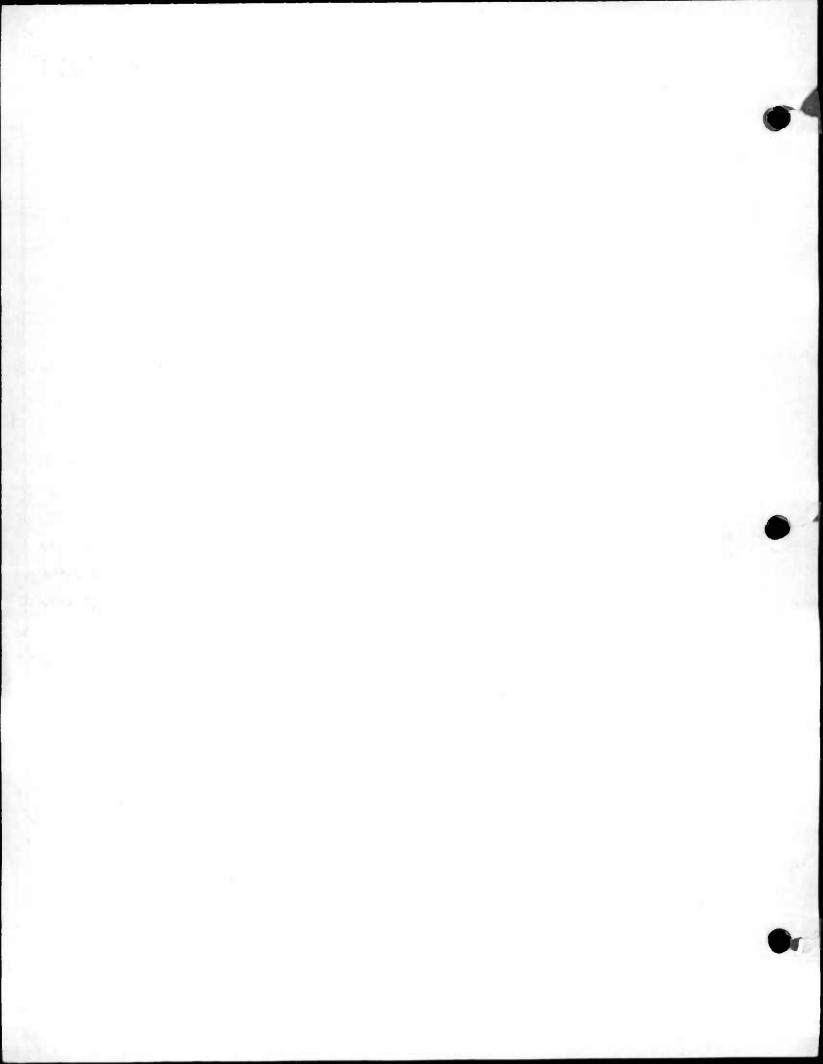


BALTIMORE, MARYLAND 21215-00	1.24 Hours after death. Page 6 may be retained by the hospital or attending of	y filled in by the funeral director, page 5 should be detached for use as the bitton, or removal	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal	IMPORTANT: It item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notitled at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM	ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATN		3. TIME OF DEATN
	Melvin	Martin	Mic	hael	9 25	91	M G 01.0
	4. SOCIAL SECURITY NUMBER		MON	JNDER 1 YEAR IF UNDER 24 HRS. THE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTH Counts	IPLACE (State or Foreign
	212-12-2411	1⊠M2□F 85	5 YRS.		01-23-06		timore, MD
Œ	9a. FACILITY NAME (If not institution, give s		9b.	CITY, TOWN OR LOCATION OF D	EATN	9c. COUNTY OF D	
5	Memorial Ho	Spital		Easton		Talbo	ot
REC	10a. STATE 10b. COUNT	Y	10c. CITY, TO	WN OR LOCATION			10d. INSIDE CITY
۵		ueen Anne's		Chester			LIMITS?
3AL	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN OF V	WHAT COUNTRY?
FUNERAL DIRECTOR	1901 Bayside			21619		U.	S.A.
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U FORCES? 1 YES	2 NO	13. WAS DECENDENT OF HISPA II yea, specify Cuban, Mexico	NIC ORIGIN? (Specify Yea o	No- 14. RACE	— American Indian, k, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	ES `	1 YES 2 NO Specif		Speci	ffy:
ED	16. DECEDENT'S EDU	CATION	Ide. DECEDENT'S USUA	AL OCCUPATION	16b, KIND OF BUSIN	FSS/INDI ISTRY	white
Ē	(Specify only highest grade Elementary/Secondery (0-12)	College (1-4 or 5 +)	(Give kind of work of life. Do NOT use reti	lone during most of working	No. Kino or boom	E33/INDUSTRY	.0
MP	10		ret	ailer	Mea	at Comp	anv
COMPLETED	17. FATNER'S NAME (First, Middle, Last)				ME (First, Middle, Malden Su		
BE	Peter Michael			Mabl	e Mooney		
2	19a. INFORMANT'S NAME (Type/Print)			RESS (Street and Number or Rural			
	Dorothy H. Mi			Bayside Dri	ve, Cheste	er, MD	21619
	1 Surial 2 Cremation 3 Rem	oval from State camete	LACE AND DATE OF DIS ery, crematory or other p	lanal		TION — City or To	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE 6	oudon Pa	rk Cemetry	<u>9/30 Balt</u>	imore	City, MD
1	M//	12/1/	1.	Tom Helfen	oein Funer	al Hom	nes, PA
	mman K		ein	106 Shamro	ck RD, Che	ester,	MD 21619
		Complications that caused the List only one cause on each	he death. Do not a h lina.	nter the mode of dying, auc	h sa cardisc or respirat	tory arrest,	Approximata interval Batween
	iMMEDIATE CAUSE (Final disesse or condition	SORCIA					Onset and Death
	resulting in death)	DIE TO (OR AS A C	ONSEQUENCE OF				2 Whs
z	L	Melius	ua				Zulis
임	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A C	ONSEQUENCE OF:	0.4			Zules.
<u>8</u>	CAUSE (Disease or injury	M		afecting			Zwks.
E	that initiated events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF):	0			
CERTIFICATION		<i>i</i>					
CAL	PART il. Other significant condition	a contributing to death but	not resulting in the	undariying cause given in			WERE AUTOPSY FINDINGS
	Muller In	us distass			PERFORME 1 YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE
WE					_ ' ' '		OF DEATH? 1 YES 2 NO
ä							
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATN (Ch	ock only one)		
ΙΧ	1 TYES 2 NO	1 - Inpatient 2 - ER/Outpatie		TER: Nursing Home 5 ☐ Residence	8 Other (Specify)		
	27. MANNER OF DEATH 1 Netural 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DEŞCRIBE NOW INJU	JRY OCCURED	
à	2 Accident Investigation 3 Suicide Could not be	26s. PLACE OF INJURY —	111	1 YES 2 NO			
	4 Homicide 8 Could not be determined	building, etc. (Specify)	At nome, letm, street,	tactory, omica	28f. LOCATION (Street and City or Town, State)	Number or Rural R	oute Number,
COMPLETED	29a. CERTIFIER	CAND To the boat of the boat					
P P	(Check only one) 2 MEDICAL EXAMINER	3: On the basis of examination a	ge, death occurred at t	ha lime, date and place, and due ny opinion, death occured at the	to the cause(a) and manner	es stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER						
8	Dand HM	11/0		29ch LICENSE NUM	90. Z	d. DATE SIGNED	(Month, Day, Year)
유	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Print)	1730	101	1/26	11/
	David Smi			oldsboro St.	Factor	MD 2	1601
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATU	JRE JRE	- ADDOTO BL.	, Easton,	ב עמי	1601
	SEP 27'91	Fulia Savidson To	indell				
		()					

DHMH-18 Rev 1/89



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

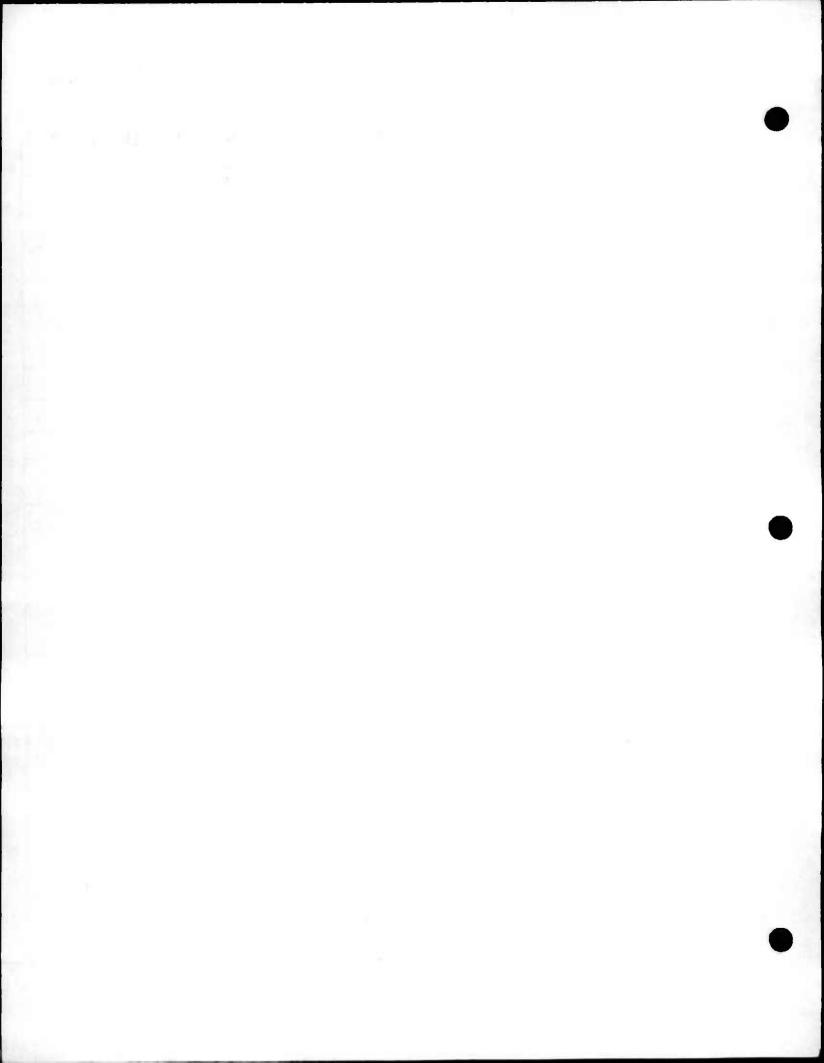
	REGISTRAR	CERTIFIC	CATE OF DEATH	REG. NO					
		an MacFa	rlane	2. DATE OF DEATH D		3. TIME OF DEATH			
	MACFARLANE DOUG	LAS 1	4		AY YEAR	Bi 33P P M			
	261 - 22 - 7832 1፟X M 2 □ F	- 22 - 7832 1 M x 2 F 65 YRS. MONTHS DAYS HOURS MIN. May 28, 1926 1							
E.	99. FACILITY NAME (# not institution, give street and number) 99. COUNTY OF DEATH University Hospital 90. COUNTY OF DEATH Baltimore City								
DIRECTOR	RESIDENCE OF DECEDENT								
뿔	10e. STATE 10b. COUNTY		TOWN OR LOCATION			10d. INSIDE CITY LIMITS?			
	Maryland Queen Anne's	Cent	reville			1 TYES 2 X NO			
FUNERAL	R.D. 4, Box 647		101. ZIP CODE 21617			WHAT COUNTRY? States			
5	11. MARITAL STATUS 1 Never Merried 2 Nerried 12. WAS DECEDENT EVER IN FORCES? 1 N. YES	U.S. ARMED	13. WAS DECENDENT OF HISPAI II yes, specify Cuben, Maxica	IIC ORIGIN? (Specify Yes	or No- 14. RAC	E — American Indian, ck, White, atc.			
D BY	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DA	ATES	1 Tes 2 NO Specif		Spec				
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of wo	SUAL OCCUPATION rk done during most of working retired.)	18b. KIND OF BUS	SINESS/INDUSTRY				
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 +) 12 4	Consul		Agricu	lture				
8	17. FATHER'S NAME (First, Middle, Last) John Stevenson MacFarlane		18, MOTHER'S NA	ME (First, Middle, Malden, ugusta Wi	Surgarge)				
8	19s. INFORMANT'S NAME (Type/Print) Wife	10h MARING A							
2	Jean K. MacFarlane	R.D.4,B	DDRESS (Street and Number or Rural is OX 647, Centrev	ille, Mary	n, State, Zip Code) Land 21	.617			
	20a. METHOD OF DISPOSITION 1	PLACEANDDATEOF etery, crematory or othe DILOI CTE	DISPOSITION (Name of In alory Services	10/22 DOV	cation — city or to	own, Stata			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF FA Barton Funer	CILITY	,				
	James H. Barton, Jr.		P.O. Box 222		11e. MD	21617			
	23. PART I Enter the diseases, or complications that caused	the death. Do not	t enter the mode of dying, auc	a cardiac or reapi	ratory arrest.	Approximate			
	ahock, or heart falfura. List only one cause on as iMMEDIATE CAUSE (Final	nch iina.				Interval Between			
	disease or condition	CENCRON	CACUA			+ 0.44			
	resulting in death) a. MASSIVE DUE TO (OR AS A	CONSEQUENCE OF):	epenny.			I DAY			
No.	Sequentially list conditions, INTRA CEN	is suan (s	us anathoris) A	munumare		1-3 WKS			
AT	in any, roughly to initiediate								
	CAUSE (Disease or injury that initiated events	CONSEQUENCE OF:	AGBRAN ANT. 11	V FARCI.					
CERTIFICATION		AND	ANT comm AR	T. ANEW	rysms.				
	PART II. Other algnificant conditions contributing to death but					. WERE AUTOPSY FINDINGS			
EDICAL	HIPENTENSION			PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
	Hy reacoties renoveming			1 TYES 2	NO	OF DEATH?			
N.	The state of the s					1 TYES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (Che	ck only one)					
Z.	1 YES 2 NO HOSPITAL:		OTHER: Nursing Home 5 Residence	6 Other (Specify)					
H	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year)	26b, TIME (OF 28c, INJURY AT	28d. DESCRIBE HOW IN	JURY OCCURED				
B	2 Accident Investigation 9/24/91		M 1 YES 2 NO	SPONT	ANGOUS				
	3 Suicide 6 Could not be building, etc. (Specific	At home, farm, stre	et, factory, office	28f. LOCATION (Street a City or Town, State)	nd Number or Rural i	Route Number,			
Ē.									
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowle one)	idga, death occurred	et the time, data and place, and due	to the cause(a) end man	ner as stated.				
8	one) 2 MEDICAL EXAMINER: On the basis of examination			lime, data and place, and	dua to the cause(s	a) and manner as stated.			
H H									
2	30. NAME AND ADDRESS OF PERSON WAS COLUMN S	makery ur	mt -		P 10/21	191			
	ALL LA CALLER OF DEATH	TH (ITEM 27) (Type, Pr	Michael A. Di	as,M.D.,	Baltimor	e,MD 21201			
-	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNA	TURE	TENE STUDET B	ALI. MO 1	1201				
	MT24 91 Julia L	Vavidson-Ran	do 90_						
	June C	work - Mari				DUMAN 16 Don 100			

7 202 Transfer of the Atlanta of the ALCOHOLD TO A CONTROL ALTER VIII TO THE MET

FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	HEGISTHAH				CERTIF	ICATE O	F DEATH		REG	NO.		
	1. DECEDENT'S NAME (First, M		VE GA	10.1	Mani	10			ATE OF OEA	TH DAY	YEAR	3. TIME OF DEATH
3	4. SOCIAL SECURITY NUMBER		5, SEX	LEV	rrs. last birthday)			-	10 -	20		1 3 D P
1			1000000			IF UNDER 1 YEA		7. D/	ATE OF BIRT	H ear)	8. BIA	THPLACE (State or Foreign untry)
	577-26-9317		1 🗆 M 2 💢 F	77	YRS.		HIS DAYS HOUNS MIN. (Month, Day, Year) DEC.18,1913 MAIN					
	9a. FACILITY NAME (If not institt	ution, give s	treet and number)			9b. CITY, TOW	N OR LOCATION OF				COUNTY OF	DEATH
6	HOLY CROSS	HOSP:	ITAL			STLVF	R SPRING			м	ONTGO	MERV
5	RESIDENCE OF DECE						DE ICELIO				ONTOOL	IBRI
DIRECTOR	10a. STATE	Db. COUNTY	,		10c. CIT	Y, TOWN OR LO	CATION					10d. INSIDE CITY LIMITS?
₫	MARYLAND	MON	IGOMERY		SI	LVER SP	RING					1 YES 2 NO
AL	10e. STREET AND NUMBER						10f. ZIP CODE			100	. CITIZEN OF	F WHAT COUNTRY?
E	3402 PARKER	CREEK	C LANE				20906				USA	N2001 - 121-100
BY FUNERAL	11. MARITAL STATUS		12. WAS OECEDEN	EVER IN U.	S. ARMED	13. WAS D	ECENDENT OF HISP	ANIC OR	IOIN3 (Panel	A. V a. N		
-	1 Never Married 2 Ma	rried	FORCES? 1 IF YES, GIVE W	YES 2	ZX NO	If yes,	specify Cuban, Mexi	can, Pue	rto Rican, al	C.)	Bis	ICE — American Indian, ack, Whita, atc.
B	3 Widowed 4 Divorce	ď	IF TES, GIVE W	AH OH DATE	S	1 7	ES 2X NO Spec	city:				ecity:
COMPLETED	15. DECEDI	ENT'S EDUC	CATION	18	a. DECEDENT'S	IISHAL OCCUP	TION		401 KIND O		WH.	ITE
E 1	(Specify only high Elementary/Secondary (0-12)				(Give kind of v	work done during	most of working		166, KIND O	F BUSINES	S/INDUSTRY	
7	Elementary/Secondary (0-12)	, .	College (1-4 or 5 +					_				
× ×	17. FATHER'S NAME (First, Middl	(- (4)	5+	M	EDICAL	CLAIMS	ADJUSTE	-	INSUR			
							18. MOTHER'S N				ime)	
BE	JOHN GALE						ADAVI	LLA	ANTON	E		
2	19a. INFORMANT'S NAME (Type	(Print)			19b. MAILING	ADDRESS (Street	et and Number or Rura	Route N	lumber, City o	r Town, Sta	te, Zip Code)	
- 1	LINDA F. MEYE	R ((DAUGHTER	.)	1504 (COLESBE	RG STREE	r s	ILVER	SPR	ING,M/	ARYLAND 20905
	20a. METHOD OF DISPOSITION 1 N Burlel 2 □ Cremation	3 [] Bama	The second	20b. PL	ACE AND DATE (F DISPOSITION					ON — City or	
	4 Donation 5 Other (Sp		over from State	CAT	ry, cremetory or of	her plece)	EMETERY	10	/22CT	TATED	CDDTA	TO MADNI AND
	21. SIGNATURE OF FUHERAL S	ERVICE LIC	ENSEE	7	is the m	22. NAME	AND ADDRESS OF F	ACILITY				NG, MARYLAND
	14X	11/	$\sim \gamma$	-			IS J. CO					
_	Jun	1/	Min	/		500	UNIVERSI	ry b	LVD.,	W. S	IL.SPF	R.,MD.20901
	23. PART I. Enter the diser	esea, or c	omplications that list only one caus	ceused th	e deeth. Do n	ot enter tha r	node of dying, su	ch as c	erdlec or	reepirator	y errest,	Approximete
	IMMEDIATE CAUSE (Final		inc biny one cad	on eech	mie.							Onset end Death
	disease or condition reaulting in death)		Δ.,	. 1-	/ ~	1	1 0					onest and beath
	reading in death)		DUE TO	OR AS A CO	NSEQUENCE OF	ortorn	talle	~				
z			651	2000								i
일	Sequentially list conditions if any, leading to immediate	0,	DUE TO	OR AS A CO	NSEQUENCE OF):						
8 1	cause. Enter UNDERLYING		_					- A				
Ĕ	CAUSE (Disease or Injury that Initiated events) °	DUE TO	OR AS A CO	NSEQUENCE OF):	YMPH	0/9	F) .			
E	resulting in deeth) LAST											i
CERTIFICATION		-										
4	PART II. Other eignificent	conditions	contributing to	death but r	not resulting in	n the underly	ng cauea givan ir	Pert I.		S AN AUTO		Ib. WERE AUTOPSY FINDINGS
EDICAL	Congesti	in	heart -	Lan	lan					RFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
									1 🗆 YE	S 2 N	°	OF DEATH?
2												1 YES 2 NO
¥	25. WAS CASE REFERRED TO M	rought T										
BY PHYSICIAN:	EXAMINER?		HOSPITAL:			28. OTHER:	PLACE OF DEATH (C	heck only	one)			
₹	1 TYES 2 NO		1 🗂 Inpatient 2 🗆		mt 3 🗆 DOA		me 5 🗆 Rasidence	8 🗆 0	ther (Specify)			
표	27. MANNER OF DEATH		28a. DATE OF I (Month, Day	NJURY (, Year)	28b. TIME		JURY AT	28d. D	DESCRIBE H	OW INJURY	OCCURED	
≿∥		ding stigation					YES 2 NO					
	3 Suicide 8 Cou	ld not be	28e. PLACE OF	INJURY — A	M home, farm, st	treet, factory, of	ice	28f. L	OCATION (St	reet end Nu	imber or Rural	Route Number,
COMPLETED	4 Homicide dete	rmined		to: (opeciny)				C	ity or Town, S	State)		
ון ב	29a. CERTIFIER	NG PHYSIC	IAN. To the best of a		Question .				-			
₹ I	(Check only one)	FYAMINED	IAN: To the best of n	my knowledge	e, death occurred	d at the time, da	la and place, and du	e to the	cause(s) and	manner as	s atsted.	
8 1			. On the beat of ex	mination end	a/or investigation	i, in my opinion,	death occured at the	e time, da	eta and plac	e, and due	to the cause	(a) and manner as stated,
w II	29b. SIGNATURE AND TITLE OF	CERTIFIER	1				29c. LICENSE NU			29d.	DATE SIGNE	D (Month, Day, Year)
10 8	Victory.	4- 1	12 Joseph	~	MD		1 38	58	8	•	10/2	0/91
=	30. NAME AND ADDRESS OF PE	RSON WHO	COMPLETED CAUSE	OF DEATH	(ITEM 27) (Type,	Print) L1	701, W They		10.0	A./ 5	Chille	/
	ROBERT		DE J			- 7	Che W	100	r47EV)	MVE	NUE	
	31. DATE FILED (Month, Day, Year)		# MEGISTIAR	S SIGNATU	TE P AA		TEVY		ASE	,	1 D S	0817
	OCT 2 2 19	391	Julia Dav	idson-1	anaesa							
			446									



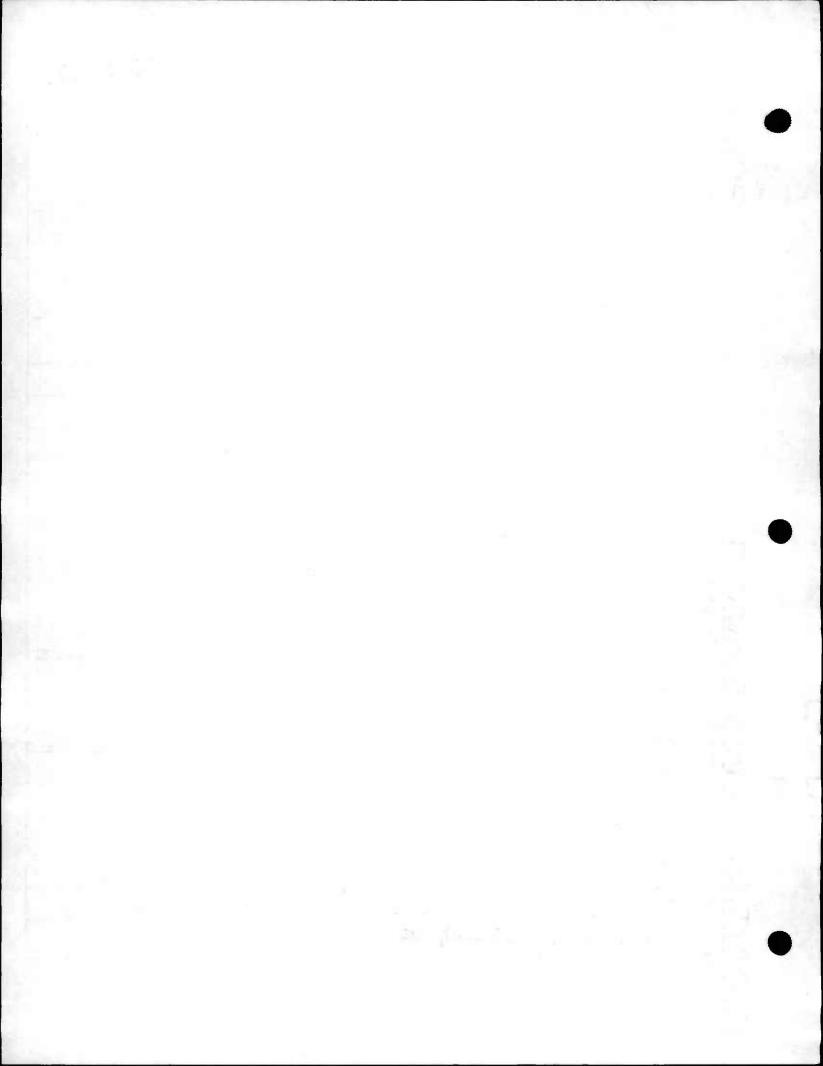
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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PIT	ERA	무기	E
HOS	FUN	With	TAN
분	물	iled	NO.
2	2	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to bunal, cremation, or removal,	E

	FOR STATE REGISTRAR		STATE OF I	MARYLAN	ND / DEP/					MEN'	TAL HYGIEN REG. NO			30079
	1. DECEDENT'S NAME (First,	, Middle, Last)									ATE OF DEATH		1000	3. TIME OF DEATH
	Leslie D	MacI	ntyre					1			ober 17		YEAR	11:10p.m#
	4. SOCIAL SECURITY NUMBER 228-40-9141		5. SEX	6. AGE (In)	yrs. last birthda	MONTHS	DAYS	IF UNDER	R 24 HRS.	7. D/	TE OF BIRTH lonth, Day, Year)	897	8. BIRTH Countr	IPLACE (State or Foreign
	99. FACILITY NAME (If not in	estitution give s			1.00		Y TOWN	OWN OR LOCATION OF D		_	g. 7, 18	897 Indiana		
OR	Montgomer	y Gene		ital		Olney Montg								
C	RESIDENCE OF DEC	10b. COUNT	v		100	MYV TOMBI	001000	TION.						
DIRECTOR	Maryland	11000 11000	gomery			Silver Spring							10d. INSIDE CITY LIMITS? 1 YES 2 NO	
7	10e. STREET AND NUMBER	PIOITE	gomery] 3	TTAGE		LIIG	ie.			10a CITI	ZEN OE V	HAT COUNTRY?
FUNERAL	15301 Pine	Orcha	rd Drive	#3H				. ZIF COD	_	ากล		,		d States
N.	11. MARITAL STATUS	010110	12. WAS DECEDEN		LS. ARMED	20906 IRMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yo						1		E - American Indian,
B⊀	1 Never Merried 2 2 3 X Widowed 4 Divo		FORCES?	YES	2 V NO	O If yes, specify Cuben, Mexican, Puerto Rican, atc.) Black, 1 ☐ YES 2 💢 NO Specify: Specify							k, White, etc.	
	15. DEC	EDENT'S EDU	CATION	1	6a. DECEDEN	'S USUAL	OCCUPATI	ON		\Box	18b. KIND OF BU	SINESS/IND		
ᄪ	Elementary/Secondary (0		College (1-4 or 5	+)	life. Do NO	of work done use retired.) auning me	at or work	ing					
MPI	12				Admini	.stra	tor				America	an Re	d Cr	coss
COMPLETED	17. FATHER'S NAME (First, M										st, Middle, Maiden	Sumame)		
BE	Martin Mac		9					Lt.	chel	Le	W1S			
10	19e. INFORMANT'S NAME (7										lumber, City or Tow			
	Donald M. N		yre						Ker		gton, M			
	28a. METHOD OF DISPOSIT 1 Burlei 2 Crematic 4 Donation 5 Other	n 3 🗆 Rem	oval from State	20b. F	PLACE ANO O. metary, cremat DUTDAN	ory or other Creff	POSITION Place) Nator	(Name		16	ATE 200. LO	cation -	orin	own, Siate ng, Maryland
	21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE	1		22	. NAME A	NO AOORE		ACILITY				
3	· El	len	X. 0	Cap	20		333 (Fune Gist	eral Ave	Sei nue	rvices, , Silver	P.A. Spr:	ing,	MD 20910
	23. PART i. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line.													
	IMMEDIATE CAUSE (Final disease or condition													
	DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	Sequentially list conditions, Due To (or as a consequence op):													
AT	if any, leading to immediate cause. Enter UNDERLYING											i		
FIC	CAUSE (Disease or injute that initiated events	iry	CDUE TO	OR AS A C	ONSEQUENCE	OF):								
PI	reaulting in death) LAS	т	4											
AL	PART II. Other significa	ondition	na contributing to	death but	not resultir	ig in the u	ınderlyin	g cause	given in	Part	i. 24a. WAS AN PERFO		240	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
DEC	Sich Jinish	Jys Cha	more .	1.0			1				1 TYES	NO X		OF DEATH?
ME	Acoration	You	unall	Res	water	Fa	lue							1 TES 2 NO
ż					/									
CIA	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSFITAL:			ОТН		LACE OF	OEATH (C	heck on	ly one)			
YSI	1 TES 2 NO		1 Nonetlant 2		-	4 U N		ne 5 🗆 R	Reeldence	8 🗆 (Other (Specify)			
PHYSICIAN: MEDIC	27. MANNER OF DEATH 1 Netural 5	Pending	28e. DATE O	F INJURY Day, Year)	28b.	TIME OF INJURY	W	JURY AT ORK? YES 2	□ NO	28d.	OEȘCRIBE HOW	INJURY OC	CURED	
BY	2 Accident	investigation	28a PLACE	OF IN HIRY -	- At home, far	m etenat fe				204	LOCATION (Street	and Number	or Pumi	Bouts Number
COMPLETED	3 Suicide 8 4 Homicide	Could not be determined	building	, etc. (Specify	/)	, 0,000, 1	ictory, orin				City or Town, State		Or nurar	node Namos,
Ë	290. CERTIFIER	TIFYING PHYS	ICIAN: To the best o	d my knowler	dae deeth oo	surred at the	time det	and place	o and de	o to the	coupe(e) and me	nner en ele	lad	
ME	one)													(a) and manner as stated.
	29b. SIGNATURE AND/LITLE			1					CENSE NU					D (Month, Day, Year)
BE	101	K	to11	1				1	U3.		/	1	0/18	191
2	30 NAME AND ADDRESS O	E PERSON WI	O COMPLETED CAL	DE OF BEAT	TH OTEN AT C	O	-	10	ا درا	1		-	,	, ,

31. DATE FILED (Month, Day, Year)
OCT 21 '91
REGISTRAP'S S
Aurido

REGISTBAR'S SIGNATURE

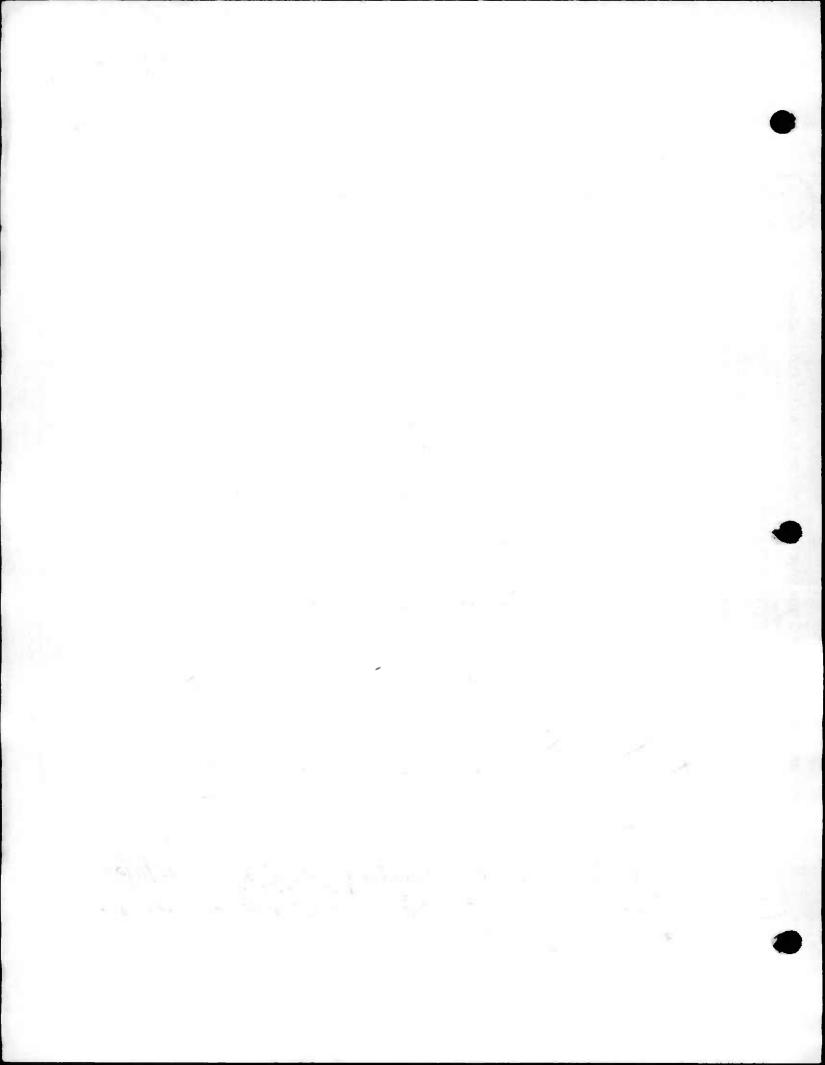
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urs after death. Page 6 may be retained by the hospital or attending physician. In by the funeral director, page 5 should be detached for use as the bunal-transit permit. removal. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
y be retained	age 5 shou		be notifie
аде 6 та	director, p		er must
r death. P.	le funeral	al.	examine
nours after	ed in by th	ог геттом	medical
7	th fille	ation,	the the
ted with	complete	а, сгеп	event
e be execu	siclan and	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	traumatic
certificati	nding phys	Hygiene p	or other
the death	the atte	d Menta	Injury, o
s that	ned b	ith an	any
v require	been sig	t. of Hea	shows
he lay	s has	e Deb	m 23
AN: T	tificate	e Stat	r ite
PHYSIC	this cer	with th	ırked, o
DING	: After	death	Is ma
ATTE	CTOR	s after	1 28
L OR	L DIRI	hour.	Hen
SPITA	NERA	hin 72	NT: II
오	HE FU	ed wit	DRTA
TO T	T0 T	De fil	IMP

	1. DECEOENT'S NAME (First	, Middle, Last)								2. DATE OF DEATH		YEAR	3. TIME OF DEATH		
	James	or					10 - 09-1	9:00 P M							
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (in yrs. in	asl birthday)	IF UNDER		IF UNDER		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTI	HPLACE (State or Foreign		
	223 26 9650		1 € M 2 □ F	80	YRS.	MONTHS	DAYS	HOURS	MIN.	8-21-11		Quinton, VA			
_	9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE	ATH	9c. COU	NTY OF D	DEATH		
O.			al Hospi	tal		Riverdale Princ						nce	George's		
DIRECTO	RESIDENCE OF DEC	10b. COUNTY	1		10c. CIT	10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY		
	Maryland	Princ	ce George	2	0370	on Hi	111					4.7	LIMITS?		
AL	10e. STREET AND NUMBER		ocorge		U2X	711 113		f. ZIP COO	E		10g. CIT	IZEN OF	WHAT COUNTRY?		
	1100 Kenneb	ec St.	#1B					20	745			USA			
5	11. MARITAL STATUS						WAS DE	CENOENT C	F HISPAN	IIC ORIGIN? (Specify Yea	or No-	14. RACI	E — American indian, k, Whita, atc.		
BY FUNERAL	1 Never Married 2 3 Widowed 4 Divo	yvo			S 2 XNO		n, Puarto Rican, atc.)	7	Spec						
	**	18s DECEDENT'S HENRAL OCCURATION						ack							
COMPLEIED	(Specify only highest grade completed)					18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)					18b. KIND OF BUSINESS/INDUSTRY				
7						-				Enemine					
Σ						ner		16. MOT	Farming 6. MOTHER'S NAME (First, Middle, Maider						
	Lanzy Mi	nor								Harris					
O BE	19a. INFORMANT'S NAME (7	ype/Print)		11	9b. MAILING	ADDRES	S (Street			Route Number, City or Tow	n, State, Zi	ip Code)			
-	Rachel Jon	nes			1100 F	Kenne	ebec	St.	#1E	B, Oxon Hil	L1, N	1D 20	745		
	20a. METHOD OF OISPOSIT		oval from Stata	20b. PLAC	b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)					20c. LO	CATION —	City or To	own, Stata		
	4 Donation 5 Other							4 10	nton,	, VA					
ı	21. SIGNATURE OF FUNERA	21. SIGNATURE OF FUNERAL SERVICE LICENSEE					22. NAME AND ADDRESS					ers	cs Co.		
	1/2	. 0	roimil	enal	Mog1 517 11th Street, SE,							iton,	DC		
CERTIFICATION	IMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially liet condit if any, leading to immecause. Enter UNDERLY! CAUSE (Disease or injurtat initiated events resulting in death) LAS	NSEQUENCE OF): VACULAR DISUSC NSEQUENCE OF):							Onset and Death						
		•	4												
PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I.									Part I. 24s. WAS AN PERFOR 1 YES 2	MED?	248	WERE AUTOPSY PINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
NA.	25. WAS CASE REFERRED T	O MEDICAL						LACE OF D	EATH (Ch	eck only one)					
PHYSICIAN:	1 YES 2 NO		HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	4 Nu		ma 5 🗆 Re	sidenca	6 Other (Specify)					
19 TH		Pending Investigation	28a. DATE Of (Month, I	F (NJURY Day, Year)	28b. TIR	JURY M		JURY AT ORK? YES Z	NO	28d. DESCRIBE HOW II	NJURY OC	CUREO			
a I	6 Suicide 6	Could not be detarmined	28a. PLACE (building	OF INJURY — At I , atc. (Specify)	homa, farm,	street, fac	tory, offi	Ca		281. LOCATION (Street & City or Town, State)	and Numbe	or Aurai	Route Number,		
COMPLEIE	onel									to the cause(a) and mar time, data and place, an			a) and manner as stated.		
O BE	296. SIGNATURE AND THE	aten	Elson	mo	Non1	ON E	LSON	Do	203	62	29d. DA	O II	(Minth, Day, Year)		
	30. NAME AND ADDRESS OF	5	Belc	USE OF DEATH (IT	EM 27) (3/0)	Print)	M	fly	#	ville M	D	20	182		
	31. DATE FILEO (Month, Day,		- DEGISTA	MODEL A	pdate			7							



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1	FOR STATE REGISTRA
Г	1. DECEOENT'S N
ı	WITTI

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO.				
	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
	WILLIAM PLANNETT	E MACLEAN II	II		- 1	OCTOBER 15		1 10 / "		
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In yr	rs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 OATE OF BIRTH		8. BIRTHPLACE (State or Foreign		
		X M 2 □ F	48 YRS.	NONTHS DAYS	HOURS MIN.	SEPT. 20,	1943	MARYLAND		
E	99. FACILITY NAME (If not institution, give street NIH, THE CLINICAL	SHE STORY		96. CITY, TOWN OF BETHEST		ONTGOMERY				
5	RESIDENCE OF DECEDENT									
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCATI	ON			10d. INSIDE CITY LIMITS?		
	VIRGIN ISLANDS N	IONE		ST. THOM	1AS			1 X YES 2 □ NO		
A	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZ	EN OF WHAT COUNTRY?		
띨	12 ESTATE MIS	GUNST			00802		USA			
BY FUNERAL	11. MARITAL STATUS 12 1	P. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR OATES	NO	If yes, spe		IC ORIGIN? (Specify Yes n, Puerto Ricen, etc.) :	or No—	14. RACE — American Indian, Black, White, etc. Specify: WHITE		
	15. DECEDENT'S EDUCATI	ION 16	a DECEDENT'S II	ISUAL OCCUPATIO	N	16b. KIND OF BU	EINESS/INDI			
COMPLETED	(Specify only highest grade com	npleted)	(Give kind of wo	ork done during mos	t of working	IOD. KIND OF BO.	SINESS/INDO	oln)		
ן ב	Elementary/Secondary (0-12) C	College (1-4 or 5+) 5+		ESSOR		INTER	DC TITV	OF THE V.I.		
₹	17, FATHER'S NAME (First, Middle, Last)		THOT	DDDOX	18 MOTHER'S NAI	ME (First, Middle, Maiden		OF THE V.L.		
	WILLIAM P.	MACLEAN	TD			BUSHE	VATE	DC		
H	19e. INFORMANT'S NAME (Type/Print)	MACINIAN		ODDESS /Stmot a		Route Number, City or Tow				
임		CLEAN JR.	333					AROLINA 28730		
	20e. METHOD OF DISPOSITION			TION (Name of cen				City or Town, State		
	1 Burial 2 Cremation 3 Removal 4 Oonetion 5 Other (Specify)	I from State off	chambe			10/16/91		RDALE, MD.		
	21, SIGNATURE OF FUNERAL SERVICE LICENS	SEE		22. NAME AN	D AODRESS OF FA	CILITY				
155	1 Mal Chan	Merlet :	M00091	W. W.	CHAMBE	RS CO., RI	VERDA	LE, MD. 20737		
	23. PART i. Enter the diseases, or com			ot enter the mo	de of dying, suci	n es cardiac or reap	iretory erre			
	ahock, or haart feliure. List	t only one cause on each	n iina.					Interval Between Onset and Daath		
	IMMEDIATE CAUSE (Final disease or condition	RUNTSTAL	RAMI	Man Ol	FI. MOLIG)		DAYS		
	resulting In death) a	BILATERAL BROWGE PLEUMONIA OUE TO (OR AS A CONSEQUENCE OF): METASTATIC TESTICULAR CHINCER								
_		M 2TO 1700 (TECT	TICLLAS	C CKH	UCER		YEARS		
<u>o</u>	Sequentieily list conditions, If any, leading to immediate	DUE TO (OR AS A CO	ONSEQUENCE OF	:	-111			Territoria de la companya della companya della companya de la companya della comp		
CERTIFICATION	ceuse. Enter UNDERLYING									
필	CAUSE (Diseese or injury that initiated events	OUE TO (OR AS A CO	ONSEQUENCE OF);						
F	reaulting in death) LAST	100								
	DATE II ON THE STATE OF THE STA									
EDICAL	PART II. Other significant conditions of	contributing to deeth but	not resulting in	n the underlying	ceuse given in	Part i. 24a. WAS AN PERFOI		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
음						1 TY YES :	NO 🗌	COMPLETION OF CAUSE OF DEATH?		
¥								1 TES 2 NO		
ž										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	PSPITAL:			ACE OF OEATH (Ch	eck only one)				
Š		Inpatient 2 ER/Outpatie		OTHER: 4 Nursing Hom	e 5 🗆 Reeldence	6 Other (Specify)				
ξ	27, MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ	URY AT RK?	28d. DESCRIBE HOW	NJURY OCC	UREO		
ВУ	1 Natural 5 Pending 2 Accident Investigation	(monn, buy, roul)			ES 2 NO					
	3 Suicide 8 Could not be	28e. PLACE OF INJURY — building, etc. (Specify)	At home, ferm, at	treet, factory, office		281. LOCATION (Street City or Town, Stete	and Number	or Rural Route Number,		
COMPLETED	4 Homicide determined	bullianty, etc. (opecity)				City or lown, State	,			
	290. CERTIFIER 1 X CERTIFYING PHYSICIA	N: To the beat of my knowled	ge death occurre	d at the time, date	and place, and due	to the cause(s) and me	nner ee state	d.		
₽ P	anel	_						e ceuse(s) end menner ee stated.		
							_			
핆	296. SIGNATURE AND TITLE OF CERTIFIER	Ry M. D).		29c. LICENSE NUI	MDEK	DATE	C+009~ 15, 1991		
2	30. NAME AND ADDRESS OF PERSON WHO C			(Defeat)				יון זונו דעטוב		
	Francis J. Geoffray				LE PIKE	, BETHESDA	MARY	LAND 20892		
	31. DATE FILED (Month, Day, Year) OCT 17 '91	22. REGISTRAR'S SIGNAT	unde 12			·				
	1 0011/31	1	alama A							

DHMH-16 Rev 1/89

Final particular Constant of the Constant of t

CERTIFICATE OF DEATH

DAYS

6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.

2. DATE OF DEATH

DEC. 12, 1949

199 YEAR

3. TIME OF DEATH 9:31

P M

0900 MONTH 7. DATE OF BIRTH

8. BIRTNPLACE (State or Foreign

USA

WASHINGTON, D.C.

9b. CITY, TOWN OR LOCATION OF DEATH TAKOMA PARK

10f. ZIP CODE

HOURS

9c. COUNTY OF DEATH

WASHINGTON ADVENTIST RESIDENCE OF DECEDENT HOSPITAL 10a. STATE 10b. COUNTY

10c. CITY, TOWN OR LOCATION PRINCE GEORGES

LANGLEY PARK

10d. INSIDE CITY 1 YE9 2 NO 10g, CITIZEN OF WHAT COUNTRY?

MARYLAND 10e. STREET AND NUMBER

DIRECTOR

FUNERAL

BY

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BE notified

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traumatic event,

or other

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

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nours after death. Page 6 may be

BOX 68760.

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

DIVISION OF VITAL RECORDS, P.O.

funeral

removal. medical

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completely filled rial, cremation,

hysician and com

attending physician a ental Hygiene prior to

the atten injury.

e Dept. of Health and M m 23 shows any Inje

h the State D.

this

After

DIRECTOR: A hours after d

marked,

<u>...</u>

retained by the hospital or attending physician,

BALTIMORE, MARYLAND 21215-0020

8205 NEW HAMPSHIRE AVNEUE, #301 11. MARITAL STATUS

EDWARD

5. SEX

1 XM 2 - F

College (1-4 or 5+)

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YE9 2 NO IF YES, GIVE WAR OR DATE9

McANDREW

VDG

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yea, specify Cuben, Maxican, Puerto Ricen, etc.)

1 YES 2 NO Specify:

20783

14. RACE — American Indian, Black, White, etc. Specify: WHITE

1 Never Merried 2 Merried

3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION

Elementary/Secondary (0-12)

VIETNAM

16e. DECEDENT'S USUAL OCCUPATION

fraine kind of work done during most of working (Give kind of work done life. Do NOT use retired.)

16b. KIND OF BUSINESS/INDUSTRY POST OFFICE

12 17. FATNER'S NAME (First, Middle, Lest)

JOHN Q. McANDREW

(Specify only highest

18. MOTNER'S NAME (First, Middle, Maiden Sumeme)

ELIZABETH J. FOSSETT

19e. INFORMANT'S NAME (Type/Print)

WILLIAM D. FOSSETT

19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 141 LIDDELL ROAD, COLORA, MARYLAND 21917

20b. PLACE AND DATE OF DISPOSITION (Name of

20g, METHOD OF DISPOSITION
1 [X] Burtal 2 [Cremetlon 3 [Removal from State 4 Donation 5 Other (Specify)

LETTER CARRIER

DATE 20c. LOCATION -- City or Town, State

21. SIGNATURE OF FUNERAL SERVICE LICENSEE

MARYLAND VETERANS CEMETERY10/16CHELTENHAM, MARYLAND

FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W., SIL.SP., MD 20901

Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. 23. PART I. Enter the

Approximate Interval Between **Onset and Death**

IMMEDIATE CAUSE (Final disease or condition resulting in death)

Blunt Force Injuries Dec 10 (01 ... A CONSEQUENCE OF):

Sequentially list conditions, if any, leading to immediate Enter UNDERLYING

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF)

CAUSE (Disease or injury that initiated events reaulting in death) LAST

PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.

OTHER:

24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 YES 2 NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

YES 2 | NO

27. MANNER OF DEATH

1 Natural

2 Accident

3 Sulcide

4 Homicide

HOSPITAL: V 260. DATE OF INJURY

10/9/91

4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 26b. TIME OF 26c. INJURY AT WORK? 7:00 M 1 YE9 2 NO

26. PLACE OF DEATN (Check only one)

28d. DESCRIBE NOW INJURY OCCURED

Subject was assaulted 281. LOCATION (Street and Number or Rural Route Number City or Town, State) 7+h S+ S. Dark

28e. PLACE OF INJURY — At home, farm, streat, factory, office building, etc. (Specify) 6 Could not be

7th St.& Park Rd.N. Washington, 29e. CERTIFIER (Check only one)

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(e) and manner ee stated.

2 V MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(e) and due to

2 XI MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) end menner ee stated.

29b. SIGNATURE AND TITLE OF CERTIFIER unter Brel 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

5X Pending Investigation

29c. LICENSE NUMBER O.C.M.E. HUL

29d. DATE SIGNED (Month, Day, Year) **▶**10/10/1991

Rymans 31. DATE FILED (Month, Day, Year)

LOCKIT PENN STREET

32. REGISTRAR'S SIGNATURE Licha Davids

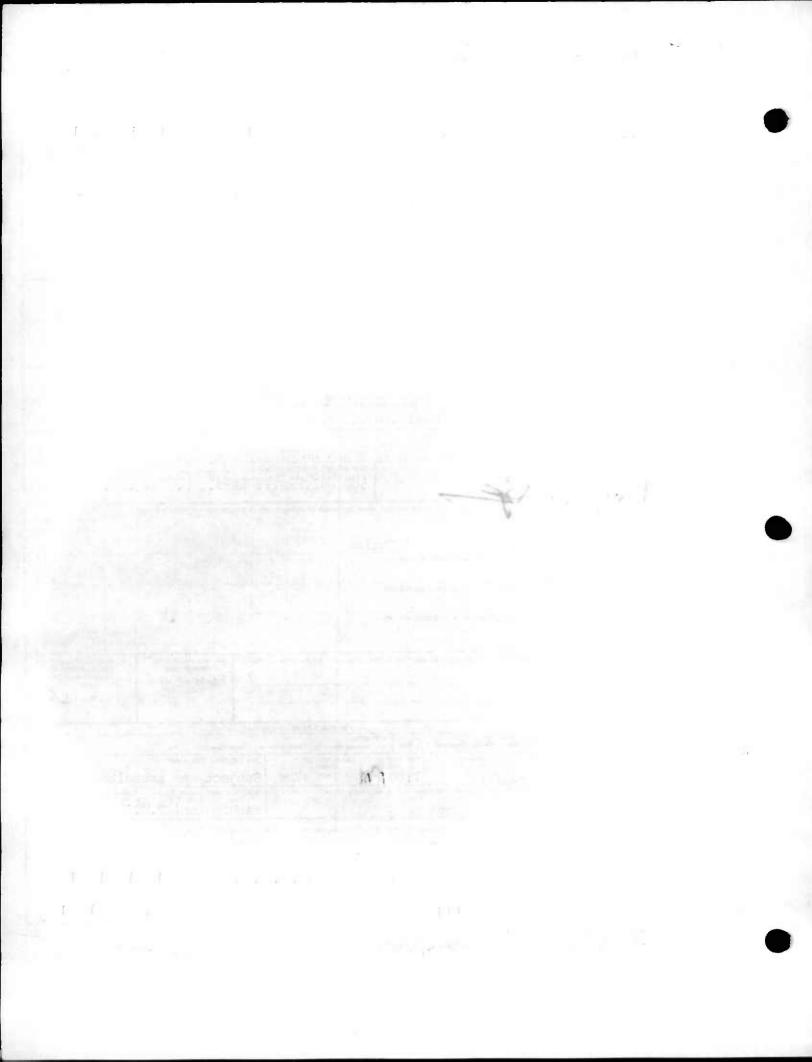
BALTIMORE, MARYLAND 21201

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OCT 16 '91

CIP

TO THE HOSPITAL OF THE FUNERAL DID BE FIED WITHIN 72 ho



IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAI CERTIF	RTMEN	T OF H	EALTH AND	MENT	AL HYGIEI				
	1. DECEDENT'S NAME (First, Middle, Last)						2. DAT	E OF DEATH			3. TIME OF DEATH	
	Marcia Elizabe	th Morgan					MON	m - 1	My 7-	PAP	1:00 A.	
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. lest birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.		E OF BIRTH		8. BIRTH	PLACE (State or Foreign	
	218-26-1456	1 □ M 2XXF	62 YRS.	MONTHS	DAYS	HOURS MIN.		nth, Day, Year) b. 9, .	1020	Countr	у)	
	9e. FACILITY NAME (If not institution, give	street and number)		9b. CITY	, TOWN C	R LOCATION OF		0. 9,		Mar NTY OF D	yland	
8	14206 Woodcrest	Drive		RO	ckvi	lle			-11			
DIRECTOR	RESIDENCE OF DECEDENT								Mon	tgom	ery	
뿔	10a. STATE 10b. COUNT	Υ	10c, CIT	Y, TOWN	OR LOCAT	TON					10d. INSIDE CITY LIMITS?	
		gomery	Roc	kvil	le						1 ☐ YES XX NO	
₹ I	10e. STREET AND NUMBER				101	ZIP CODE			10g. CITI	ZEN OF W	HAT COUNTRY?	
ij	14206 Woodcrest I	rive				20853			Uni	ted	States	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER I	IN U.S. ARMED	13.	WAS DEC	ENDENT OF HISP	ANIC ORIG	IN? (Specify Ye		-	— American Indian, , White, etc.	
ВУ	1 Never Married 2 X Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D				2 NO Spec		o Ricen, etc.)		Specia		
											White	
(Give kind of work done during most of working								b. KIND OF BU	ISINESS/IND	USTRY		
	Elementary/Secondery (0-12)	College (1-4 or 5 +)		,								
M	12		Clerk/	Sale	S			Retai	1			
	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First,	, Middle, Maider	Surneme)			
BE	Harry L. Hatton					May B.	McL	aughli	n			
2	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS	(Street a	nd Number or Rura	l Route Nur	mber, City or Tox	vn, State, Zip	Code)		
	Ralph A. Morgan		14206	Woo	dcre	st Driv	e, R	ockvil	le, M	aryl	and 20853	
	20a METHOD OF DISPOSITION ***********************************	oval from State	b. PLACE AND DATE	OF DISPOS	ITION (Na	me of 10/2	1/94	TE 20c. LC	CATION -	City or To	wn, State	
0.14	4 Donation 5 Other (Specify)	G	Gate of H	eave	n Ce	metery		Sil	ver s	prin	g. Maryland	
	22. NAME AND ADDRESS OF FACILITY ROBERT A PUMP here Finera											
	Thirde.	BARU	M0080	HO	me/R	ockvill	e, I	, Inc. 300 West Montgomery 11e, Maryland 20850-2805				
	23. PART I. Enter the diseases, or about or heart fellure	complications that cause	d the death Do	Of enter	the more	, ROCKV	TITE	, Mary	Land	208		
- 1	arroom, or moore remare.	List only one cause on e	each line.	iot ontoi	the mot	ze or dying, ad	CII da Ce	rulec or resp	iratory arr	eat,	Approximate Interval Between	
	IMMEDIATE CAUSE (Finel disease or condition	-	air Dia	_		0	. 4				Onset and Death	
	disease or condition a. Car Diac artism Disease Due to (or as a consequence of): Sequentially list conditions Due to (or as a consequence of):											
_		COLORIGINA SETEMA DE COCO										
Ó	DIJE TO JOB AC A CONCECUENCE OF											
Ä	cause. Enter UNDERLYING	any, leading to immediate ause. Enter UNDERLYING										
Ĕ	CAUSE (Disease or Injury that Initiated events	(Disease or Injury C.										
CERTIFICATION	reaulting in death) LAST											
	DATE II OU	0									+	
PHYSICIAN: MEDICAL	PART II. Other algnificant condition	a contributing to death b	out not reaulting	n the un	deriying	ceuse given in	Part I.	24a. WAS AN			WERE AUTOPSY FINDINGS	
8								1 TYES			AVAILABLE PRIOR TO CDMPLETION OF CAUSE OF DEATH?	
¥ I										- 1	1 TYES 2 NO	
z I							_					
5	25. WAS CASE REFERRED TO MEDICAL EXAMNER?	HOODITAL				ACE OF DEATH (C	heck anly o	ne)				
ls.	1 XES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp	petient 3 DOA	OTHER		5 Rasidence	8 🗆 Oth	er (Specify)				
H	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	- Y	28c. INJU WOR	RY AT	_	SCRIBE HOW I	NJURY OCC	URED		
BY	Netural 5 Pending Accident Investigation	(M	_	ES 2 NO						
	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, a	treet, fecto	ry, office		28f. LO	281. LOCATION (Street and Number or Rural Route Number,				
COMPLETED	4 Homicide determined		,,				City	or Town, State)				
7	290. CERTIFIER Check only	CIAN: To the best of my know	ledge, death occurre	d at the tir	me, date e	and place, and due	to the co	use(s) and ma		4		
8	one) 2 MEDICAL EXAMINE	R: On the beels of examination	n end/or investigation	n, la my op	olnion, de	ath occured at the	time, date	e end place, en	d due to the	councie)	and manner as stated	
	29b. SIGNATURE AND TITLE OF CERTIFIER											
B	32C	- cerebras	144	5		29c LICENSE NU	MBER C	41	29d. DATE	SIGNED (Month, Day, Year)	
유	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (5	Drint1			0)	10	10) -	17-11	
	20 hrs 1	C. e bar			101	Sam		20	0814	> 4	los co and.	
ŀ	31. DATE FILED (Month, Day, Year)	320 REGISTE AR'S SIGN		-10	w	SCON!	~110	NO	~ 1	De!	M 34 C	
	OCT 18 '91	Julia Davidson										
	701 7 0 1		· ···	-								

and some

BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending p	filled in by the funeral director, page 5 should be detached for use as the b
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	L DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-tra

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

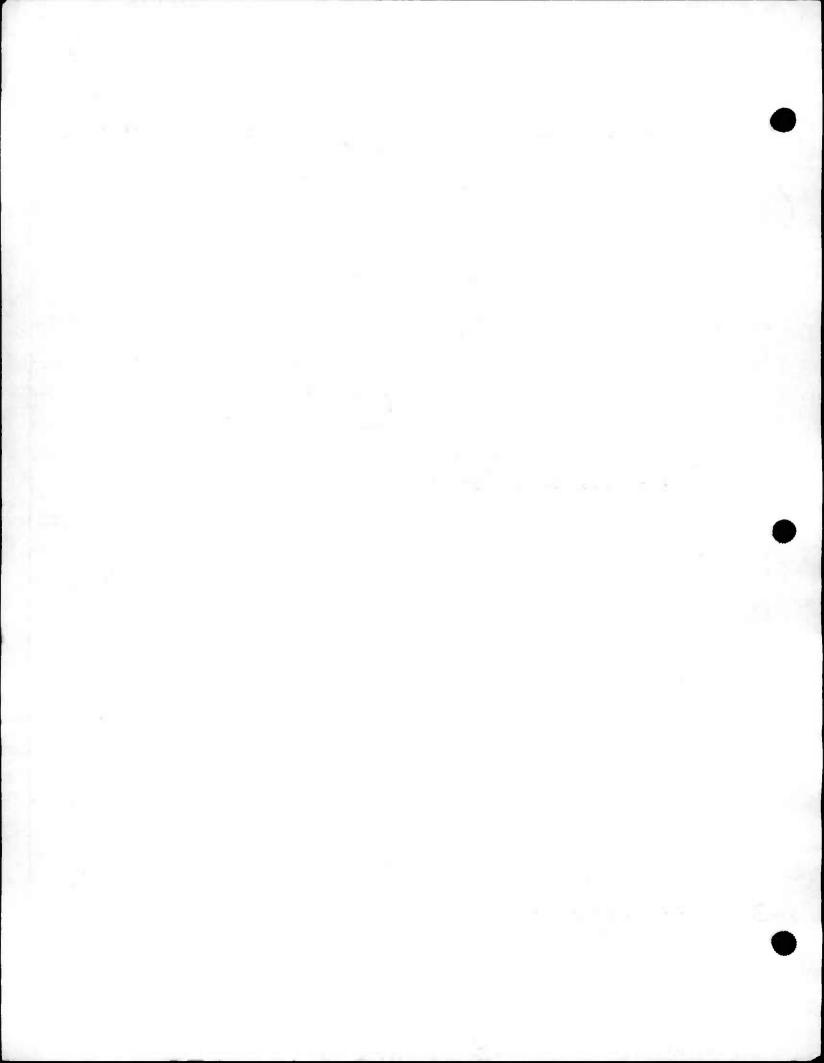
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / DEPA	RTMENT OF I		MENTAL HYGIENE		
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF OEATH DAY	YEAR	3. TIME OF DEATH
Mildred I. McDonal					8 91	1345 p
	SEX 6. AGE (In yrs. last birthday	MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	HPLACE (State or Foreign hry)
214-52-1429	□ M 2 TF 88 YRS.			Nov 14.1	902 ma	rvland
9e. FACILITY NAME (If not institution, give street	and number)	9b. CITY, TOWN	OR LOCATION OF OR		9c. COUNTY OF	DEATH
Lions Manor N	lursing Home	Cumb	erland		Alle	gany
10e. STATE 10b. COUNTY		ETY, TOWN OR LOCA	TION			10d. INSIDE CITY
36		T = 37 = 1 =				LIMITS?
Maryland All 100. STREET AND NUMBER	egany .	La Vale	, ZIP COOE		40- OUTSTEN OF	WHAT COUNTRY?
IN. STREET AND NUMBER			i. ZIP CODE		ing. CITIZEN OF	WHAT COUNTRY?
28 N. Woodlaw	n Avenue		2150	2	USA	
	2. WAS DECEDENT EVER IN U.S. ARMED			IIC ORIGIN? (Specify Yes	or No- 14. RAC	E — American Indien, ik, White, etc.
1 Never Married 2 Merried	FORCES? 1 YES 2 NO		S 25 NO Specifi	n, Puerto Rican, etc.)		
3 Widowed 4 Divorced			AX	, .		White
15. DECEDENT'S EDUCAT	ION 18e, DECEDENT	'S USUAL OCCUPATI	ON	16b. KIND OF BUS	INESS/INDUSTRY	
(Specify only highest grade con	npleted) (Give kind o	of work done during m use retired.)	ost of working		THE RESIDENCE OF THE PARTY.	
	College (1-4 or 5+)					
12	home	maker		OV	vn home	
17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Melden S	Sumame)	
William McCorm	ack Long		Marre	le Annie	Dicken	1
19e. INFORMANT'S NAME (Type/Print)		NG ADDRESS /Sweet		Route Number, City or Town		
The state of the s	ľ					
Mary Jane Stan1	ev Sto	neybroo	k Lane,	LaVale, MI	21502	
20a. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Remova		ATE OF DISPOSITION	(Name	DATE 20c. LOC	CATION — City or T	own, State
4 Donation 5 G-Other (Specify)	of cemetary, cremate	1 1 Mana	01011111 1	0/21/91	Number 1	and MD
DL SIGNATURE OF FUNERAL SERVICE LICEN		22. NAME A	ND ADDRESS OF FA	CILITY	.unoe i	and thin
	(1 ())			1 of the	Hills	Mortuary
Loughout a	Harw					1e MD21502
23. PART I. Enter the diseases, or con	applications that caused the deeth. Dr					Approximate
shock, or heart fallure. Lia	t only one cause on such line.			ner translate - trans		Interval Between
IMMEDIATE CAUSE (Final	V. 0	000				Onset and Death
disease pr condition resulting in death)	Mhonar	1 call	ma			
	DUE TO (OR AS A CONSCIQUENCE	on:	1	Λ	1.	
	(Interior clows	Hir C	andin	unscular	disea	no
Sequentially list conditions, b	DUE TO (OR AS A CONSEQUENCE	OF):	go. CALO.	vascula		,
if any, leading to immediate cause. Enter UNDERLYING	(,				j
CAUSE (Disease or Injury						
that initiated events	DUE TO (OR AS A CONSEQUENCE	OF):				
resulting in death) LAST						
PART II. Other significant conditions of			g cause given in	Part I. 24a. WAS AN		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
Spearelmovenen	Var accident	- R. L	remiple	0.0		COMPLETION OF CAUSE
	LATU		a Citale .	1 TYES 2	M MO	OF DEATH?
- Starter 108	>	yperin	LCK LCAL	1		1 YES 2 NO
alpheine	vs type de	Menti	a.			
25. WAS CASE REFERRED TO MEDICAL		26. 1	LACE OF DEATH (C	neck only one)		
	OSPITAL: U ER/Outpatient 3 DOM	OTHER:		0 T 04 - 10 - 14 1		
		A		8 Other (Specify)		
27. MANNER OF DEATH	(Month, Day, Year) 28b. 1	INJURY W	JURY AT ORK?	26d. DESCRIBE HOW II	NJURT OCCURED	
1 Natural 5 Pending 2 Accident Investigation		M 1 🗆	YES 2 NO			
3 Suicide 6 Could not be	26e. PLACE OF INJURY — At home, terr	m, street, factory, off	ce	26f. LOCATION (Street a	and Number or Rura	Route Number,
4 Homicide determined	building, etc. (Specify)			City or Town, State)		
	<u> </u>					
29a. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of my knowledge, death occ	urred at the time, day	e end place, end du	e to the cause(e) and men	iner ee stated.	
one) 2 MEDICAL EXAMINER:	On the basis of examination and/or investig	ation, in my opinion,	death occured at the	time, date end place, en	d due to the cause	(e) end menner ee stated.
296. SIGNATURE AND TITLE OF CERTIFIER	Le	>	29c. LICENSE NU	W-1-		D (Month, Day, Year)
V. H. Kanjil	than . M	. ()	D19750)	P 10-	21-91
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITEM 27) (7	ype, Print)				
V.A. Ranjithan M.I	Tions Manor No.	reina Vo	no Cumbo	arland MD	21502	
vers Rang Luan & Mel		TSTIE HO	ne cumbe	erland, MD	21502	
"UUT 2"9 1001 &	32 REGISTRAR'S GIGNATURE					
ונטו מאייי	An and total and a standard					



DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	ed in by the funeral director, page 5 should be detached for use as the burial-transit
be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	* REGISTRAR				CALE) D	-7111	RE				
Dr	1. DECEOENT'S NAME (First, Middle, Last)	54) H						2. DATE OF DE	DAY	YEAR	3. TIME OF DEATH	
דע	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER 1 YE	AR IF	UNDER 24 HRS.	7. DATE OF BI			IPLACE (State or Foreign	
	F70 40 0016	t.□ M 2 □ F		YRS.	MONTHS D	WS HO	URS MIN.	(Month, Day,		Count	"	
	578-48-2016	2525	57_					3/25/			nsylvania	
	9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY, TOWN OR LOCATION OF DEATH					9c. COUNTY OF DEATH		
DIRECTOR	947 Seton Dri	VA			Cum	oer1	and			egany		
5	947 Seton Dri	V C					- and			yany.		
m	10a. STATE 10b. COUNT	4		10c, CITY	, TOWN OR L	OCATION				10d. INSIDE CITY LIMITS?		
5	Maryland All	egany			Cumb	erla	and				1 TYPES 2 NO	
	10e, STREET AND NUMBER	3 1				10f, ZIP	CODE		10a. CI	10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	806 Trost Av	onuo					2150	12		US		
9										_		
5 I	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED				NIC ORIGIN? (Sp in, Puarto Rican,		14. RAC Blac	E — American Indian, ik, White, etc.	
>	1 Never Married 2 Married	IF YES, GIVE W	AR OR DATES			YES 2			,	Spec	olfy:	
B	3 Widowed 4 Divorced	Korean	Conf1	ict		-21					white	
	15. DECEDENT'S EDU	CATION	16e. DE	CEDENT'S	USUAL OCCU	PATION	adda a	16b. KIND	OF BUSINESS/II	NDUSTRY		
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	life	. Do NOT use	vork done duri e retired.)	ig most or	working					
7	12	6	" sel	f em	ploy	ed F	odiat	rist	Med	ical		
Ξ												
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18.	. MUTHER'S NA	AME (First, Middle,	, Malden Surname)			
BE	Carl Mc Aloo	se Sr,						Jone				
	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (S	treet and N	lumber or Rural	Route Number, Cl	ty or Town, State, 2	Zip Code)		
2	Louella Mc A1	TECHNICAL TO A STATE OF THE STA		806	Tros	- 7\ \	tanija	Cumbo	rland,	MD	21502	
	20e. METHOD OF DISPOSITION	onse			OF DISPOS			DATE	20c. LOCATION -			
	1 ☐ Buriel 2XX remation 3 ☐ Ren	oval from State			or other place		me	DATE	200, LOCATION -	— City or 1	own, sum	
	4 Donation 5 Other (Specify)		Sibb	augh	Cre	nato	ry 10	1/23/9	1 Unio	ntov	m PA	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	11 1	_								
	De Jane	1	Hal	0							Mortuary	
	Comple	2 9.7	1 101		130	02 N	<u>Natior</u>	nal Hi	ghway,	LaVa	ale, MD 2150	
	23. PART I. Enter the diseases, or				ot anter th	mode (of dying, suc	ch as cardiac	or reapiratory a	arreat,	Approximata	
	shock, or haart failure.	List only one cal	use on each ile								Interval Between Onset and Daath	
	IMMEDIATE CAUSE (Final disease or condition		clast as	11.10.1			1				9 4 1	
	reaulting in daath)	a. gun	2401 MG	04 110	TO	nea	169				Immediat P	
		U DUE TO	OR AS A CONSE	QUENCE OF	F):						1	
disease or condition a. gun shot wound to head Due to (or as a consequence of): Sequentially list conditions b.												
NOI	Sequentially list conditions, our to (or as a consequence of):											
SATION	if any, leading to immediate cause. Enter UNDERLYING	OUE TO	(OR AS A CONSE	OUENCE OF	r):							
FICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	C	OR AS A CONSE									
TIFICATION	if any, leading to immediate cause. Enter UNDERLYING	C										
ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	C										
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	OR AS A CONSE	QUENCE OF	F):	riving ca	euse given in	Part i. 24a	WAS AN AUTOPS	Y 24	b. WERE AUTOPSY FINDINGS	
AL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	OR AS A CONSE	QUENCE OF	F): in the unde	rlying ca	ause given ir	n Part I. 24a.	WAS AN AUTOPS PERFORMED?	Y 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
DICAL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	OR AS A CONSE	QUENCE OF	F): in the unde	rlying ca	ause given ir			Y 24		
EDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	OR AS A CONSE	QUENCE OF	F): in the unde	rlying ca	ause given ir		PERFORMED?	Y 24	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	OR AS A CONSE	QUENCE OF	F): in the unde	rlying ca	ause given ir		PERFORMED?	Y 24	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions of the con	c	OR AS A CONSE	QUENCE OF	F): in the unde			1	PERFORMED?	Y 24	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other algnificant condition in the condit	d	death but not	resulting i	F): in the unde		ause given ir	1	PERFORMED?	Υ 24	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition in 15 to 15	d	OR AS A CONSE	resulting i	in the unda	26. PLACE	E OF DEATH (C	1	PERFORMED?	Y 24	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other algnificant condition in the condit	d	death but not	resulting i	OTHER:	26. PLACE	E OF DEATH (C	heck only one)	PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other algnificant condition in 15 to 10	d	death but not	resulting i	OTHER:	26. PLACE g Home &	E OF DEATH (C	heck only one)	PERFORMED? YES 2 NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other algnificant condition 15 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 7 6 7 7 6 7 7 6 7 7 6 7	d	death but not	resulting i	OTHER: 4 Nursin	26. PLACE g Home ! lc. INJURY WORK? 1 YES	E OF DEATH (C	1 1 1 1 1 1 1 1 1 1	PERFORMED? YES 2 MO	DCCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition of the condition of the condition of the cause of the condition of the cause	d	death but not	resulting i	OTHER: 4 Nursin	26. PLACE g Home ! lc. INJURY WORK? 1 YES	E OF DEATH (C	1 1 1 1 1 1 1 1 1 1	PERFORMED? YES 2 NO Decity) SE HOW INJURY (DCCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
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BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition of the condition of the cause of the condition of the cause of	HOSPITAL: 1 Inpatient 2 28e. DATE 0 28e. PLACE building	death but not depyes ER/Outpetient FINJURY Doy, Year) OF INJURY — At h, etc. (Specify)	resulting i	OTHER: 4 Nursin BE OF JURY M	26. PLACE g Home ! G. INJURY WORK? 1 YES	E OF DEATH (C	heck only one) 8 Other (Sp 28d. DESCRIE 28f. LOCATIO	PERFORMED? YES 2 NO socity) BE HOW INJURY (N (Street and Number)	DCCURED ber or Flurer	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition of the condition of the condition of the cause of the condition of the cause	HOSPITAL: 1 Inpatient 2 28e. DATE 0 28e. PLACE building	e (or as a consection of the c	resulting i	OTHER: 4 Nursh BEOF JURY M street, factory	26. PLACE g Home ! c. INJURY WORK! 1 YES c, office	E OF DEATH (C	heck only one) 8 Other (Sp 28d. DESCRIE 28f. LOCATION City or for	PERFORMED? YES 2 NO BEHOW INJURY (N (Street and Number), State)	DCCURED ber or Flural stated.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition of the condition of the condition of the cause of the condition of the cause	HOSPITAL: 1 Inpatient 2 28e. DATE 0 28e. PLACE building	e (or as a consection of the c	resulting i	OTHER: 4 Nursh BEOF JURY M street, factory	26. PLACE g Home { sc. INJURY WORK? 1 YES , office a, data and	E OF DEATH (C 5 Pesidence 7 AT 2 NO d place, and du h occured at th	1 Description of the cause (a let time, deta and	PERFORMED? YES 2 NO BEHOW INJURY (N (Street and Number), State)	DCCURED ber or Flural stated.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
E COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition of the condition of the condition of the cause of the condition of the cause	d	e (or as a consection of the c	resulting i	OTHER: 4 Nursh BEOF JURY M street, factory	26. PLACE g Home { sc. INJURY WORK? 1 YES , office a, data and	E OF DEATH (C	1 Description of the cause (a let time, deta and	PERFORMED? YES 2 NO socity) SE HOW INJURY (N (Street and Numi wm, State) and menner as a place, and due to	DCCURED ber or Rurer stated,	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other algnificant condition 15 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6	d	e (or as a consection of the c	resulting i	OTHER: 4 Nursh BEOF JURY M street, factory	26. PLACE g Home { sc. INJURY WORK? 1 YES , office a, data and	E OF DEATH (C 5 Pesidence 7 AT 2 NO d place, and du h occured at th	1 Description of the cause (a let time, deta and	PERFORMED? YES 2 NO socity) SE HOW INJURY (N (Street and Numi wm, State) and menner as a place, and due to	DCCURED ber or Rurer stated,	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Noute Number,	
E COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other algnificant condition 15 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6	HOSPITAL: 1 Inpatient 2 28e. PLACE of building BICIAN: To the basic of deep	e (or as a consection of the c	resulting i	OTHER: 4 Nursin E OF JURY M street, factory	26. PLACE g Home { sc. INJURY WORK? 1 YES , office a, data and	E OF DEATH (C 5 Pesidence 7 AT 2 NO d place, and du h occured at th	1 Description of the cause (a let time, deta and	PERFORMED? YES 2 NO socity) SE HOW INJURY (N (Street and Numi wm, State) and menner as a place, and due to	DCCURED ber or Rurer stated,	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Noute Number,	
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition in 1 5 to 1 to 1 to 1 to 1 to 1 to 1 to 1	HOSPITAL: 1 Inpatient 2 28e. PLACE of building BICIAN: To the basic of deep	e (or as a consection of the c	resulting is 5 5 /6 /n 3 □ DOA 28b. TIMINUTORNA, farm, a leath occurry investigation	OTHER: 4 Nursin E OF 20 URY M street, factory ed at the time on, in my opin	26. PLACE g Home 5 lo. INJURY WORK? 1 YES c, office b, data and	E OF DEATH (C	a to the cause(e e time, data and	PERFORMED? YES 2 NO BEHOW INJURY (N (Street and Numi wm, State) and menner as a place, and due to	DCCURED ber or Rurer stated,	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Noute Number,	
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other algnificant condition of the condition of the cause of the condition of the cause of	HOSPITAL: 1 Inpatient 2 28e. DATE 0 28e. PLACE obtiding BICIAN: To the basis of the complete of the comp	Description and/or	resulting is 5 5 /6 m 3 □ DOA □ 28b. TIMINJ ome, farm, a leath occurrer investigation	OTHER: 4 Nursin E OF 20 URY M street, factory ed at the time on, in my opin	26. PLACE g Home 5 lo. INJURY WORK? 1 YES c, office b, data and	E OF DEATH (C 5 Pesidence 7 AT 2 NO d place, and du h occured at th	a to the cause(e e time, data and	PERFORMED? YES 2 NO socity) SE HOW INJURY (N (Street and Numi wm, State) and menner as a place, and due to	DCCURED ber or Rurer stated,	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Noute Number,	
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition in 1 5 to 1 to 1 to 1 to 1 to 1 to 1 to 1	HOSPITAL: 1 Inpatient 2 28e. DATE 0 28e. PLACE obtiding BICIAN: To the basis of the complete of the comp	e (or as a consection of the c	resulting is 5 5 /6 m 3 □ DOA □ 28b. TIMINJ ome, farm, a leath occurrer investigation	OTHER: 4 Nursin E OF 20 URY M street, factory ed at the time on, in my opin	26. PLACE g Home 5 lo. INJURY WORK? 1 YES c, office b, data and	E OF DEATH (C	a to the cause(e e time, data and	PERFORMED? YES 2 NO BEHOW INJURY (N (Street and Numi wm, State) and menner as a place, and due to	DCCURED ber or Rurer stated,	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Noute Number,	

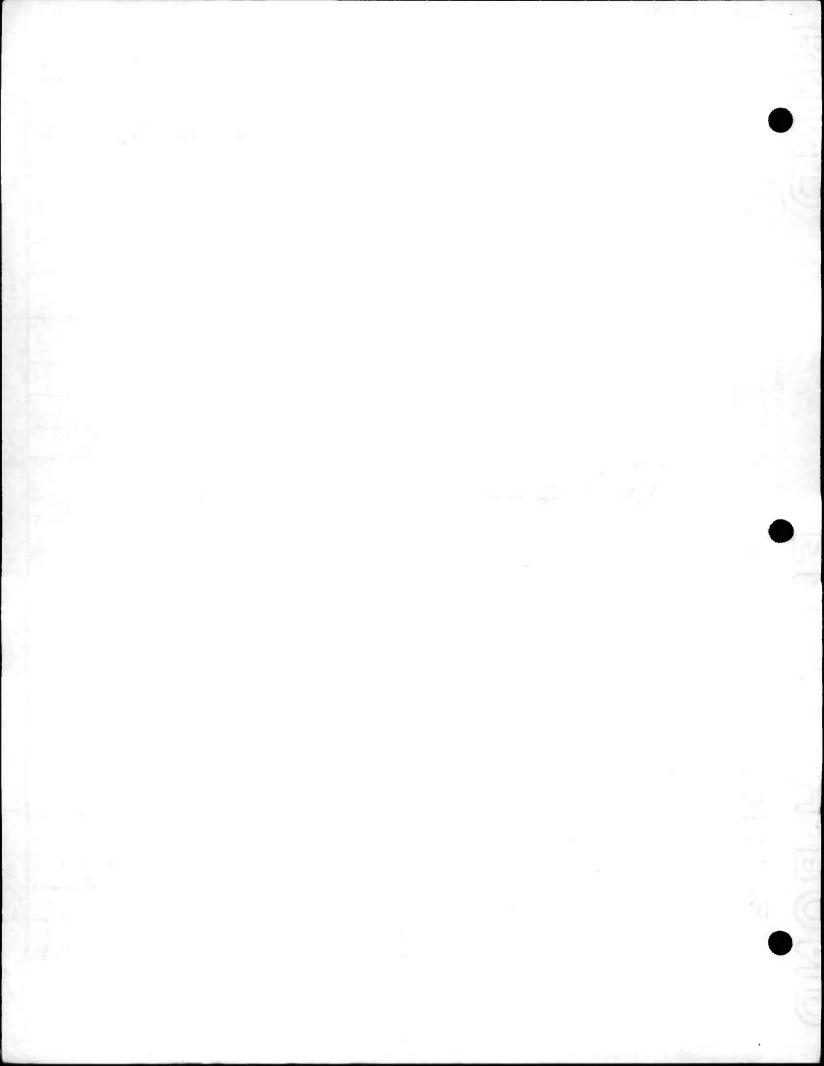
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	1 - STATE REGISTRAR	STATE OF M	ARYLAND / DE CER				EALTH DEAT		MENTAL	REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)	R. I	OUISE NAM	_					2. DATE O	OF DEATH	A I AE		. TIME OF DEATH	
	AKA REBEKAH	Lou-	ISE 1	VA.	EC	KER			10	- 1	944 9	1	2:45 AM	
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. last birt		IF UNDER	DAYS	IF UNDER	MIN.		Day, Year)		Ountry)	ACE (State or Foreign	
	577-48-0807	1 M 2 7 F	86	YRS.						28,19	·	RYL.		
œ	9a. FACILITY NAME (If not institution, give	CASE LEGICA.				r. Pestini	R LOCATIO		ATH	oc. COUNTY OF DEATH MONTGOMERY				
5	HOLY CROSS HOS	PIIAL			SIL	VER	SPRI	NG			MONTG	OME	RY	
REC	10e. STATE 10b. COUNT	ΙΥ	10	c. CIT	Y, TOWN	OR LOCAT	ION					11	Od. INSIDE CITY LIMITS?	
		ONTGOMERY			SILV		PRIN						YES 2 NO	
3AL	10e. STREET AND NUMBER					101.	ZIP CODE				ľ		AT COUNTRY?	
FUNERAL DIRECTOR	9607 DALLAS AVEN		EVER IN U.S. ARMED		1 40			0901				USA	Amenders to Man	
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced		YES 2 X NO	,		If yes, spe		n, Mexica	n, Puerto R	? (Specify Yes Ican, etc.)		Black, V Specify:		
E	15. DECEDENT'S ED (Specify only highest grad		16a. DECED	ECEDENT'S USUAL OCCUPATION live kind of work done during most of working 18b. KIND OF BUS 10b. KIND OF BUS 10b. KIND OF BUS										
	Elementary/Secondary (0-12)	10.500												
COMPLETED	12		SEC	CRE	TARY									
	17. FATHER'S NAME (First, Middle, Last)	7					18. MOTI			liddle, Malden				
BE	SAMUEL COTTON 19a, INFORMANT'S NAME (Type/Print)	1	19b. M	AILING	ADDRES	S (Street a	nd Number			LAMBER	n, State, Zio Coo	(a)		
2	C. ANNE DEMERS										RYLAND		0853	
	20. METHOD OF DISPOSITION 1 A Burlel 2 Cremetion 3 Rei		20b. PLACE AND	D DAT	E OF DISF	POSITION			DATE		CATION — City			
	4 Donation 5 Other (Specify)	noval from State	of cemetary, cre		EAVE	N CE			10/2	21 SIL	VER SP	RIN	G.MARYLAND	
	21. SIGNAPUNE DE FUNERAL SERVICE L	CEMBER					D ADDRE		CILITY		AL HOM			
	You D	57/										-	MD. 20901	
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediata couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events Due to (or as a consequence of): Due to (or as a consequence of):									Interval Between Onset end Death				
E	reaulting in death) LAST	d	<u></u>											
PHYSICIAN: MEDICAL C	PART II. Other significant condition	daeth but not resu	t resulting in tha underlying ceuse given in Pa						Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOMICATION TO THE COMPLETI OF DEATH 1 YES					
IA	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	EATH (Ch	eck only on	e)				
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient 3 🗆	DOA	OTHE 4 □ Nu		18 5 🗆 R	esidence	8 🗆 Other	r (Specify)				
BY PHY	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF (Month, De		8b. TH	ME OF JURY M		IURY AT ORK? YES 2 [] NO	28d. DES	CRIBE HOW	INJURY OCCUR	ED		
	3 Suicide 8 Could not be determined	28e. PLACE Of building,	F INJURY — At home, etc. (Specify)						28f. LOC. City	ATION (Street or Town, State	and Number or	Aural Ro	ute Number,	
COMPLETED	(Crieck Orly)	SICIAN: To the best of										euso(a)	and manner as stated.	
BE	290. SIGNATURE AND TITLE OF CERTIF	non	TV Ore	A	>		29c. LIC	3 7	MBER 7	5	29d. DATE,S	GNED (Month, Bay, Year)	
0/	30 NAME AND ADDRESS OF PERSON V	THO COMPLETED CAUS	SE OF DEATH (ITEM 2 980/	n (No	e, Print)	Ar	e 5	ilver	Spri	ins 1	UD 2	20	502	
	31. DATE FILED (Month, Day, Year)	320REGISTRA	Mis signatures	100	2									



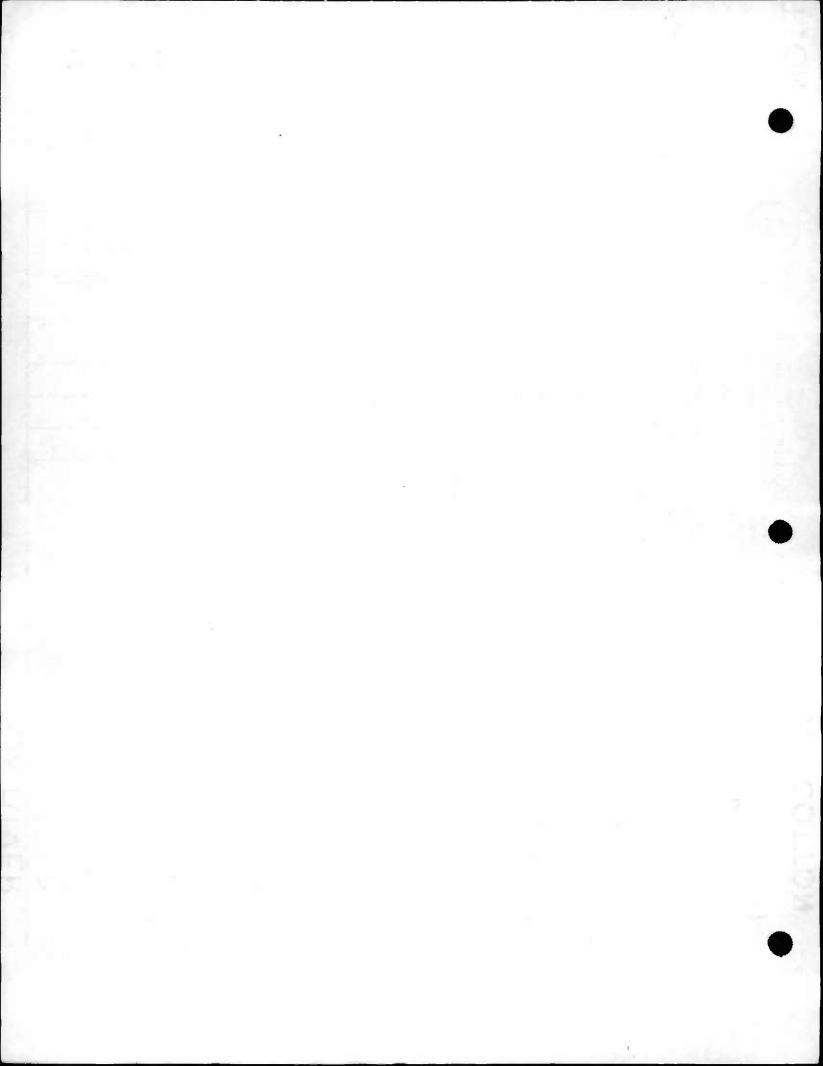


TO BE COMPLETED BY FUNERAL DIRECTOR

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has been signed by the attending	Dept. of Health and Mental Hygi	1 23 shows any injury, or of
cate has been signed by the attending	state Dept. of Health and Mental Hygi	item 23 shows any injury, or of
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his certificate has been signed by the attending	with the State Dept. of Health and Mental Hygi	ted, or item 23 shows any injury, or of
ter this certificate has been signed by the attending	ath with the State Dept. of Health and Mental Hygi	marked, or item 23 shows any injury, or of
 After this certificate has been signed by the attending 	er death with the State Dept. of Health and Mental Hygis	Is marked, or item 23 shows any injury, or of
CTOR: After this certificate has been signed by the attending	after death with the State Dept. of Health and Mental Hygis	28 is marked, or item 23 shows any injury, or of
DIRECTOR: After this certificate has been signed by the attending	tours after death with the State Dept. of Health and Mental Hygi	tem 28 is marked, or item 23 shows any injury, or of
AL DIRECTOR: After this certificate has been signed by the attending	72 hours after death with the State Dept. of Health and Mental Hygis	If Item 28 is marked, or item 23 shows any injury, or of
INERAL DIRECTOR: After this certificate has been signed by the attending	thin 72 hours after death with the State Dept. of Health and Mental Hygi	INT: If Item 28 is marked, or item 23 shows any injury, or of
E FUNERAL DIRECTOR: After this certificate has been signed by the attending	d within 72 hours after death with the State Dept. of Health and Mental Hygis	RTANT: If Item 28 is marked, or item 23 shows any injury, or of
THE FUNERAL DIRECTOR: After this certificate has been signed by the attending	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAI	HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, Las ANNIE	E (First, Middle, Last)			KON .	MONTE	OF DEATH	, 1991	AR .	TIME OF DEATH
4. SOCIAL SECURITY NUMBER	The second secon	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE (Monti	OF BIRTH	8. B	IRTHPLACE ountry)	(State or Foreign
214-28-6741	1 □ M 2 🖎 X 7	4 YRS.	MONTHS DAYS	HOURS MIP		2-17-19			
9a. FACILITY NAME (If not institution, give	e street and number)		96. CITY, TOWN	OR LOCATION OF DE	HTA		9c. COUNTY	OF DEATH	
Memorial Hospita	al & Medical Co	enter	Cumber:	Land			Alle	gany	
10a. STATE 10b. COUNT	VTY	10c. CITY,	TOWN OR LOCA	TION				10d. II	ISIDE CITY
MD A	legany	G.	mberlar	5					MITS? YES 2 NO
10a. STREET AND NUMBER		1 00		I. ZIP CODE			10g. CITIZEN	00	
224 Massachuse	etts Avenue			21502			USA		
11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	U.S. ARMED 2 MAN	If yes, sp	CENDENT OF HISPAN ecity Cuben, Mexica 2 NO Specify	n, Puerto I					
	1	44 - 0505051110 4		•	-			whi	te
15. DECEDENT'S EI (Specify only highest gre	ide completed)	(Give kind of we life. Do NOT use	ork done during me	ost of working	16b	KIND OF BUSI	NESS/INDUST	мт	
Elementary/Secondary (0-12)	College (1-4 or 5+)	homema				or m			
17. FATHER'S NAME (First, Middle, Last)		TICHETIK	AIXEL .	18. MOTHER'S NA	ME /Elmi	own h		_	
Silias Mille	25								
19a. INFORMANT'S NAME (Type/Print)	ST.	105 MARING	ADDRESS (Street	Marc and Number or Rural		Norri		in l	
Mr. Bernard P.	Nivon			setts Ave				•	00
		PLACE AND DATE			DAT		ATION — CITY		
20a METHOD OF DISPOSITION 1		emetary, crematory o	or other place)		1	-23 F1			
21. SIGNATURE OF FUNERAL SERVICE		CCAY Gai		ND ADDRESS OF FA		-Zp F1	Incsu	ne, r	
Jan 7	Magail	,	Cumk	pelli Fu perland,	MD 2	1502			
23. PART I. Enter the diseases, to shock, br heart failur iMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. Liet only die cause on ee	ch line.	CHB	ode bi dying, add	m aa can	uac or reapii	etory arreat,		Approximate interval Between Onaet and Death
Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	С	CONSEQUENCE OF							
	d								
PART II. Other algnificant condit	ione contributing to deeth bu	it not resulting li	n tha undarlyin	g cause given in	Part i.	24a. WAS AN A PERFORI 1 YES 24	AED?	COMP OF DE	AUTOPSY FINDINGS ABLE PRIOR TO LETION DF CAUSE ATH? YES 2 \(\sum \) NO
25. WAS CASE REFERRED TO MEDICAL			2A E	LACE OF DEATH (CA	eck only a	ne)			
EXAMINER? 1 YES 2 NO	HOSPITAL:	etlent 3 🗆 DOA	OTHER:						
27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME		ne 5 - Residence		SCRIBE HOW IN	JURY OCCUR	ED	
1 Natural 5 Pending	(Month, Day, Year)	INJ	JRY W	YES 2 NO					
2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								umber,	
cool only	YSICIAN: To the bast of my knowl							ruse(e) end r	nanner ee stated.
296. SIGNATURE AND TITLE OF CERTIF				29c. LICENSE NU			29d. DATE SIG		
Te 1	M /				_		DATE SI	1/2	2/9
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type	Print)	Da8	7/0)		12	4///
Dr. H.C. Merri	ck / Mem	orial Ho		Medical	Build	ding, C	umberl	land,	MD 2150
31. DATE OCT 2 3 1991	32. REGISTRAR'S SIGN	andell							



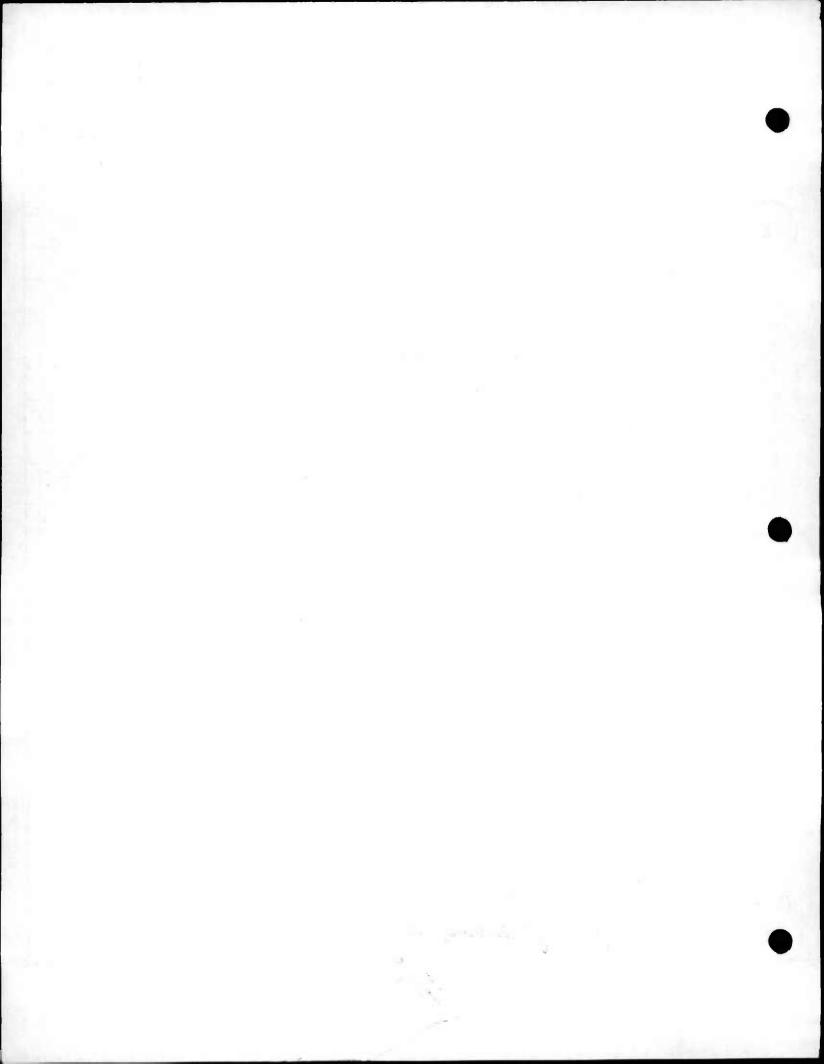
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. To THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit is be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG NO.

					CERTII	ICAL	- 01	DEA	in_	F	REG. NO.			
	1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR D. C. C. C. C. C. C. C. C. C. C. C. C. C.													
		GE	ORGE HOR	ACE OG	BURN,	JR.				OCT 18 1991			5:40 P	
	4. SOCIAL SECURITY NUME	5. SEX	6. AGE (In yrs	. last birthday)	IF UNDER	1 YEAR	IF UNDER	R 24 HRS.		7. OATE OF BIRTN		S. BIRTHPLACE (State or Foreign		
	420-01-680	1	1 😡 M 2 🗆 F	74	YRS.	MONTHS	DAYS	HOURS	MIN.		(Month, Day, Year) Country)			LABAMA
	Se. FACILITY NAME (If not institution, give street and number)					9h CITY	TOWN (OR LOCATE	ION OF DEA		.1 13		NTY OF DE	
Œ										3111				
61	NATIONAL RESIDENCE OF DEC	NAVAL	MEDICAL	CENTE	3		BETHESDA MONTGOMERY						OMERY	
m l	10e. STATE	10b. COUNT				Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY
# 1	MARYLAND	мо	NTGOMERY				DOCV	VILL	E					LIMITS?
<u> </u>	10e. STREET AND NUMBER						_							1 XYES 2 NO
FUNERAL DIRECTOR							101. ZIP CODE 10g. CITIZEN OF W							
쀧	1103 BROOKI	E DRIV					20850 UNI					ITED	STATES	
라	1 Never Married 2 🖔	Mandad	12. WAS DECEDEN FORCES? 1			13.	WAS DEC	ENDENT C	OF NISPANI	C ORIGIN? (S , Puerto Rica	pecify Yea	or No-	14. RACE	- American Indian, White, etc.
ΒX	3 Wildowed 4 Divo		IF YES, GIVE W	AR OR DATES			1 YES	2 X NO	Specify:		1, 4000		Specif	N:
				- 1969										WHITE
	(Specify only	EDENT'S EDU y highest grade	completed)	16a.	OECEDENT'S (Give kind of	work done	CCUPATIO during mo	ON asl of working	na	16b. Kir	ND OF BUS	INESS/INC	DUSTRY	
"	Elementary/Secondary (0	l-t2)	College (1-4 or 5	+)	life. Do NOT us						-	_		
₹			5+		Engi	neer					D.0	.E.		
COMPLETED	17. FATNER'S NAME (First, M	iddle, Last)								E (First, Midd		Sumame)		
H	GEORGE HO	RACE O	GBURN, SI	R.					JULIA	A MAUL	DIN			
	19a. INFORMANT'S NAME (7	ype/Print)			19b. MAILING	ADDRES	S (Street a	nd Number	or Rural Ro	oute Number, (City or Town	, State, Zip	Code)	
유	ANN L. OGBI	URN								OCKVII			20850	0
	20a, METNOO OF DISPOSITI	ION	STATE OF THE	20b, PLA			_						City or To-	un State
	4 ☐ Donation 5 ☐ Other	(Specify)	oval from State	cemeterv	cremetory or o	ATEOF DISPOSITION (Name of 10/24/9b) of or other place) on National Cemetery								
Ì	21. SIGNATURE OF FUNERA		CENSEE	WITT	ngcon	22	NAME AN	D ADDRE	SS OF FACE	y Arlington, Virginia MYey Funeral Home/Rockville gomery Avenue				IIgIliia
	.01	1	1	/		Ro	bert	A.	Pump	hrey 1	Funer	cal H	lome/	Rockville,
	Name	my C	terral		M00198	S A	lock	vest √ille	Mont Ma	gomery ryland	288	50-2	805	Inc.
	23. PART i. Enter the di	seeses, or o	complicatione tha	t caused tha	death. Do r	not enter	the mo	de of dyl	ing, euch	as cerdiac	or reapli	atory arr	reet.	Approximate
ı l	IMMEDIATE CAUSE (Fin	noit laliure.	Liet only one cau	ee on eech i	ina.									Intarval Between Oneet end Death
H	disease or condition		oena:											Ollegt and Death
ı	resulting in death)		e. SEPS		SEQUENCE OF	n.								
- 1	OUE TO (OR AS A CONSEQUENCE OF): CHRONIC LYMPHOCYTIC LEUKEMIA										i			
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate b. CHRONIC LYMPHOCYTIC LEUREMIA OUE TO (OR AS A CONSEQUENCE OF):													
<u> </u>	ceuse. Enter UNDERLYI	NG												j
三川	CAUSE (Diseese or inju that initiated events	יין	c. DUE TO	(OR AS A CON	SEDUENCE OF	F):								
E	resulting in death) LAS	T				•								į
빙			d											-
4	PART II. Other significe	nt condition	e contributing to	deeth but no	t resulting i	in the un	derlying	cause g	given in P	art i. 24s	. WAS AN			WERE AUTOPSY FINDINGS
MEDICAL											PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
삘Ⅱ										_ ''	YES 2	X NO		OF DEATH?
- 11										-				1 YES 2 NO
A I	25. WAS CASE REFERRED TO	MEDICAL												
PHYSICIAN:	EXAMINER?		HOSPITAL:			OTHER		ACE OF DI	EATH (Chec	k only one)				
₹	1 YES 2 NO									Other (Sp				
	-	Pending	28a. DATE OF (Month, De		28b. TIM	URY	28c. INJI WO	RK?		28d. OEŞCRIE	BE NOW IN	JURY OCC	UREO	
B		nvestigation				М		ES 2 [NO					
		Could not be	28a. PLACE Of building,	F INJURY — At atc. (Specify)	home, farm, s	treet, lect	ory, office		:	28f. LOCATIO	N (Street ar	nd Number	or Rural Ro	oute Number,
E L	4 Nomiciae	determined									,,, 0.0.0)			
군	29a. CERTIFIER 1 CERT	IFYING PNYSK	CIAN: To the best of	my knowledge,	death occurre	d at the si	me, data	and place	and due to	the cause(s)	and man	and an elek	ad	
COMPLETED	one) 2 MEDI	CAL EXAMINE	R: On the beals of ax	amination and/	or investigation	n, in my o	pinion, de	eath occur	ed at the til	me, date and	placa, and	due to the	n cause(s)	and manner as stated.
	29b. SIGNATURE AND TITLE					_								
8	K. E. ZAWA	77 2-0-0		ICM				29c, LICE	NSE NUMB	ER		29d. DATE	SIGNED ((Month, Day, Year)
٩ إ	MAME AND ANDRESS OF				TEM CT -	0.4						-/	0/2	-1/91
	V/8		10	OF GEAIN (I	I €MI 27) (Type,	rint)				NAVAL				ER
-	31 DAYE FILED (Month, Day))	18	\sim	11 6-4		E	BETHE	SDA.	MD 20	0889-	<u>-500</u> 0)	
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L	ULI 22 13	1	0	A Section 1										



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit pe filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to buriat, cremation, or removal	MADOUTANT If Ham 29 is mosted as Ham 29 shains and injury as others beautiful assembly the material
the death certificate be executed wi	the attending physician and complete Mental Hygiene prior to burial, cre	inium or other traumatic aver
PHYSICIAN: The law requires that	this certificate has been signed by with the State Dept. of Health an	or Harn 22 about any
TO THE HOSPITAL OR ATTENDING	TO THE FUNERAL DIRECTOR: After of filed within 72 hours after death	MPORTANT: If Hom 29 is ma

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT OF	HEALTH AND		IENE NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) Paul	F.		ell, Jr.	2. DATE OF DEA	TH	1YEAR	3. TIME OF DEATN 3:00 AM		
	4. SOCIAL SECURITY NUMBER 577-16-4540	X(X) M 2 □ F 6	(In yrs. last birthday) 9 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.			Countr	PLACE (State or Foreign y) hington, D.C	
OR	90. FACILITY NAME (If not institution, give s Suburban Ho	,		96. CITY, TOWN Beth	or Location of D	DEATN	9c. COU	nty of D	EATH	
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION			10d. INSt		
FUNERAL D	10e. STREET AND NUMBER	gomery	Po	tomac	H. ZIP CODE		10g. CIT	1 YES 2 NO		
J. N.	2417 Stratton Dr.		MILS ADMED	40 400 05	20854		Unit		tates	
B	1 Never Married 2 XXMerried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER HE FORCES? KX YES IF YES, GIVE WAR OR D WORLD WAR	ATES	If yes, s	pecify Cuben, Mexic S 2 NO Speci	NIC ORIGIN? (Speci en, Puerto Rican, et fy:	ry Yee or No	14. RACE Black Specia	- American Indian, Whita, etc. fy: White	
	15. DECEDENT'S EDUI (Specify only highest grade	completed)	18e. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPAT	ON ost of working	18b. KIND O	F BUSINESS/INI	DUSTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+) 5+	Agent	se remed.)			al Bur		of	
	17. FATHER'S NAME (First, Middle, Last)	1.1				AME (First, Middle, M.				
BE	Paul F. O'Conne: 190. INFORMANT'S NAME (Type/Print)	11	19b. MAILING	ADDRESS (Street		.mina Sch Route Number, City o				
2	E. Joan O'Connell	1				Potomac,			20854	
	20s, METNOD OF DISPOSITION XX Burial 2 Cremetion 3 Remote 4 Donetion 5 Other (Specify)	oval from State 20b		OF DISPOSITION (N	ame of 10/17	/9 PATE 20	c. LOCATION —	City or Tox	wn, State	
	21. SIGNATURE OF FUNERAL SERVICE LIC	SEASON SE		22. NAME A	ND ADDRESS OF FA	COUTY Rober	t A. Pi	ımphr	ev Funeral	
_	23. PART I. Enter the diseases, or c	Perry.	M00803	Avenu	e. Rocky	ille. Ma	rvland	208	IOIL GOMELV	
	ahock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition	List only one cause on e	ach line.	not enter the mo	ode of dying, suc	ch aa cardiac or r	respiretory an	rest,	Approximate Interval Between Onset and Death	
	resulting in death)	a. Cerebral DUE TO (OR AS A	Hemorrha CONSEQUENCE OF	age					15 hours	
NOI	Sequentially list conditions. Arteriosclerotic Cardiovascular Disease									
ICAT	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	с.								
CERTIFICATION	that initiated eventa resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	F):						
CALC	PART II. Other algnificant conditions	a contributing to death b	ut not reaulting	in the Underlyin	g cause given in		S AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS	
DIC							REFORMED?	1	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?	
PHYSICIAN: MEDI							AA		1 TYES 2 NO	
NAN I	25. WAS CASE REFERRED TO MEDICAL			28. P	ACE OF DEATH (Ch	eck only one)				
YSIC	EXAMINER? 1 YES XX NO	HOSPITAL: 1 X Inpatient 2 ☐ ER/Outp	attent 3 DOA	OTHER:		8 Other (Specify)				
	27. MANNER OF DEATH 1 XXNetural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI	E OF 28c. IN.		28d. DESCRIBE N		CURED		
B	2 Accident Investigation	28e. PLACE OF INJURY	- At home, form, a		YES 2 NO					
ETEO	4 Nomicide determined	building, etc. (Spec	ify)	Aleet, lectory, Offic	a .	281. LOCATION (St. City or Town, S	reet end Number State)	or Rural Ro	oute Number,	
COMPLETED		CIAN: To the heat of my knowledge. On the basis of examination							end menner ee steted.	
H	286. SIGNATURE AND TITLE OF CERTIFIER		0 1		29c. LICENSE NUN	ABER	29d. DATE	SIGNED (Month, Day, Year)	
요	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED FAIRE OF DE	THUTEN TO	5	D0747	1	▶ _{0c}	tober	15, 1991	
	Paul T. Noone, M	.D., 50 West	Edmonst		#207	Rockvill	e. MD	2085	52	
	31. DATE FILED (Month, Day, Year) OCT 17 '91	32 REGISTRAB'S SIGNA	UWE.				V 1 111/	200		

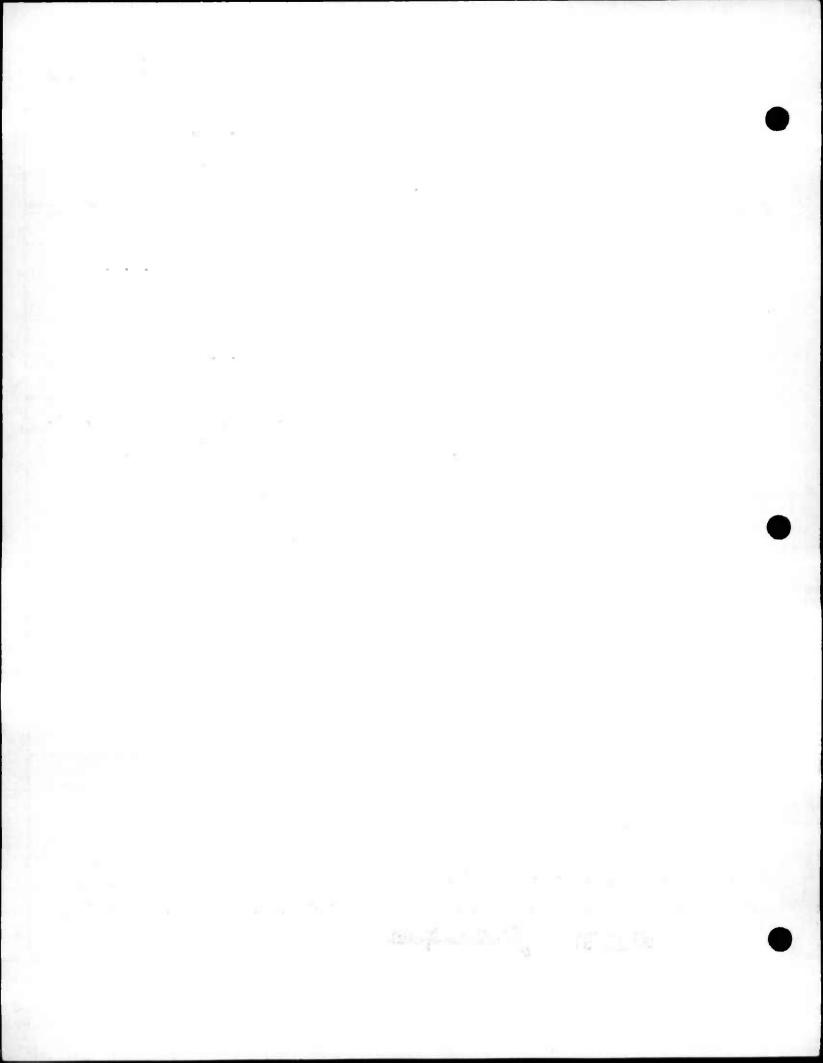
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
I hours afte	lled in by th	e medical
cuted within 24	nd completely fill purial, cremation	tic event, the
artificate be exe	ng physiclan an giene prior to b	other trauma
at the death o	by the attendi	ly Injury, or
law requires th	is been signed ept. of Health	23 shows an
ICIAN: The	the State D	or Item
NDING PHYS	f. After this r death with	is marked
AL OR ATTE	AL DIRECTOR 72 hours afte	If Item 28
TO THE HOSPIT	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT:

31. DATE FILED (Month, Day, Year)

OCT 22 '91

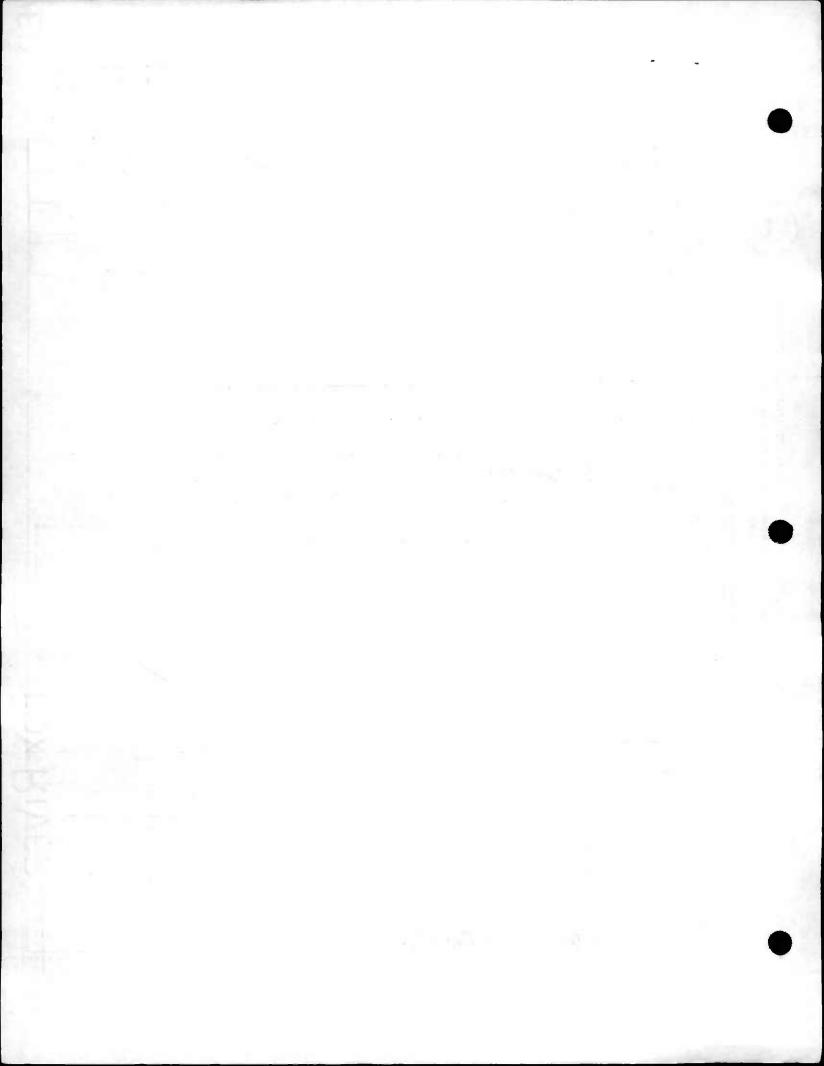
32. REGISTRAR'S SIGNATURE

											9	1 3	30090	
	1 - STATE REGISTRAR	STATE OF N	MARYLAND /	DEPAR	TMEN	T OF H	IEALTH DE AT	AND	MENTAL	HYGIEN	IE .			
	1. DECEDENT'S NAME (First, Middle, Last)								2. OATE MONTH	TE OF DEATH 3. TIME OF DE				
	4. SOCIAL SECURITY NUMBER 578-24-4716	5. SEX	6. AGE (In yrs. le:	at birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.			7. DATE (Month) July	OF BIRTH	BIRTH & DIR		LACE (State or Foreign		
H	9a. FACILITY NAME (If not institution, give the Hebrew Home o	stmet and number)		h.			DR LOCATIO				9c. COUN	9c. COUNTY OF DEATH		
t	RESIDENCE OF DECEDENT ROCKVILLE									Montgomery				
DIRECTOR	Maryland Montgomery				kvi.	lle	TION						10d. INSIDE CITY LIMITS? 1X YES 2 NO	
FUNERAL	6121 Montrose	Road			101. ZIP CODE 10g. CITIZEN OF V 20852 U.S.									
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 W Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 X	RMED NO	13.	WAS DEC	ENDENT O	F HISPAI n, Maxica Specif	NIC ORIGIN: ari, Puarto R fy:	(Specify Yelcan, atc.)	or No-		RACE — American Indian, Black, Whita, atc. Specify:	
	15. DECEDENT'S EDU	CATION	16a, DE	CEDENT'S	USUAL O	CCUPATIO	ON.		166	KIND OF BU	SINESS/IND		.1 ce	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +) (G	ive kind of a Do NOT us Cret	work done se retired.)	during mo	st of workin	g			over		t.	
ő	17. FATHER'S NAME (First, Middle, Lest)						16. MOTH	TER'S NA		iddle, Malden				
BE (George Schulma	n								nown				
2	19a. INFORMANT'S NAME (Type/Print) Sheila POllack		19	b. MAILING	ADDRESS	S (Street a	nd Number	or Rural I	#609	Sil.	n, State, Zip	Code)	ng, Md.	
	20a. METHOD OF DISPOSITION X Burlal 2 Cremation 3 Ram		20b. PLACE	AND DATE	OF DISPOS	ITION (Na	me of		7 DATE	220c. LO	CATION - C	ity or Tow	n. State	
	Adelphi, Maryland													
	21. SIGNATURE OF FUNERAL SERVICE LIC	Perry									Home			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate													
	ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF L.) DUE TO (OR AS A CONSEQUENCE OF L.)													
LION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):													
CA	cause. Entar UNDERLYING CAUSE (Disease or injury	c												
CERTIFICATION	that initiated aventa resulting in death) LAST	d	OR AS A CONSEC	DUENCE OF	7:									
	PART II. Other significant condition	s contributing to	death but not n	eauiting i	n the un	derlying	Callee o	lven la	Part I	24a. WAS AN	Attronou	1		
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Stroke, Colomic polygos.								PERFOR	MED?	C	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO		
IAN	25. WAS CASE REFERRED TO MEDICAL					26 PI	ACE OF DE	ATM /Cha	eck only one)					
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER	P:			6 Other					
돌	27. MANNER OF DEATH	28a. DATE OF (Month, Da	INJURY	285. TIMI	OF	28c. INJU WOF	IRY AT	T			NJURY OCCU	JRED		
8	1 Natural 5 Pending 2 Accident Investigation				М	1 🗌 Y	ES 2 🗌	NO						
	3 Suicide 6 Could not be determined	28a. PLACE OF building, a	INJURY — At horate. (Specify)	me, farm, a	treef, facto	ory, offica			281. LOCAT	TON (Street a Town, State)	and Number o	r Rural Rou	ite Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DISCOURSE 2 MEDICAL EXAMINE	CIAN: To the beat of ax	ny knowledge, dea	eth occurre	d at the ti	me, date i	and place,	and dua	to the caus	e(a) and man	ner as state	i. cause(a) a	nd manner as stated	
ш ІІ	296. SIGNATURE AND TITLE OF CERTIFIER		**				29c. LICEN			or Conference			lonth, (Day, Year)	
0 8	30. NAME AND ADDRESS OF PERSON WHO	darana	MP	1 2D //-	Orien)		D	391	166		1	0/2	0/9/	
	ALVINS MAI	HEAN (MO G	1711	MOII	TPA	CZU	on.	Rac	1-11/1	e IV	1 2	085	



130	m	y	
BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physicia	filled in by the funeral director, page 5 should be detached for use as the burial-transfer per on, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transmin manual actions after death with the State Dent of Health and Mental Hogiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH MONTH DAY Y					YEAR 3	. TIME OF DEATH		
	NELLIE		ANOR	OI	IADE					OCTOBI		22.19	10.75	7.49 PM M	
	4. SOCIAL SECURITY NUME		5. SEX		rs. last birthday)	IF UNDER	DAYS	IF UNDE	R 24 HRS.	7. DATE OF BII (Month, Day,	Year)		Country)	ACE (State or Foreign	
	212-66-448		1 🗆 M 2/7 F	86	YRS.			1177		1-1-19	05		Mary.		
œ	PHYSICIA			CDTTAI		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF									
5	RESIDENCE OF DEC		ONIAL IIC	OFTIAL	_	LA PLATA						CH/	ARLES		
REC	10a. STATE	10b. COUNTY			10c, CIT	10c. CITY, TOWN OR LOCATION							1	8d. INSIDE CITY LIMITS?	
ā	Maryland		harles			Hu		svil						YES 2 NO	
FUNERAL DIRECTOR	10e. STREET AND NUMBER						10	101. ZIP CODE 10g. CITIZEN OF WH.				AT COUNTRY?			
NE.	P. O. BOX	< 64	12. WAS DECEDED	NT EVER IN U.S	S. ARMED	13	WAS DEC		2063	NIC ORIGIN? (Spe	acifu Vae		JSA 14 BACE -	- American Indian,	
	1 Never Married 2		FORCES?	T YES 2	OM		If yes, sp	ecify Cub	an, Mexica	n, Puerto Rican,	etc.)	01110	Black, White, etc. Specify:		
ВУ	3 💢 Widowed 4 🗌 Divorced								Wh.	ite					
Ħ	(Specify onl	EDENT'S EDU y highest grade	CATION completed)	18	a. DECEDENT'S (Give kind of life. Do NOT u	work done	CCUPATION OF THE COURT OF THE C	ON ost of work	dng	16b, KINO	OF BUS	SINESS/IND	USTRY		
P.E.	Elementary/Secondary (0	1-12)	College (1-4 or 5	+)	Hous		_			H	lome	2			
COMPLETED	17. FATHER'S NAME (First, M	liddle, Last)	_		11003	C 44 T		18. MO	THER'S NA	ME (First, Middle,					
BE C	Charles Fa	arrel.	1						Sus	an Kno	tt				
TO B	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AGORESS (Street and Number or Rural Route Number, City or Town, State, Z P. O. Box 64, Hughesville, Mo									637					
	20a. METHOD OF DISPOSIT		Service and USE of		LACE AND DAT	E OF DISF	POSITION	(Name	_	OATE			City or Town		
	X□ Buriel 2 □ Cremetic 4 □ Donetion 5 □ Other	(Specify)		_ ofSet	etary, cremator	y or other i	Cer	nete	ery	10-25	В	yant	town	, Md.	
	21:-OT NATURE OF FUNERA	ST all	ENSEE STATE	•					ESS OF FA	ເພນາ∨ ral Ho	me				
	Micha	ael B.	lankens	hip	M0085							dorf	, Md	20604	
	23. PART I. Enter the d shock, or h		complications the			not ente	r the mo	ode of d	ying, suc	ch ee cardiec o	or respi	iretory err	eat,	Approximate Interval Between	
	IMMEDIATE CAUSE (Findiseese or condition	nei	att.		0. A	N		1	.	1	1.			Onset and Death	
ı	resulting in death)	→	S. DUE TO	O (OR AS A CO	INSEQUENCE O	OFD:	aro	400	asc	ular (us	ease	,		
z			h	•											
MEDICAL CERTIFICATION	Sequentielly list condit if any, leading to imme	diate	DUE TO	OR AS A CO	INSEQUENCE (OF):									
2	cause. Enter UNDERLY CAUSE (Disease or Inju		c	O (OR AS A CO	ONSEQUENCE (ne.									
E	that initiated events resulting in death) LAS	er 📗	4	(. ,									
8	PART II. Other significa	ant condition	ne contribution t	n donth hut	and manufalme	In the co			mlus a la	Deat Law			140.		
₹	PART II. Otter significa	ent condition	is continuating a	o death but	not resulting	in the u	ngeriyin	ig ceuse	given in		PERFOR	-	1	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE	
E				_						10) YES 2	NO	1	OF DEATH?	
														YES 2 NO	
AN	25. WAS CASE REFERRED T	TO MEDICAL						LACE OF	DEATH (C	hack only one)		-			
Sic	EXAMINER?		HOSPITAL:	☐ ER/Outpatia	ent 3 🗆 DOA	4 D Nu		ne 5 🗆	Rasidenca	6 Other (Spe	icify)				
Y PHYSICIAN		Pending Investigation	28a. DATE O (Month,	F INJURY Day, Year)	26b. Til	ME OF IJURY M	W	JURY AT ORK? YES 2	□ NO	28d. DESCRIB	E HOW I	INJURY OC	CURED		
ED BY	2 Accident 3 Suicide 8 4 Homicide	Could not be detarmined	28a. PLACE building	OF INJURY — g, etc. (Specify)	At home, farm,	street, fac	ctory, offi	Ca		281. LOCATION City or Tox			or Rural Ro	ute Number,	
	29a. CERTIFIER	TIEVING BUYE	HOLANI, To the beat	Heaven Un			e 81			1-31-30-7		W 1576	5.6		
COMPLETED	one)		ER: On the best of											and manner as stated.	
ш	29b. SIGNATURE AND TITLE	о сентин	IM					29c. Li	CENSE NU	IMBER		29d, DAT	E SIGNEO	Month, Day, Year)	
TO B	170	uu	Mp					D	22	2574			10/5	3191	
	30. NAME AND ADDRESS O			USE OF DEATH	H (ITEM 27) (Typ	e, Print)									
	31. DATE FILED (Month, Day)	PACE Year)	20 DECICE	ROX 2/	inc	DORF	MD	2	0604		-				
		5 '91	gra	lia David	son-Agno	Lette									



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FILED (Month, Day, OCT 17

'91

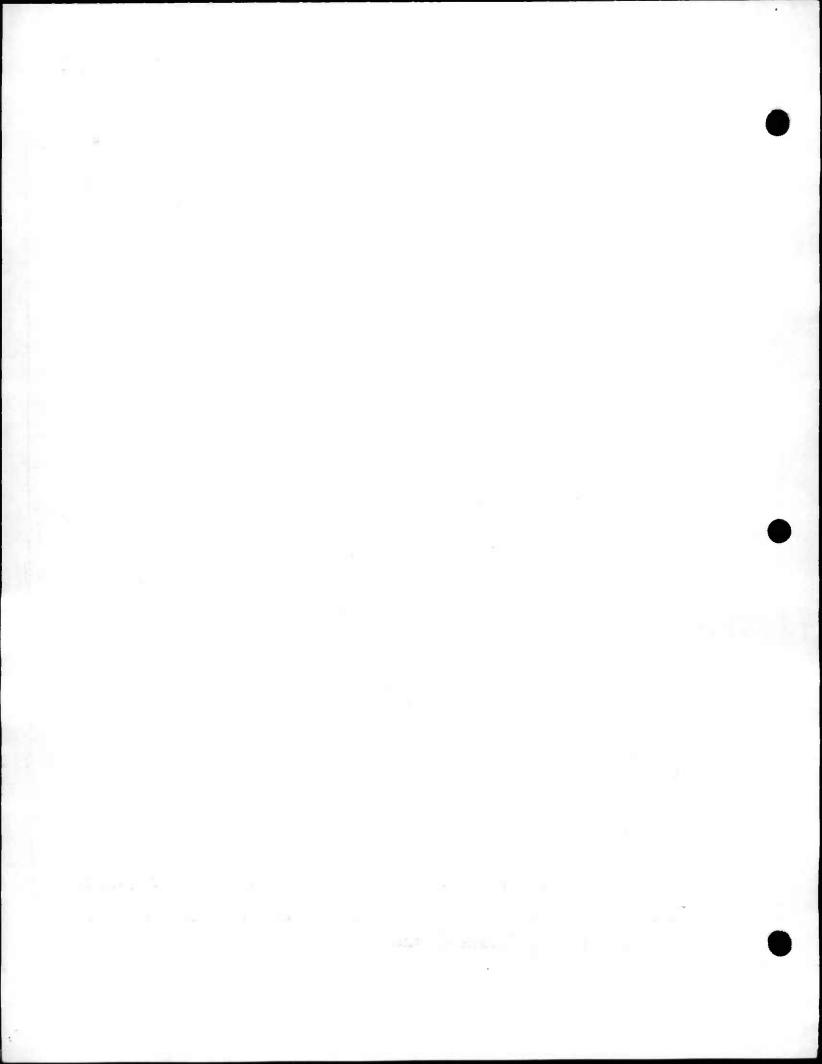
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5	2	Ħ
O THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the	O THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained free filed within 72 hours after reash with the State Open of Health and Mental Hotelete prior to burial cremation, or semicial	MPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at one
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. OR	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the e filed within 72 hours after reach with the State Dent, of Health and Mental Hydielle prior to build remains or comman	iten
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	1 - STATE REGISTRAR	STATE OF M	IARYLAND /	DEPAR	ICAT	T OF H	DEAT	AND	MENT	AL HYG					
	1. DECEDENT'S NAME (First, Middle, Last)								2. DA	TE OF DEAT				3. TIME OF DEATH	_
1	Verla Gazah	Pendel	l Richtm	nyer					MOI	NTH	DAY		YEAR	1 Am	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. OAT	TE OF BIRTI	H		e BISTH	IPLACE (State or Foreign	-
	215-46-2530	1 🗌 M 2 😿 F	88	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mo	onth, Day, You	ar)	12	Countr	York	
	9a. FACILITY NAME (If not institution, give stre	et and number)			9b, CIT	Y, TOWN C	DR LOCATI	ON OF O						_	
DIRECTOR	Suburban Hospita	1			17		esda		EATT!		- 1		gome		
EC	10a. STATE 10b. COUNTY			10c CIT	CITY, TOWN OR LOCATION										
E	Maryland Mont	gomery		1	Bethesda									10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	90017												1 YES 2 NO	
FUNERAL	7817 Marion Lane				10f. ZIP CODE 20814									WHAT COUNTRY?	
Ž	11. MARITAL STATUS	12. WAS DECEDENT	EVED IN U.S. AD								-		States		
В	1 Never Married 2 Married 3 Widowed 4 Divorced		YES 2 X N		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specific yea, specify Cuban, Maxican, Puarto Rican, art					fy Yea on 2.)	r No—	14. RACE Black Speck	- American Indian, k, White, afc. Mhite		
0	15. DECEOENT'S EOUCA	TION	16a. OE	CEDENT'S	USUAL OCCUPATION				10	6b. KIND OF	F BUSIN	JESS/INC			_
COMPLETED	(Specify only highest grade or Elementary/Secondary (0-12)	College (1-4 or 5 +	(Gi	ve kind of y Do NOT us	work done se retired.)	fred.)					20011		0031111		
P		5		emak	er		Own			Home	3				
0	17. FATHER'S NAME (First, Middle, Last)						18. MOTE	HER'S NA	ME /First	Middle Ma	iden Su	(mame)			
	Charles D. Pende	11							IAME (First, Middle, Maiden Sumame) Everitt						
8E	19a. INFORMANT'S NAME (Type/Print)	196	. MAILING	ILING ADORESS (Street and Number or Rural Route Number, City or Town, Str					Cana Ti-	Conta		_			
5	Nelson Kellogg Ric	htmyer								da, N				0814	
	20a. METHOD OF DISPOSITION		20b. PLACE A				_		_				City or To		_
	QC Buriel 2 ☐ Cremation 3 ☐ Remov 4 ☐ Donation 5 ☐ Other (Specify)	al from State	cemetery, crer River	netory or of	ther place	eter	V							ew York	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE	22. NAME AND AODRESS OF FA						CILITY		JASC	TCKI	.6, 14	ew TOTA	_
	VO 1 1.3	1	Robert A. Pumphrey M00198 Robert A. Pumphrey Bethesda-Chevy						y Fur	nera	al H	lome/			
	/ own	anas	7557 Wisconsin Ave. I						e. Be	ethe	esda	, MD	20814-350	1	
	23. PART i. Enter the diseases, or con shock, or heart failure. Lie	mplications that	causad the das	ath. Do n	ot anta	r tha mod	da of dyl	ng, suc	h as ca	ırdiac or n	eapirat	tory ari	rest,	Approximata	
	IMMEDIATE CAUSE (Final					0								Intarval Batwee	
	disease or condition reaulting in death)	(0)	ronamy	avi	tery	W.	Sea	10							
		DUE TO	ORANA CONSECULAR AS A CONSECUL	UENCE OF	7: (111				1	_
Z	Sequentially list conditions, b.	at	hero So	clar	ofe	c (arc	lia	1001	colon	DI	100	20		
CERTIFICATION	if any, leading to immediate	OUE TO (OR AS A CONSEO	UENCE OF	1:1										
2	CAUSE (Disease or injury	D (0	ruetes	me	lly	Lus									
Ħ	that initiated events	DUE TO (OR AS A CONSEO	UENCE OF):										
H	d.														- 1
- 1	PART II. Other significant conditions	contributing to d	leath but not re	sulting i	n the w	nderlylee	001100	luca ta	Don't I						
PHYSICIAN: MEDICAL	Pulmonary Em	Lations	Disk	1	44.	101.	causa y	iven in	Part I,	24a, WAS	RFORME		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	•
			- ruga	eas	rec	2100	w,	4.		1 G TE	5 2 🗌	NO		COMPLETION OF CAUSE OF DEATH?	
Σ	FREMATIC Fram	creation	- tun	wes	, 1) Ver	41 cu	ertc	2					1 TYES 2 THO	
Ž															
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:			OTHE		ACE OF O	ATH (Ch	eck only o	one)					
ΥS	1 YES 2 NO	Inpatient 2 -	ER/Outpatient 3	□ DOA	4 Nu		5 🗆 Re	sidence	6 🗆 Oth	ner (Specify)					
품	27. MANNER OF DEATH	28a. DATE OF II (Month, Day		28b. TIME		28c. INJU			28d. O	EȘCRIBE HO	JUNI WC	JRY OCC	CURED		\exists
B	1 Natural 5 Pending 2 Accident Investigation				М	1 🗆 Y		NO							
	3 Suicide 8 Could not be	28e. PLACE OF building, a	INJURY — At hon Ic. (Specify)	ne, ferm, a	treat, fac	tory, office			26f. LO	CATION (Str	reet and	Number	or Rural R	oute Number,	-
	4 Homicide detarmined								City	y or Town, S	na(8)				
2	29a. CERTIFIER (Check only	N: To the beat of m	ny knowledge, dea	th occurre	d at the	lime, date	and place	and due	to the o	number and	mann			·	-
COMPLETED	one) 2 MEDICAL EXAMINER:	On the basis of axe	mination and/or in	rveatigation	n, In my d	opinion, de	ath occur	d at the	fime, dat	la and place	namme:	us to th	e Causeiri	and manner as stated	
	296. SIGNATURE AND TOKE OF CERTIFIER										_				
8	Ven (K To	The state of	- m 1				29c. LICE	NSE NUM	HER	7	29	9d. DATE		(Month, Day, Year)	
일	30 NAME AND ADDRESS OF BEREON WILLO	`			D	1	• 1	~		- 4	0/1	17/1			

(ITEM 27) (Type, Print) 5602

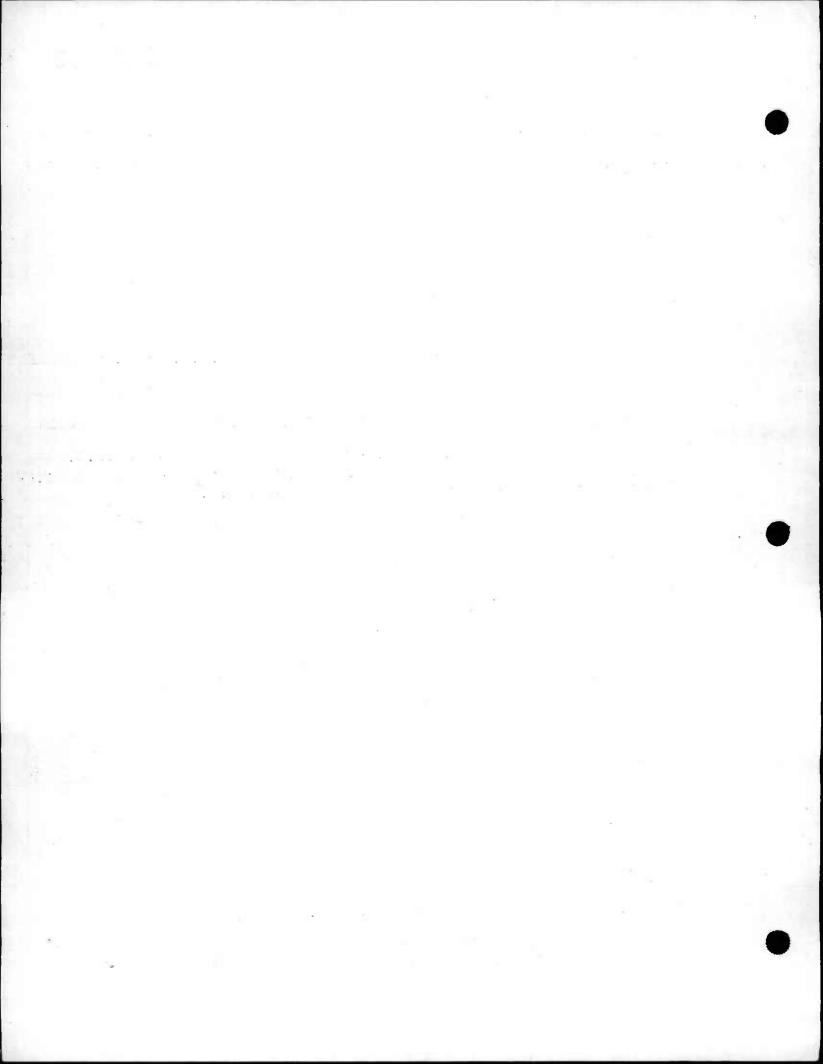
Shields DR.

Bethesda, MD 20817



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be find within 25 hours after death with the State Deet of Health and Mental Hinden noint in buildlicentation or removal.	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PI	TO THE FUNERAL DIRECTOR: After the	IMPORTANT: If Item 28 is mark
1	0	

1. DECEDENT'S NAME (First, Midd								2. DAT	REG. NO	DAY	MEAN	3. TIME OF DEATH
J EANNE	TTE L. F	Raley						Oct	ober 1		991	10:15 A.M
A. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is	est birthday) YRS.	IF UNDER	1 YEAR DAYS	HOURE	HRS.	(Mo	E OF BIRTH oth, Day, Year)		Countr	
579-48-891		02	YHS.	AL CITY	704B1 0	R LOCATION	N OF DE		ch 6,		Wash	ington, D.C
Sacred Heart						svil]		AIH				Georges
RESIDENCE OF DECEDI	ENT									1		
1000	COUNTY			Y, TOWN O								10d. INSIDE CITY LIMITS?
Maryland :	Prince Georg	ges	П	lyatt:		ZIP CODE				10a, CI	TIZEN OF V	1 X YES 2 □ NO
5805 Queens C	hapel Road					2078	82			1	U.S.A	
11. MARITAL STATUS 1 Never Married 2 Merri 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. A 1 YES 2 WAR OR CATES		- 1	t yes, spe		, Mexica	n, Puert	BIN? (Specify Ye o Rican, etc.)	s or No—	14. RACE Bleck Speci	E — American Indian, k, White, etc. ity: White
	IT'B EDUCATION lest grade completed)	16a. D	ECEDENT'S	USUAL OC	CCUPATIO	N st of working	7	1	86. KIND OF BU	JSINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	le. Do NOT us	se retired.)		or or morning						
12	[ast]	<u> </u>	ECRE	TAR	Y	10 1407	EDIC NO	ME (C)	H.E.		FED	GOVERNM
	rome Raley					10. MOTHE	May			nste:	in	
19e. INFORMANT'S NAME (Type/P		1	9b. MAILING	ADDRESS	(Street ar	nd Number o			mber, City or To			
MATTHEW KAN	E		455	O MC	OTMC	OME	RY	AVE	BET	HESI	Δ 1	MD 20814
20e. METHOD OF DISPOSITION [K]Suriel 2	☐ Removed from State	20b. PLACE other p	E OF DISPOS								- City or To	
Donation 5 Other (Spec	offy)	MT.	OLIV	ET C	CEME	MER	Y		WA	SHIN	IGTO	N,D.C.
21. SIGNATURE OF FLIHERAL	INICE UCENSEE	/		22. T	NAME AN AKOI	MA F	UNE	CILITY	HOME	25	4 CA	RROLL ST.
Muha	10	gu			WAS	SHIN	GTO	N	D.C.			
	feliure. List only one g	on each lin	lesth. Do i	not enter					ardiec or res	piratory s	rrest,	
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions. If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Due to	O COW All A COMSI	equence of							piratory a	rrest,	Interval Between
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant of Parking Cause.	S. Due to	O (OW All A COMSI	EQUENCE OF TREATMENT OF THE PROPERTY OF THE PR	In the un	the modern	de of dyin	ng, suc	h as ca	ardiec or res	N AUTOPS\		Interval Between
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant of Parking Cause.	onditions contributing to	O (OW All A COMSI	EQUENCE OF TREATMENT OF THE PROPERTY OF THE PR	In the un	the modern the modern	de of dyin	lven in	Part I.	24a. WAS A PERFC	N AUTOPS\		Interval Between Onset and Deeth Deeth Onset and Deeth D
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant of Partial Cause. Examiners 1 Yes 2	onditions contributing to	O (OW All A CONSI	EQUENCE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T	in the un	the modern the modern	de of dyin	lven in	Part I.	24a. WAS A PERFC 1 YES	N AUTOPS) PIMED? 2 A NO	Y 24k	Interval Between Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset Ons
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant or Taken and the cause of the	onditions contributing to	O (OW All A CONSI	resulting	in the un	28. PL ming Hom 28c. INJ	ACE OF DE	y iven in	Part I.	24a. WAS A PERFC 1 YES	N AUTOPS) PIMED? 2 A NO	Y 24k	Interval Between Onset and Deeth Deeth Onset and Deeth D
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant of Parking III. Other significant of III. Other significant of Parking III. Other significant of	onditions contributing to DUE TO DUE	O ION AS A CONSI	EQUENCE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T	OTHER AUTHOR	28. PL	ACE OF DE	y iven in	Part I.	24a. WAS A PERFC 1 YES	N AUTOPS) PIMED? 2 ANO INJURY O	Y 24k	Interval Between Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset Ons
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant c Part III. Other significant c EXAMINER OF DEATH Natural 5 Pend Pend Investigation	onditions contributing to DUE TO DUE DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	D (OR AS A CONSIDER OF INJURY — At It is, etc. (Specify)	resulting Toola Tilling Toola Tilling	OTHER 4 THURST ME OF JURY M	28. PLB: ming Hom 28c. INJ tory, officers inne, date	ACE OF DE	liven in	Part I. Part I. 28d. C	24a. WAS A PERFC 1 YES one) ther (Specify) DESCRIBE HOW OCATION (Streetly or Town, State cause(e) end m	N AUTOPS) PIMED? 2 1 NO INJURY O	Y 24k CCURED	Interval Between Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant c Part III. Other significant c EXAMINER OF DEATH Natural 5 Pend Pend Investigation	DUE TO DU	D (OR AS A CONSIDER OF INJURY — At It is, etc. (Specify)	resulting Toola Tilling Toola Tilling	OTHER 4 THURST ME OF JURY M	28. PLB: ming Hom 28c. INJ tory, officers inne, date	ACE OF DE	Iven in Iven i	Part I. 28d. C	24a. WAS A PERFC 1 YES one) ther (Specify) DESCRIBE HOW OCATION (Streetly or Town, State cause(e) end m	N AUTOPS) RMED? 2 A 100 I INJURY O r end Numb e) enner ee si	Y 24k CCURED tered. tered.	Interval Between Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant of Parking In death) LAST 25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Accident 1 Parking Investigation of the parking investigation on the certification of the certificatio	DUE TO DUE TO	DOT AS A CONSIDER OF INJURY Day, Year) Of INJURY — At It is, etc. (Specify)	resulting Topic of the country of t	In the under the test on, in my o	28. PLB: ming Hom 28c. INJ tory, officers inne, date	ACE OF DE	Iven in Iven i	Part I. 28d. C	24a. WAS A PERFC 1 YES one) ther (Specify) DESCRIBE HOW OCATION (Streetly or Town, State cause(e) end m	N AUTOPS) RMED? 2 A 100 I INJURY O r end Numb e) enner ee si	Y 24k CCURED tered. tered.	Interval Between Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset



Approximata intarval Between Onsat and Daeth 416

should be detached for use as the burial-transit

DIRECTOR

BE COMPLETED BY FUNERAL

2

COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BE

2

ained by the hos	should be detach		ified at once.
age 6 may be ret.	director, page 5 s		er must be not
urs after death. P.	in by the funeral	removal.	edicai examine
ted within 24 hou	completely filled	ial, cremation, or	event, the m
tificate be execut	physician and	ene prior to buri	ther traumatic
hat the death cer	by the attending	and Mental Hygi	ny injury, or o
ne law requires the	has been signed	Dept. of Health	n 23 shows a
G PHYSICIAN: TI	er this certificate	th with the State	larked, or iter
DR ATTENDING	DIRECTOR: After	hours after dear	Item 28 is m
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR		STATE OF N	MARYLA	ND / DEPAI						YGIENE EG. NO.			
1. DECEDENT'S NAME (First	t, Middle, Last)	BARBARA	TEA	N ROTE	AMET				2. DATE OF C	DEATH		3	. TIME OF DEATH
BARBAUT	JEAN		4/96	Z ROIN	CALILL	4			MONTH -	DAY	-	4ª	9001
4. SOCIAL SECURITY NUM	BER	5. SEX	B. AGE (H	yrs. (ast birthday)	IF UNDE	R t YEAR	IF UNDER	24 HRS.	7. DATE OF B	HRTH		8. BIRTHPL	ACE (State or Foreign
	104	1 □ M 2 🖫 F		60 YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, De)	131		Country) IOWA	
9a. FACILITY NAME (If not in		street and number)			9b. CIT	Y, TOWN	OR LOCATIO	ON OF DE	ATH //		9c. COUN	TY OF DEA	TH
HOLY CROS		OSPITAL			SIL	UER	SPR	FNG-			MUL	TROM	uspy
RESIDENCE OF DEC	10b. COUNT	rv .		Lancas									
mn	22.0					OR LOCA						- 10	Dd. INSIDE CITY LIMITS?
1.10		160 MER	/		STTA.	ER S.	PRING	ř				1	YES 2 NO
10e. STREET AND NUMBER						10	. ZIP CODE	E			10g. CITIZ	EN OF WHA	AT COUNTRY?
166 N. A	BELGA	CADE C	OUR	T			20	1907	2			LASI	4
11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1	T EVER IN	U.SARMED	13.	WAS DEC	ENDENT O	F HISPAN	IC ORIGIN? (Sp	pecify Yea or	No-	14. RACE -	- American Indian, White, etc.
1 Never Merried 2 3		IF YES, GIVE W					2 X NO		, Puerto Ricen	, etc.)		Specify:	Yhita, etc.
													ITE
	EDENT'S EDU			16a. DECEDENT'S	S USUAL (CCUPATIO	ON set of workin	a	16b. KIN	D OF BUSIN	ESS/INDU	JSTRY	
Elementary/Secondary (0	0-12)	College (1-4 or 5 +)	life. Do NOT u	ise retired.	during inc	St OF WORKIN	v					
12				HOUS	SEWI	FE							
17. FATHER'S NAME (First, M	fiddle, Last)						18. MOTH	IER'S NAM	AE (First, Middle	, Maiden Su	mame)		
HAROLD	FOX						н	ARRT	ET MIL	J.ER			
19a, INFORMANT'S NAME (7	Type/Print)			19b. MAILING	G ADDRES	S (Street a			oute Number, C		State, Zip	Code)	
ERNEST O. R	OTRAMI	EL (HUSBA	ND)										AND 20902
20a. METHOD OF DISPOSITI	ION		-	PLACE AND DATE				-	DATE			aty or Town	
1 Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other	on 3 ☐ Ren (Specify)	noval from State		ÖLESVILI					1				,MARYLAND
21. SIGNATURE OF FUNERA		GENSEE	1	1	-		ID ADDRES	S OF FAC	1	DILLAI	JIC D.	IKING	, FIART LAND
. /	11/		71						LINS F	TINERA	AT. HO	OME.	TNC
Kiali	7	Ined	1										MD.20901
23 PART I. Enter the d	seases or	complications that	cauaed	the daath. Do	not ante	r tha mo	de of dyle	nα, auch	aa cardiac	or raspirat	ory arm	ost.	Approximata
MINOCK, OF IS	eart minuse.	List only one cau	se on ae	ch lina.				37			,		intarval Betwee
disease or condition	nai	Qu.	1				4						Onsat and Dasi
resulting in dasth)	→	a. DUE TO	1 11.	14610	eag	+	Cer lu	0 5	-				4 FE
													. 0
Sequentially list conditi	ions			mye		640	or (Earl	C & cu	*			124,3
if any, leading to imme- cause. Enter UNDERLY	diata	DUE TO	OR AS A	CONSEQUENCE O	F):								
CAUSE (Diseese or inju		C	OD AC .	AMPENIENCE -									
that initiated events resulting in death) LAS	т 📗	DUE 10	OH AS A	CONSEQUENCE O	P):								
3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		d											

PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE 24a. WAS AN AUTOPSY Colse Fer fo Ca Color 1 YES 2 NO. OF DEATH? 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 8 □ Other (Specify) 1 YES 2 NO atlant 2 - ER/Outpatient 3 - DOA 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined 4 Homicide

1 A CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death

occured at the time, data end place, and due to the cause(a) and manner as stated. 295. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

9831 5 SORT 19 404

D10690

31. DATE FILED (Month, Day, Year)
OCT 1 7 1991 32. MEGISTRAR'S SIGNATURE
Julia Davidson-Randelle 10115/01

791 11

TO BE COMPLETED BY FUNERAL DIRECTOR

1	-	FOR STATE REGISTR	AF
	1. D	ECEDENT'S	N/

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTHAN		OL.		CAIE	OI.	250			EG. NO.			
ļ	1. DECEDENT'S NAME (First, Middle, Last)	ALICE	BELLE	ROY	STON			- 0	2. DATE OF D	EATH DAY	r	YEAR	3. TIME OF OEATH
		STON							Ootol		06	1991	8:35 pm M
1	4. SOCIAL SECURITY NUMBER	100	AGE (In yrs. lesi		IF UNDER 1	YEAR DAYS	IF UNDER	MIN.	7. DATE OF 8	. 64	20	Country	PLACE (State or Foreign
	214-09-5135	1 🗌 M 2 🔀 F	/9	YRS.	months.	5410	Поона	Will.	June 4	, 19			sylvania
ì	9s. FACILITY NAME (If not institution, give st							ON OF DE	ATH		9c. COU	NTY OF DE	ATH
8	Williamsport Nur	sing Home			tW	L111	amsp	ort			Wa	shin	gton
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,		40. 017	Y, TOWN OF	10017	1011						10d. INSIDE CITY
DIRECTOR		ashington										- 1	LIMITS?
	10s. STREET AND NUMBER	ashington		п	agers		ZIP COD	-		_	40. 0	1	1 YES 2 NO
A I	2114½ Virginia	A370 P110				107							
빌	11. MARITAL STATUS	12. WAS DECEDENT E	VET 111 11 0 1 0	21740				U.S.A.					
5	1 Never Married 2 Married	FORCES? 1	YES 2 KN		If	yes, spe	city Cubi	n, Maxicar	n, Puerlo Ricer	, alc.)	or No-	Black,	— American Indian, White, etc.
BY FUNERAL	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR	OR DATES		1	☐ YES	2 🐴 NO	Specify	·:			Specifi	white
	15. DECEDENT'S EDUC		16a. DE	CEDENT'S	USUAL OC	CUPATIO	ON .		16b. KIN	D OF BUS	INESS/IN	DUSTRY	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Gi	tve kind of Do NOT u	work done du se retired.)	uring mo	st of workl	ng					
김	0-9	conege (1-4 of 5 4)		cafe	teria	ı ma	nage	r	Ь	oard	of	educa	ation
O	17. FATHER'S NAME (First, Middle, Last)			cafeteria manager board							Duuce	2011	
	Samue1	На	ys					Lau	ra Ell	en S	tone		
BE	19e. INFORMANT'S NAME (Type/Print)			b. MAILING	ADDRESS	(Street a	nd Numbe		Route Number, C				
임	Mrs. Linda R. Ho							agerst				1 21740	
ŀ	20a, METHOD OF DISPOSITION 1 ₾ Burlel 2 □ Cremetion 3 □ Ram	20b. PLACE	OF DISPO	SITION (Nam	ne of cen	netery cre		-8-1-5-			City or Tox		
	1 Parial 2 Cremation 3 Rem	Rose	Hil	1 Cem	ete	rv			Hag	erst	own.	Maryland	
ļ	21. SIGNATURE OF FUNERAL SERVICE LIC	•			22. NAME AND ADDRESS OF FACILITY Minnich Funeral Hom								
	· Robert a	, ,		41	5 E	ast	Wils					m, MD 21740	
_													
	 PART i. Enter the diseases, or of shock, or heart fellure. 	complications that c List only one cause	on aech line	ath. Do	not anter t	the mo	de of dy	ring, auci	h aa cardiac	or reepi	ratory a	rest,	Approximate interval Between
	IMMEDIATE CAUSE (Final												Onset and Death
	disease or condition resulting in death)	a. pnuemo											
		DUE TO (O	R AS A CONSE	OUENCE O	IF):								
NO	Sequentieily list conditions,	b	R AS A CONSE	DUENCE C	· 6.			_					-
MEDICAL CERTIFICATION	if any, leeding to immediata ceuse. Enter UNDERLYING	502 10 (01	H AS A CONSE	DOENCE C	r. j.								į l
5	CAUSE (Disease or injury that initiated events	CDUE TO (OI	R AS A CONSE	DUENCE O	PF):								1
E	reaulting in death) LAST												
S		a											+
AL	PART ii. Other aignificant condition	e contributing to de	eath but not i	reauiting	in the und	deriyin	g cause	givan in	Part i. 24	. WAS AN		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
5	Alzhiemers								1	YES 2			COMPLETION OF CAUSE OF DEATH?
ME													1 YES 2 NO
ä													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF	DEATH (Ch	eck only one)				
)SI	I NES 2 NO	HOSPITAL: 1 Inpatient 2 E	R/Outpatient 3	□ DOA	OTHER 4X Nurs	t: ling Hom	10 5 🗆 F	tesidance	6 Other (S)	oecify)			
Ě	27. MANNER OF DEATH	26s. DATE OF IN (Month, Day,	JURY Vent	28b. TIP		28c. IN.	URY AT		28d. DE\$CRI		NJURY O	CCURED	
ВУ	1 Natural 5 Pending 2 Accident Investigation	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,		М		YES 2	□ NO					
3 Suicide 6 Could not be determined 228. PLACE OF INJURY — All home, farm, atreal, factory, office building, atc. (Specify)									28f. LOCATIO	N (Street I	and Numbe	er or Rural F	Route Number,
									Oily or A	mn, otate)			
7	29a. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the best of m	knowledge, de	eth occur	red at the th	me, data	and plac	a, and due	to the cause(and mer	nner aa at	nted.	
COMPLET	one) 2 MEDICAL EXAMINE) and menner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	R			-		290 110	ENSE NUI	MBED		204 DA	TE SIGNED	(Month, Day, Year)
8	- Palous	MI					11 11 11				•	314116	,,, 100/
2	30, NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE	OF DEATH (ITE	M 27) (Typ	e, Print)		ָ ע	33700	,				
						, A	m 27	1833					
	31. DATE FILED (Month, Day, Year)	32. REGISTBAR	S SIGNATURE	,,,,,	OTHE	y , I	اک س	7032	<u></u>				
	Dr. Ted E. Howe, 18100 Marden Lane, Olney, MD 20832 31. DATE FILED (Month, Day, Your) 32. REGISTBAR'S SIGNATURE June Sandson Pandson												

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	SIAIL OF MARTIE	CERTIFI		OF DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)		F .			2. DATE OF	F DEATH DA		YEAR	3. TIME OF DEATH
NATALIE	CORNELL	REHI	NQUIST			BER 17			5:05 a m
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YE		7. DATE OF	BIRTH Day, Year)			PLACE (State or Foreign
554-44-4370	1 🗆 M 2 📉 F	62 YRS.	MONTHS DA	YS HOURS MIN.	MAY 2		29	CAL	ĬFORNIA
So. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TO	WN OR LOCATION OF DE				NTY OF D	EATH
CLINICAL CENTER (NIH)		E	SETHESDA			МО	NTGC	MERY
10a. STATE 10b. COUNTY	RLINGTON	10c. CITY	, TOWN OR LO	DCATION					10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 2329 N. GLEBE ROA	D			10f. ZIP CODE 22207			10g. CITI	ZEN OF V	VHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 X NO	If yes	DECENDENT OF HISPAI s, specify Cuben, Maxica YES 2 NO Specif	in, Puerto Ric		or No-	Bleck	E — American Indian, k, White, etc. #y: WHITE
15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECEDENT'S U	USUAL OCCUI	PATION g most of working	18b. H	(IND OF BUS	SINESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)	g most or working					
	4	HOMEMAR	CER			WN HO			
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA			Surname)		
HAROLD D. CORN	ELL	I and annual		NATAL		ARR			
CHIEF JUSTICE REH	NQUIST			BE RD, ARI					
20s. METHOD OF DISPOSITION 1 Buriel 2 X Cremetion 3 Remo	oval from State	other place)		of cemetery, crematory or			CATION -		
4 Donation 5 Other (Specify)		T. COMFOR		MATORY E AND ADDRESS OF FA	CH TTV	ALL	X. V	IRGI	NIA
► Michael Service Ed	0 & h.	0.,.	JOS	EPH GAWLER O WISCONSI	l's so	-			
23. PART I. Enter the diseases, or o	complications that cause	d the death Do n							Approximata
shock, or haart fallure.	List only one cause on e		ot enter the	mode of dying, sac	in aa cardi	ac or reap	ratory are	eat,	Interval Between Onset and Daeth
IMMEDIATE CAUSE (Final disease or condition	4 = /	1. 2	. 1						
resulting in death)	a. Me (A) (a)	A CONSEQUENCE OF	an Ca	meer					10 yes
			•						į
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):						
cause. Enter UNDERLYING CAUSE (Disease or Injury	C								
that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):						
reauting in death) LAST	d								
PART II. Other significant condition	na contributing to death	but not resulting i	n the under	tylng cause given in	Part I.	24a. WAS AN	AUTOPSY	248	. WERE AUTOPSY FINDINGS
						PERFOR			AVAILABLE PRIOR TO COMPLETION DF CAUSE
					_	1 TYES 2	A NO		OF DEATH?
			·-		_				1 TYES 2 TNO
25. WAS CASE REFERRED TO MEDICAL			- 2	6. PLACE OF DEATH (C)	heck only one)			
EXAMINER? 1 ☐ YES 2 🖟 NO	HOSPITAL:	patient 3 DOA	OTHER:	Home 5 - Residence	6 Other	(Specify)			
27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIMI	E OF 284	L INJURY AT	7	RIBE HOW I	NJURY OC	CURED	
1 Natural 5 Pending	(Month, Day, Year)	INJ		WORK?					
2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJUR		treet, factory,	office	26f. LOCA	TION (Street	and Number	r or Rural	Route Number,
4 Homicide determined	building, etc. (Spe	~~!¥/			uny o	Town, State)			
ana)	ICIAN: To the best of my know ER: On the basic of examination								al and managed to detect
		on encon investigation	it, its thy opin			ond prace, er			
29b. SIGNATURE AND TITLE OF CERTIFIE	/			29c. LICENSE NU				. /	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF D	EATH (ITEM 97) (T	Drine)	375-54-6	499		/	0/17	7 [7]
Howard Fel	11	9000 1	ROCKVI	LLE PIKE,	BETHE	ESDA,	MD	2089	2
21. DATE FILED (Month, Day, Year)	902, RECUSTRAN'S SIG	Mondalla	llows,	MD					
001 18 '91	armor eventados	afraga							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the intential or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burist-transful be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146

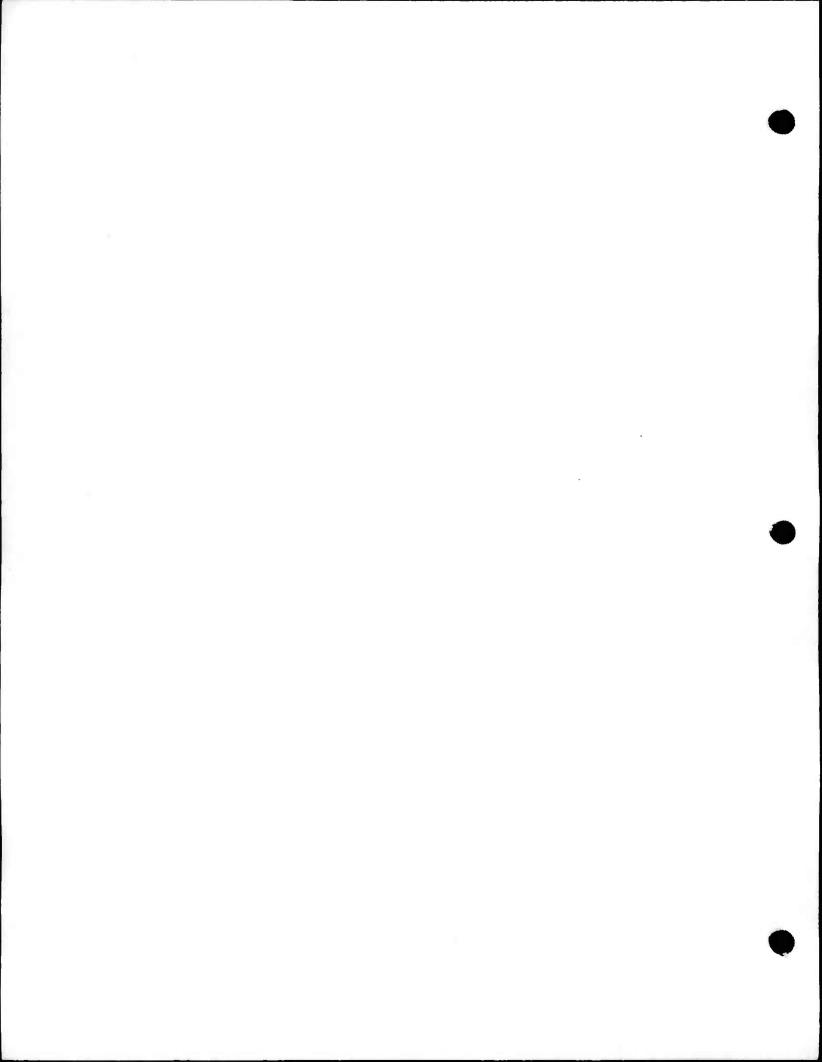
TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

6

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TAL RECORDS	The law requires that the d	ate has been signed by the tate Dept. of Health and Me	tem 23 shows any Injur
DIVISION OF VI	TO THE HOSPITAL OR ATTENDING PHYSICIAN:	TO THE FUNERAL DIRECTOR: After this certificate the filed within 72 hours after death with the St.	IMPORTANT: If Item 28 is marked, or it

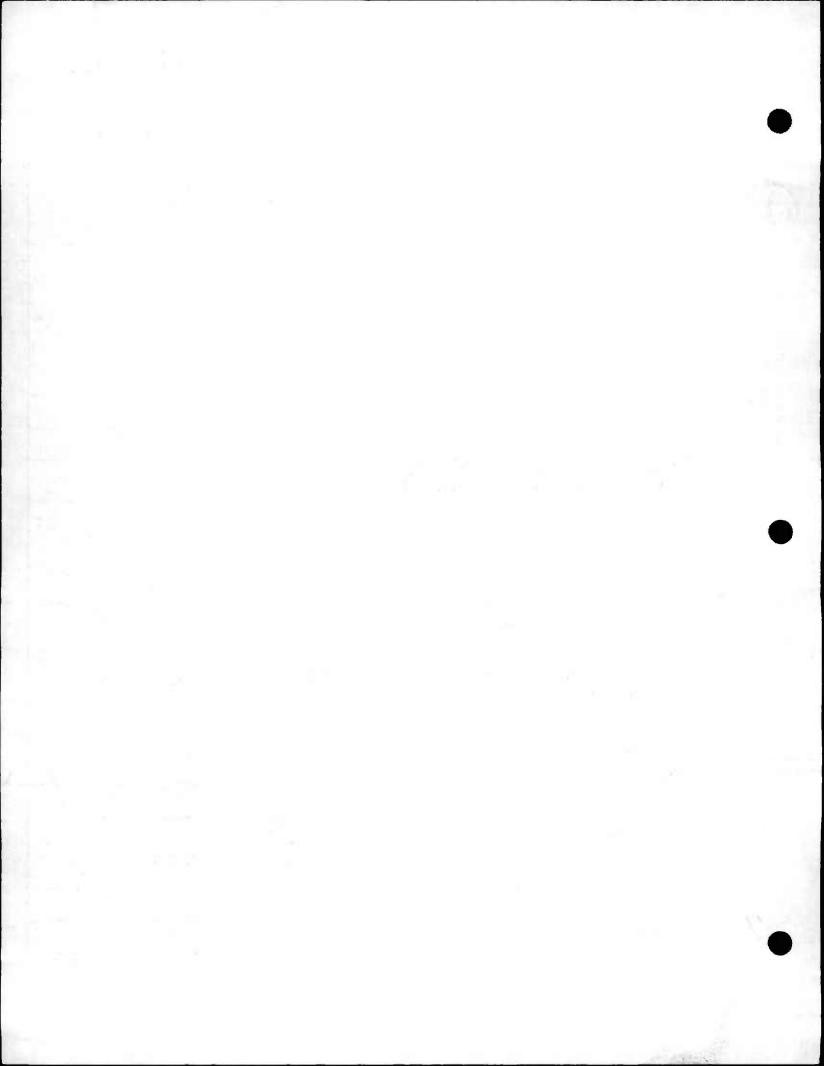
1. DECEDENT'S NAME (First, Middle, Last)		- OL	TITI IOA	IE OF	DEATH	REG. I		3. TIME OF DEATH
DONLAN JAME		ROBISON				OCTOBER	19, 199	1 04:25am
4. SOCIAL SECURITY NUMBER 214-07-2795	5. SEX 1 M 2 F	8. AGE (In yrs. lest	YRS. MONT	HS DAYS	HOURS MIN.	May 27	1917	BIRTHPLACE (State or Foreign Country) Frostburg,
9a. FACILITY NAME (If not institution, give st SACRED HEART HOSP RESIDENCE OF DECEDENT					LAND, M		9c. COUNT	Y OF DEATH
Maryland All	egany		10c. CITY, TOV	Vale				10d. INSIDE CITY LIMITS? 1 TYPES 2 NO
100. STREET AND NUMBER 68 I.a Vale	Blvd			10f.	21502		,	USA
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		T EVER IN U.S. ARI VES 2 N AR OR DATES	0	If yes, spe	ENDENT OF HISPA city Cuben, Mexic 2 MO Spec	NIC ORIGIN? (Specify an, Puerto Rican, etc.) ify:	Yes or No- 1	A. RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Gh	CEDENT'S USUA ve kind of work do Do NOT use retin	one during mos	N It of working	18b. KIND OF	rubb	
17. FATHER'S NAME (First, Middle, Last) Arthur Rob	ison		abor			AME (First, Middle, Mei nor Morr		
19a. INFORMANT'S NAME (Type/Print)					nd Number or Rura	Route Number, City or	Town, State, Zip C	
John A. Ro 20a. METHOD OF DISPOSITION 153.8urlel 2 Cremetion 3 Rem 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	oval from State	20b. PLACE of cemetary.	AND DATE OF D	Memoral Name AN	(Name rial G D ADDRESS OF F	artdens ACIUTY	La Va	1532 tyorTown,State 1e,MD 21502 1s Mortuary
23. PART I. Entar the disease, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition					da of dyling, su		eapiretory arre	a Vale, MD215 st, Approximata Interval Betwee Onset and Daa
Sequantially list conditions, if any, laading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST	b. 9 04E TO	(OR AS A CONSECUTION OF AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS	ue (dan	soff	nyopo	estry .	year year
		death but not re	esulting in the	underlying	cause given in	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other significant condition Dibits Renal F	vilue							1 YES 2 NO
PART II. Other significant condition Deficient Condition Length Subduct 25. WAS CASE REFERRED TO MEDICAL	alue al Hen	restrons	~	28. PL	ACE OF DEATH (C	Check only one)		1 TYES 2 NO
Dirbete Renalt	HOSPITAL:	ER/Outpatient 3	_ от	HER:	ACE OF DEATH (C	Check only one) a Other (Specify)	ALC:	1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pending	HOSPITAL:	ER/Outpatient 3	_ от	HER: Nursing Hom 28c. INJ WO	5 - Residence		OW INJURY OCCL	4
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2X NO 27. MANNER OF DEATH	HOSPITAL: I Inpetient 2 28a. DATE OF (Month, D	ER/Outpatient 3	DOA OT 4 DOA 28b. TIME OF INJURY	HER: Nursing Hom 28c. INJ WO M 1 1	5 Residence URY AT RK? 'ES 2 NO	a Other (Specify) 28d. DESCRIBE HO	eet and Number o	4
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Impattent 2 Cl 28e. DATE (Month, D 28e. PLACE Cl building,	ER/Outpatient 3 INJURY lay, Year) FINJURY — At ho atc. (Specify) I my knowledge, de	DOA 4 1 28b. TIME OF INJURY ma, farm, street.	HER: Nursing Hom 28c. INJ WO 1 1 1	B 5 Residence URY AT RK? (ES 2 NO	28d. LOCATION (Str. City or Town, S	menner se state	JRED v Rural Route Number,

EUGENE V. MAZZOCCO, M.D. BMG, 912 SETON DRIVE CUMBERLAND, MD 31. DATE FILED (Month, Day, Year)
OCT 2 2 1991 32. REGISTRAR'S SIGNATURE lia Davidson

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

OHMH-18 Rev 1/89

21502



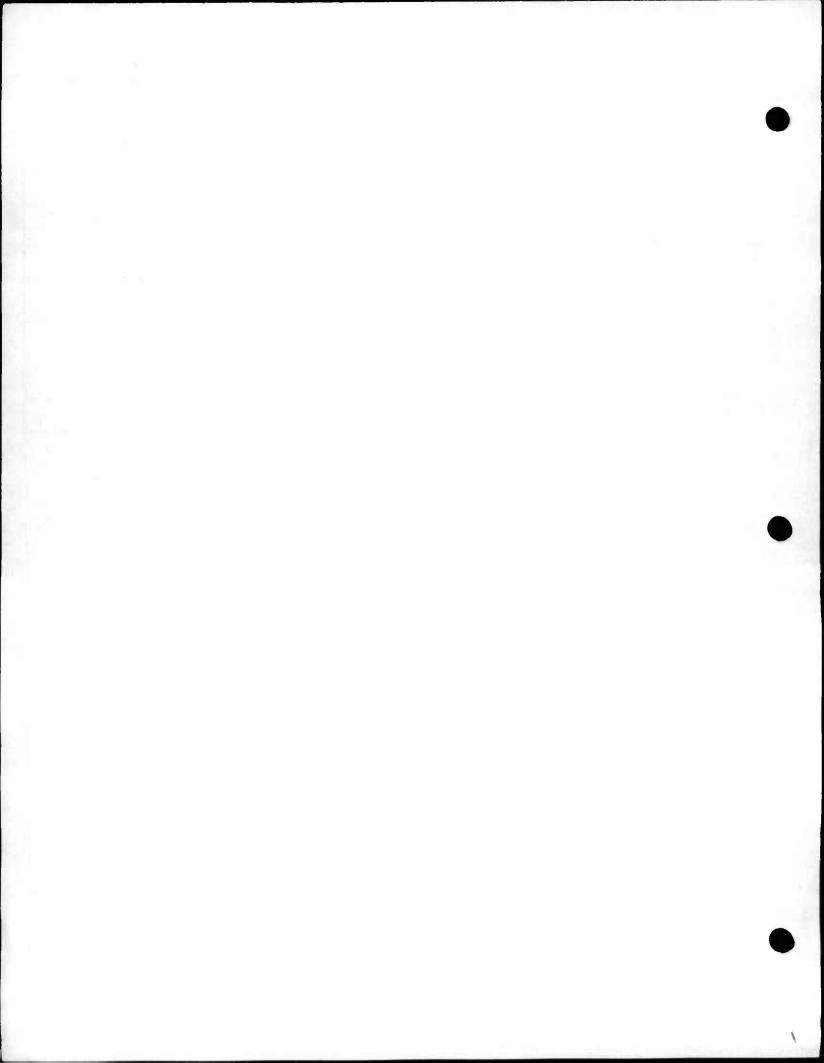
pes 1, 2, 3 should

	500					9	30098
	1 - STATE REGISTRAR	STATE OF MAI	RYLAND / DEPAR CERTIF	TMENT OF HEALTH AN ICATE OF DEATH	D MENTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	-	3. TIME OF DEATH
1	Candace Maria		Sense	ney	SEPTEMBER		91 1530
1	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (in yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HR	s. 7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
	220-74-2194	1 🗆 M 2 💢 F	42 YRS.	MONTHS DAYS HOURS MIN			Country) Baltimore
	9e. FACILITY NAME (If not institution, give s			9b. CITY, TOWN OR LOCATION OF	FOEATH	9c. COUNTY	
DIRECTOR	PENINSULA GEN	ERAL HOSPI	TAL	SALISBURY		W	COMICO
REC	10e. STATE 10b. COUNT	Y	10c. CIT	Y, TOWN OR LOCATION			10d. INSIDE CITY
	Md. Ouee	n Anne	Gra	sonville			1 XYES 2 NO
FUNERAL	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
1 8	407 Cabin Creek	ъq		24.520			
Z	11. MARITAL STATUS	12. WAS DECEDENT EV	CO IN IL C ADMED	21638		LUS.	
	1 Never Married 2 Merried	FORCES? 1	YES 2 NO	13. WAS DECENDENT OF HIS I1 yes, specify Cuben, Me	rican, Puerto Ricen, atc.)	or No- 14.	RACE — American Indian, Black, White, etc.
B	3 Wildowed 4 Divorced	IF YES, GIVE WAR	OR DATES A	1 TYES 2 INO Sp	ecity:		Specify: white
1		l					white
12	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16e. DECEDENT'S (Give kind of	USUAL OCCUPATION vork done during most of working	16b. KIND OF BUS	SINESS/INDUST	'RY
Ш	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ine. Do NOT us	e retired.)			
4	0		Tota.	ly Disabled	Totaly	Disab	led
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				NAME (First, Middle, Maiden		acu .
	Robert Senseney						
BE	19e. INFORMANT'S NAME (Type/Print)			inthel	Maria Finn	erty.s	enseney
2				ADDRESS (Street and Number or Ru			
	Ethel Marie Ser	nseney	407 (Cabin Creek Rd.	Grasonville	e, Md.	21638
	20e. METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Remains	ound from Canto	20b. PLACE AND DATE	F DISPOSITION (Name of	DAYE 00- 100	2471041 044	
1	4 Donetton 5 Other (Specify)	Oval Wolli State	Metro Cre	ematory. Inc.	0 12 D1 P	O. Box	x #2966 Md.
	21. SIGNATURE OF FYNERAL SERVICE LIC	ENGEE	e e	22. NAME AND ADDRESS OF	FACILITY (Dame XX 3	5 1	Md.
	> Zhomas K.	Halfenbe	un		on nu. chesi	ter ma.	. 21019
	23. PART I. Enter the disesses, pro	complicatione that ce	used the deeth. Do n	ot enter the mode of dying, e	uch as cerdiec or respir	ratory erreet	Approximete
	Shook, of heart lengte.	List Dnly Dne ceuee (on each line.			, , , , , , , , ,	intervel Between
	iMMEDIATE CAUSE (Finei disease or condition	0	1220				Onset and Death
	resulting in deeth)	- X					
		DUE TO (OR	AS A CONSEQUENCE OF				
Z	Sequentielly list conditions,	. Men		efundah'			
RTIFICATION	if any, leeding to immediate	DUE TO (OR	AS A CONSEQUENCE OF):,			
3	ceuse. Enter UNDERLYING CAUSE (Disease or injury	Hy	X10 (ep	helas			ļ
드	thet initiated events	DUE TO (OR	AS A CONSEQUENCE OF):			
E	resulting in deeth) LAST	. 000	getal.	c Stoul-			
핑		o		4			
4	PART ii. Other significant condition	s contributing to dee	th but not resulting i	n the underlying ceuse given	in Part i. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
할					PERFORI	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE
MEDICA					1 TYES 2	□ NO	DF DEATH?
							1 YES 2 NO
Ž							
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH	'Check only one)		
PHYSICIAN:	1 TES 2 NO	1 Inputient 2 ER/	Outpatient 3 DOA	OTHER: 4 Nursing Home 5 Reeldeno	n 6 □ Other (Specify)		
Î Î	27. MANNER OF DEATH	28e. DATE OF INJU	RY 28b, TIME	OF 28c, INJURY AT	26d, DESCRIBE HOW IN	ILIBY OCCUBE	in.
	1 Natural 5 Pending	(Month, Day, Ye	IUII (16	JRY WORK? M 1 YES 2 NO		DON'T OCCOME	
B	2 Accident Investigation	200 01 405 05 111	LIDY ALL				
0.	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (URY — At home, term, a Specify)	treet, fectory, office	28f. LOCATION (Street er City or Town, State)	nd Number or Ri	ural Route Number,
H	- Continued						
- I	29e. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my k	nowledge, death occurre	d at the time, date end place, end d	tue to the equactes and man-		
0	(Check only			and prace, will d	and in the canadal and weut		
MP	(Check only one) 2 MEDICAL EXAMINES	R: On the basis of examin	ation end/or investigation	. In my pointon death secured -t -	he time data and -t	I alice A . At	
COMPLETED	2 MEDICAL EXAMINES	R: On the basis of examin	ation end/or investigation	, in my opinion, death occured at t	he time, data and plece, end	due to the cau	use(e) end menner ee stated.
ш	(Check only 2 MEDICAL EXAMINES 29b. SIGNATURE AND TITLE OF CERTIFUR	R: On the basis of examin	ation end/or investigation	1, In my opinion, death occured at t			ineD (Month, Day, Year)
H	2 MEDICAL EXAMINES 296. SIGNATURE AND TITLE OF CERTIFUR	R: On the basis of examin	ation end/or investigation	29c, LICENSE N			
ш	2 MEDICAL EXAMINES	R: On the basis of examin	ation end/or investigation	29c, LICENSE N			

32. REGISTRAR'S SIGNATURE
Likia Savidson-Randelle

31. DATE FILED (Month, Day, Year)
SEP 1 3 91

3'91

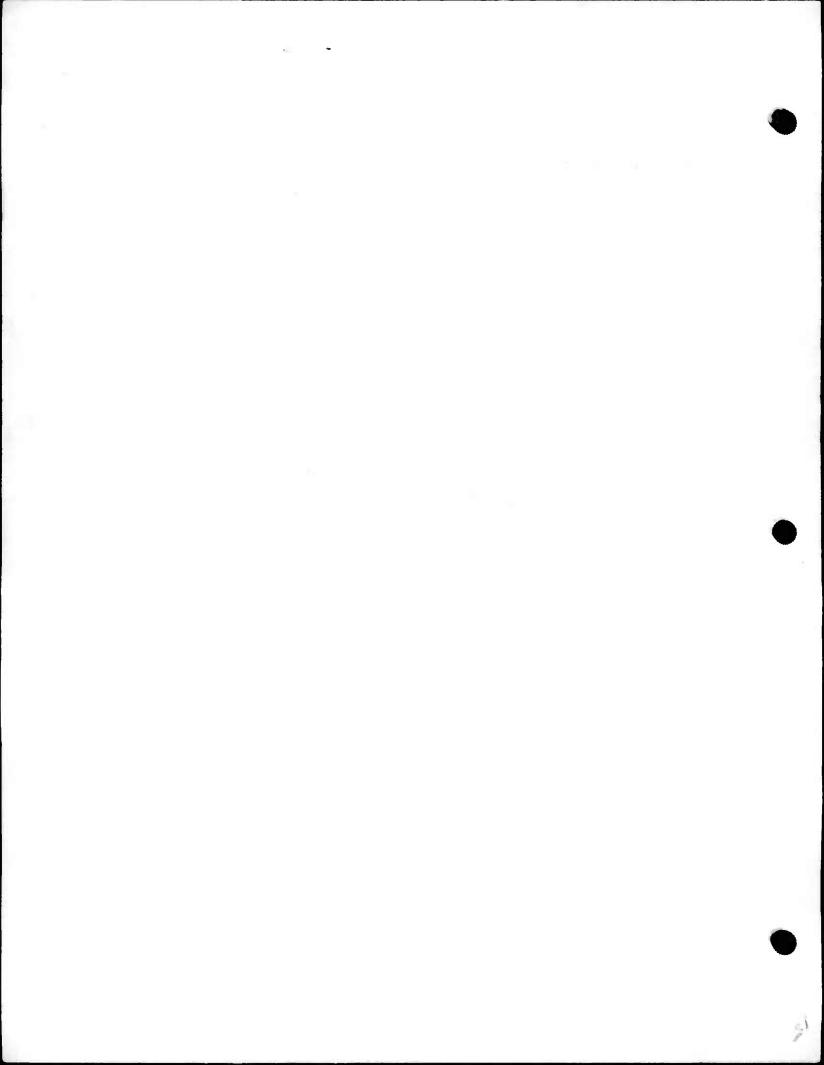


TO THE HOSPITAL DRATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlantest perms. Pages 1 be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal.

IMPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM				YGIENE EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF U	EATH		3. TIME OF DEATH
	Elizabeth MacDonald	d Stafford				монтн 09	13	91	4:45 P M
		. SEX 8. AGE (In		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF 8 (Month, Day		a. Bi	IRTHPLACE (State or Foreign ountry)
	212-36-7264	□ M 2 🛛 F 98	YRS.	TINS UATS	HOURS WIN.	01-05-			otland
_	9a. FACILITY NAME (If not institution, give street	and number)	9b	CITY, TOWN O	R LOCATION OF DE	ATH	90	COUNTY	OF DEATH
6	Devondale			Sudl	ersville	2		Quee	n Annes
딥	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCAT	ION				10d. INSIDE CITY
E I	MD Queen	Annes	Sı	ıdlersv	ille				LIMITS?
7	10e. STREET AND NUMBER				ZIP CODE		104	. CITIZEN (OF WHAT COUNTRY?
ER	Devondale				21668			USA	
FUNERAL DIRECTOR		2. WAS DECEDENT EVER IN			ENDENT OF HISPAN			lo 14. F	RACE — American Indian, Black, White, etc.
ВУР	1 Never Married 2 Married 3X Widowed 4 Divorced	FORCES? 1 YES			city Cuban, Mexica 2 X NO Specify		i, etc.)	8	Specify:
									hite
	15. DECEDENT'S EDUCAT (Specify only highest grade con	npleted)	16a. DECEDENT'S USL (Give kind of work life. Do NOT use re	done during mo-	IN st of working	16b. KIN	D OF BUSINES	SS/INDUSTF	₹Y
P.E.		College (1-4 or 5+)	Realiton			Donl	Patal		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	2	Realiton	•	18. MOTHER'S NA		Estat		
	Donald Mac Donald				Elizabe				
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	nd Number or Rural I				9)
2	H. Barton Butler		Hillsbo	oro. Ma	ryland	21641			
1	20a METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Remova	20b.	DI ACE OF DISPOSITIO	M (Name of car	nelony committee or		20c. LOCATI	ON — Cify o	or Town, State
	4 Donation 5 Other (Specify)	Su	other place) idlersvill	Le Ceme	etery		Sud	lersv.	ille MD
į	21. SIGNATURE OF FUNERAL SERVICE LICEN	550		22. NAME AN	d Address of FA	CUTY Finer	al Hor	no D	Δ 106
	Lymas K.	Hellenher	'n		ck Rd. C				
	23. PART I. Enter the diseeses, or con	nplications that caused	the death. Do not						Approximate
	shock, or heart fellure. Lis	t only Dne cause Dn ee							interval Between Onset and Deeth
	diseese or condition resulting in death)		a	SC					5urs
1	, and a second	DUE TO (OR AS A	CONSEQUENCE OF):						
Z	Sequentielly list conditions, b.								•
CERTIFICATION	if eny, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):						Ì
FIC	CAUSE (Disease or injury	DUE TO (OR AS A	CONSEQUENCE OF):						
Ē	that initiated events resulting in death) LAST		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
S	d								<u> </u>
CAL	PART II. Other aignificant conditions of	contributing to death bu	t not resulting in t	he underlying	g ceuse given in	Part I. 24	PERFORMED		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
						10	□ YES 2 🖔	NO	OF DEATH?
¥						_		1	1 YES 2 NO
PHYSICIAN: MED									
5		OSPITAL:		28. PI THER:	ACE OF DEATH (Ch	neck only one)			
1YS	1 YES 2 NO 1	☐ Inpatient 2 ☐ ER/Outpa 28a, DATE OF INJURY	tient 3 DOA 4		e 5 X Residence		secify) BE HOW INJU	DV OCCURE	-
	1 Natural 5 Pending	(Month, Day, Year)	INJUR	/ WC	PRK?	280. DESCHI	BE NOW INJU	NY OCCURE	
B	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	— Al home, farm, stree			28f. LOCATIO	N (Street and I	Number or R	lural Route Number,
	4 Homicide 8 Could not be	building, etc. (Special	(y)	1.5.00		City or To	wn, State)		
COMPLETED	29a. CERTIFIER CERTIFYING PHYSICIA	AN: To the best of my knowle	idea death convert	of the time date	and place and du	to the saus-f-	and mean-	ne stetne	
MP	CONSTRUCTION OF THE PROPERTY O								use(a) and manner sa stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	1 /	1		29c. LICENSE NU				GNED (Month, Day, Year)
B	Tolera /Y	1 //	1 h		D123		29	A A	17-9/
2	30. NAME AND AODRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Abo. Pri	int)	0123	1			
	John R	Smith	JV						
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE						
	SFD 1 7 '91	Julia Davids	on-Handelle						

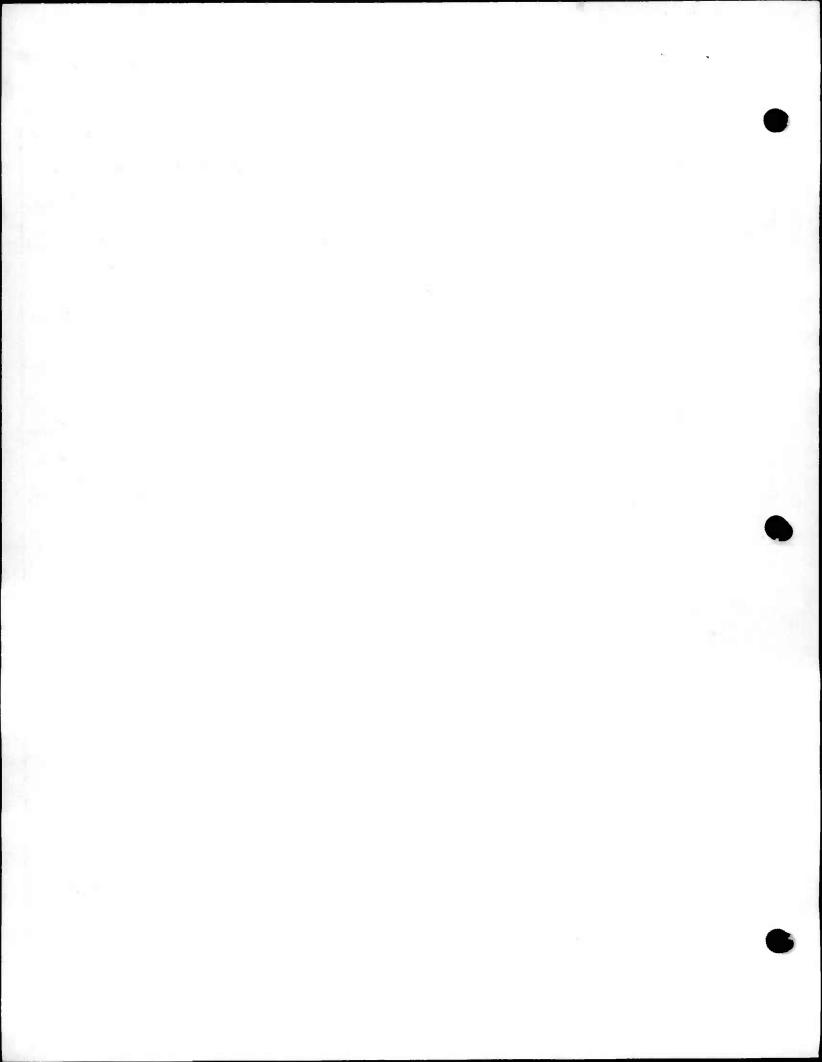


BALTIMORE, MAHYLAND 21215-0020	hours after death. Page 6 may be refamed by the hospital or attending physician.	ed in by the funeral director, page 5 should be detached for use as the burial-transif of	or removal,	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the honorital as attention physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be obtained for use as the buriar trunking	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ence.

31. DATE FILED (Month, Day, Year)

OCT 2 5 '91

	1 - STATE REGISTRAR	STATE OF MA	ARYLAND / DEPAR CERTIF		F HEALTH		NENTAL HYGIEN			0100
	1. DECEOENT'S NAME (First, Middle, Last)					T	2. DATE OF DEATH		3. TI	IME OF DEATN
	Margaret Eleanor	SWANN						(9, 19	91	1:10 Am
			S. AGE (In yrs. last birthday)	IF UNDER 1 Y			7. DATE OF BIRTN (Month, Day, Year)		. BIRTNPLAC Country)	E (State or Foreign
	2017/1000	1 M 2 F	45 YRS.	MONTHS D	HOURS	MIN.	06-14-4	46	11	land
æ	9a. FACILITY NAME (If not institution, give stre	at and number)		9b. CITY, TO	WN OR LOCATI	ON OF DEA	АТН	9c. COUNT	Y OF DEATH	
5	Doctors Community	Hospita	1	Lanha	m			Prince	e Geoi	cge's
DIRECTOR	10s. STATE 10b. COUNTY	0	10c. CIT	Y, TOWN OR L	OCATION				10d.	INSIDE CITY
21.3	Maryland Trince	George	5 6	anha	m					YES 2 NO
RAL	10s. STREET AND NUMBER	LP	1 11	/	101. ZIP COD	E	/		N OF WNAT	COUNTRY?
FUNERAL	3012 Prightse	at Ko	ad Apt	301	20		2	_	15A	
	1 Never Married 2 Married	FORCES? 1	EVER IN U.S. ARMÉD YES 2 140	It ye	a, specify Cube	ń, Maxican,	C ORIGIN? (Specify Yas Puarto Rican, atc.)	or No- 14	Black, Whi	merican Indian, ta, atc.
В	3 Widowed 4 Divorced	IF YES, GIVE WAF	R OR OATES	1 🗆	YES 2 DATO	Specify:			Specify:	lack
	15. DECEDENT'S EOUCA' (Specify only highest grade co	FION (moletad)	16a. DECEOENT'S	USUAL OCCU	PATION g most of working		18b. KINO OF BU	SINESS/INOUS	STRY	acr
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	se retired.)		rg				
MP	12th		Ho	mema						
	17. FATNER'S NAME (First, Middle, Last)	12			16. MOT	HER'S NAM	IE (First, Middle, Maiden	Sumame)		
BE	199_INFORMANT'S NAME (Type/Print)	SON	195 MAILING	ADORESS /S	met and Number		nova	Savoy	/	
2	Paulette Swani	V	3012 B	right	the Royal Control	1 #	3/1/ / / A 10	n, State, Zip Co	UD 7	12706
	20a. METNOO OF DISPOSITION 1 Burlat 2 Cremation 3 Ramovi		20b. PLACE AND DATE		N (Nama of		OATE 20c. LO	CATION - CIT	y or Town, Si	tota
	4 Donation 5 Other (Specify)		ceftytery, cramatory or o	Nem.	Garde	en lo	125/91 Las	ndever	y Ma	eruland
	21. SIGNATURE OF FURENAL SERVICE LICEN	ISEE O	1	22. NA	E AND ADDRES	SS OF FACI	LITY			
	Llayd /	R. Cs	tep)	Ado	nstuner	a 14	Ame Agua	. R.J	1	- 111
	23. PART I. Enter the disease, or cor ahock, or heart failure. Lis	npilicetions thet	sured the deeth. Do r	not enter the	mode of dyi	ing, auch	as cerdiac or reapi	ratory arres	1, 0	Approximete
	IMMEDIATE CAUSE (Fine)	/ L	on eech line.	/	1-					interval Between Onset and Death
	diseese or condition resulting in deeth)	Venh	iculan Fel	rilla	hian					
		DUE TO (O	R AS A CONSEQUENCE OF	F):	11-					
O	Sequentielly liet conditions, b.	DUE TO (O	R AS A CONSEQUENCE OF	D.	1 /					
¥	if eny, leading to immediate cause. Enter UNDERLYING	PAW	Q	,.					İ	
Ĕ	CAUSE (Diseese or injury that initieted events	DUE TO (O	R AS A CONSEQUENCE OF	F): .	+				<u>i</u>	
CERTIFICATION	resulting in death) LAST	Mela	Selic 18	rain	Then	W				
	PART II. Other aignificent conditions	contributing to de	eeth but not recuiting	in the under	iving ceuse o	iven in P	ert i. 24s. WAS AN	AUTOREY	245 WEDE	ALITOREV CHIONIOS
CAL	Certinon		ug)		,,g 00000 g		PERFOR	MED?	AVAIL	ABLE PRIOR TO PLETION DF CAUSE
밀			0				1 YES 2	□ NO	OF DE	EATH?
ž							- 1		1 1	YES 2 NO
BY PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				6. PLACE OF DI	EATH (Chec	k only one)			
YSK		IOSPITAL:	R/Outpatient 3 🗆 DOA	OTHER: 4 Nursing	Nome 5 🗆 Ra	aldenca 6	Other (Specify)			
H H	27. MANNER OF DEATN t Netural 5 Pending	26a, DATE OF IN. (Month, Day,		E OF 280 URY	INJURY AT WORK?	1	28d. DEŞCRIBE HOW II	NJURY OCCUP	RED	
B	t Natural 5 Pending 2 Accident Investigation				YES 2	NO				
60	3 Suicida 6 Could not be 4 Homicide datarmined	26a, PLACE OF II building, etc	NJURY — At home, ferm, a c. (Specify)	treet, factory,	offica	1	28t. LOCATION (Street a City or Town, State)	and Number or	Rural Route N	umber,
	29a. CERTIFIER									
COMPLETED	(Check only 1 CERTIFYING PHYSICIA		knowledge, death occurre							
	296. SIGNATURE AND TITLE OF CERTIFIER	71.	nination and/or investigation	n, in my opini						
BE	/ Amarican and the or centimes	Myrad	0 10th	Micia	29c. LICE	NSE NUMB	ER / 2	29d. DATE S	IGNED (Month	1, Pay, Year)
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE	OF DEATH (ITEM 27) (Type	Print)	W	188	7	11	119	191
	DYADLAND	9450	ANNAPO	4.5	2d,	LAN	HAM on	1) 2	070	06.
	31. DATE FILED (Month, Day, Year) 0CT 2 5 '91	32. REGISTRAR'S	SIGNATURE RANDER							



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 4s nours after death. Page 6 may be retained by the hospital or attending physician.	 TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Plus the during after death with the State Dent of Health and Mental Hybiene prior to burial, cremation, or removal. 	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires th	TO THE FUNERAL DIRECTOR: After this certificate has been signed he find within 72 hours after death with the State Dent of Health	IMPORTANT: If Item 28 is marked, or item 23 shows an

		oman .					2. DATE OF DEA	DAY 20	YEAR 9 1	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 217-42-350	2 1 🗆 M 2 🖫	E (In yrs. last bin	YRS. MONT	NDER 1 YEAR THS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, Ye	ar)	New	ACE (State or Foreign YOTK
OH	9e. FACILITY NAME (If not institution, give Meridian Nurs.	ing Home				Spring		9c. CO	an 190	nery
DIMECTOR	nesidence of decedent 10a. STATE 10b. COUN Maryland Mon	tgomery	10		on Local	pring			11	od. INSIDE CITY LIMITS? YES 2 \(\text{NO}\) NO
LONEHAL	15101 Middleg	ate Road		7	101	20905		10g. CI	U.S	AT COUNTRY?
5	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 XNO		if yes, sp	ENDENT OF HISPAI ecity Cuben, Mexica 2 NO Specif	in, Puerto Rican, et			- American Indian, White, etc.
	15. DECEDENT'S ED (Specify only highest gre-		16a. DECED (Give k life. Do Homer	kind of work d NOT use retir	AL OCCUPATION Model.)	ON st of working		home	IDUSTRY	
	17. FATHER'S NAME (First, Middle, Last) William Franz	blau				18 MOTHER'S NA	ME (First, Middle, M Unkno	aiden Surname) WN		
	190. INFORMANT'S NAME (Type/Print) Myrna Norwitz		196, M	AILING ADD	RESS (Street of Middl	egate I	Route Number, City. Road, S	ilver	Spri	.ng, Md.
	20 METHOD OF DISPOSITION 1 Description 1 Des	movel from State	udean	Memo	orial	Garder	15	olney		yland
The second second	21. SIGNATURE OF FUNERAL SERVICE I	Perry			Ives	D ADORESS OF FA -Pears O N. Wash	on Fune			220 s Church
	23. PART I. Enter the diseases, or shock, or heart fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	each lina.	AL	CAN	CER.	th as cardiac or	reapiratory a	irrest,	Approximete interval Between Onset and Death

23. PART I. Enter the diseases, or cashock, or heart failure.	complications that caused the d List only one cause on each lin	eath. Do not ente	r tha moda of dying, au	ch as can	diac or reapiratory arres	it,	Approximete interval Between
iMMEDIATE CAUSE (Final disease or condition resulting in death)	Le Le	WAL C	PANCER.				Onaet and Death
	e. Le	CENTST	CANCER				
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING	DUE TO (OR AS A CONSE						
CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSE	QUENCE OF):	ı.E				
PART II. Other eignificant condition	s contributing to death but not	resulting in the u	ndariying cause given ir	Part I.	24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	CO OF	ARE AUTOPSY FINDINGS AILABLE PRIOR TO IMPLETION OF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF OEATH (C	heck only o	nei		
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Oulpatient	3 DOA 4 Nu					
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DE	SCRIBE HOW INJURY OCCU	RED	
3 Suicide 6 Could not be 4 Hornicide determined	26s. PLACE OF INJURY — At h building, atc. (Specify)	ome, farm, street, fed	ctory, office		CATION (Street and Number or or Town, State)	Rural Rout	e Number,
Anni	ICIAN: To the best of my knowledge, d						

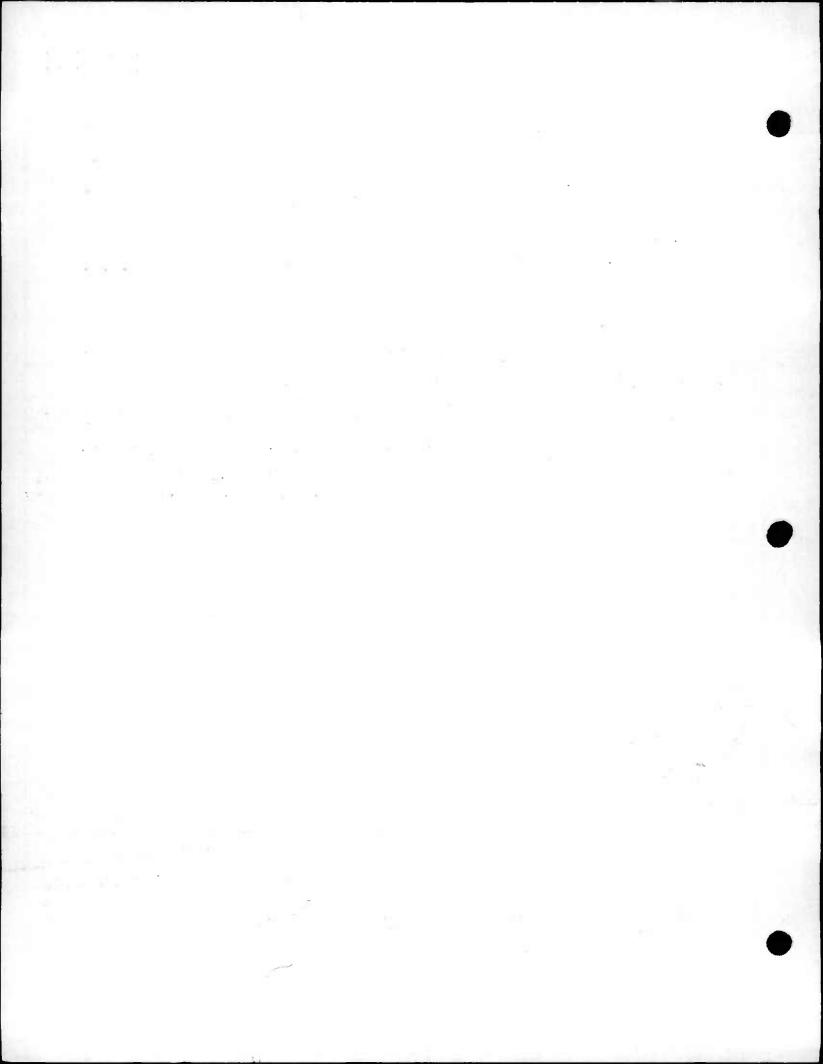
296. SIGNATURE AND TITLE OF CERTIFIER

1	ole 1%	Dieleuces mo
O NAME AND ADDRESS	OF REDSON WHO COM	EL ETER CALLES OF REATH STEEL AT CO. D. D.

29c. LICENSE NUMBER

31. DATE FILED (Month, Day, Year)

OCT 22 '91

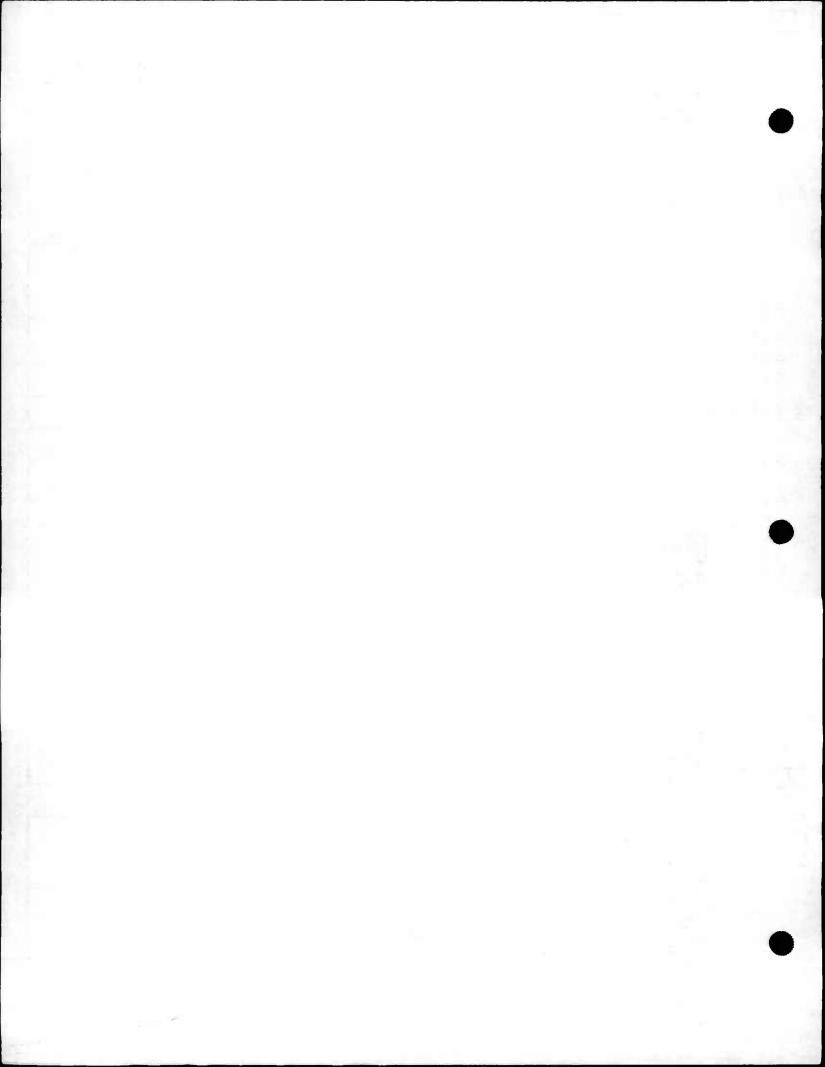


FOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the altending physician and completely filled in by the funeral director, page 5 should be detache be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It liem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	9
Dania Calia	2. DATE OF DEATH DAY	7 O Y

	1 - STATE REGISTRAR		CERTIF	ICATE O	DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
		Doris	Selig			October 1	8, 1991	[6:15 A w	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. last birthday)	#F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)] 0. B	IRTHPLACE (State or Foreign	
	133-30-9792	1 🗆 M 2 💢 F	85 YRS.	MONTHS DAYS	HOURS MIN.	Feb. 4, 1		New York	
	9a. FACILITY NAME (If not institution, give a	treet and number)		9b. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY (OF DEATH	
FUNERAL DIRECTOR	Collingswood Nurs	ing Center		Rock	ville		Montgomery		
Ä	10e. STATE 10b. COUNTY		10c. CI	ry, TOWN OR LOC	ATION			10d. tNSIDE CITY LIMITS?	
ā	Maryland Mon	tgomery	Po	tomac				1 TES 2 1 NO	
4	10e. STREET AND NUMBER				of, ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
E	7700 Brickyard R	oad			2	0854	United	d States	
5	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 1	ER IN U.S. ARMED	13. WAS D	ECENDENT OF HISPAN specify Cuban, Maxica	NIC ORIGIN? (Specify Years, Puerto Rican, etc.)	s or No— 14. 1	RACE American Indian, Black, White, etc.	
B	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIYE WAR O	OR DATES	1 🗆 YI	S 2 NO Specifi	y:		Specify: White	
	15. DECEDENT'S EDUC (Specify only highest grade		18a. DECEDENT'S	S USUAL OCCUPA	FION	18b. KIND OF BU	SINESS/INDUSTI	RY	
9	Elementary/Secondary (0-12)	College (1-4 or 5+)		work done during ise retired.)	nosi or working				
M I		2	Homen	naker		0wn	Home		
BE COMPLETED	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maider	Sumame)		
Ж	Abraham Rosenblat	t			Anna W	lagner			
힏	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tov		·	
	Ann S. Bauman					Potomac, N			
	26a. METHOD OF DISPOSITION 1 Devial 2 Cremation 3 Rem	ovat from State	20b. PLACE ANO OAT of cemetary, cremator	y or other place)		1	CATION — City		
- 1	4 Donetton 5 Other (Specify)		Suburbar		OTY AND ADDRESS OF FA		ver Spr	ing, Maryland	
	Deen ;	W. Ra	PP			Services, nue, Silve	P. A. r Sprin	g, MD 20910	
	23. PART I. Enter the diseases, or o	complications that ca	sed the death. Do						
ı	shock, or haart fallure. IMMEDIATE CAUSE (Final	List only Dna causa o	on each line.					Interval Between Onset and Death	
- 1	disease or condition	- Mull	Kinda MOI	Chon	acre Oan	Accidents	•	11.000	
	resulting in death)	DUE TO (OR	AS A CONSEQUENCE	OF):	zww.	1 Made 1		areas	
z	TOTAL STREET	· Orth	waseile	1 Lege	000			Years	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEQUENCE	OF):		-		0	
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	a kypl	spersion					years	
# I	that initiated eventa resulting in death) LAST	DUE 70 (OR	AS A CONSEQUENCE	OF):				Y	
H	Todaling in dutin) Exci	d							
اد	PART II. Other significant condition	s contributing to dea	th but not resulting	In the underly	ing cause given in			24b. WERE AUTOPSY FINDINGS	
2						1 TES	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
밀							7/	OF DEATH?	
≥									
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL			28.	PLACE OF DEATH (C)	heck only one)			
Sic	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER	/Outpetient 3 DOA	OTHER: 4 Nursing H	ome 5 🗆 Residence	8 Other (Specify)			
Ť	27. MANNER OF DEATH	28a. DATE OF INJU		ME OF 28c.	NJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURE	ED	
ВУ Б	1 Netural 5 Pending 2 Accident Investigation	(mornin, boy, it	, ,		YES 2 NO				
	3 Suicide 8 Could not be	28e. PLACE OF IN- building, etc.	JURY — At home, farm	atreet, factory, o	fice	28f. LOCATION (Street City or Town, State	and Number or R	tural Route Number,	
1	4 Homicide determined		,				,		
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the bast of my	knowledge, death occu	red at the time, d	ata and place, and du	s to the cause(s) and mo	enner ea stated.		
MC	anal .							use(s) and manner as stated.	
	29b. NGNATURE AND TITLE OF CERTIFIE	R/	1 1		29c, LICENSE NU	MBER	29d, DATE SIG	GNED (Month, Day, Year)	
BE	Y Xailolan K	rocalla	I. MIN		1)228	- 1		ber 18, 1991	
5	30. NAME AND ADDRESS OF PERSON W	O COMPLETED CAUSE	F OEATH (ITEM 27) (Typ	oe, Print)	11/66	1/	1 0000	,501 10, 1001	
	Nicholas Rogentin	ne. M. D.	10810 Con	necticu	t Avenue	Kensingto	n. MD 2	20895	
	31. OATE FILEO (Month, Day, Year)		SIGNATURE ACCORDED			.co.noznigoo	ביין ווט ב		
	OCT 21 '91	guna Harres	my fatares						



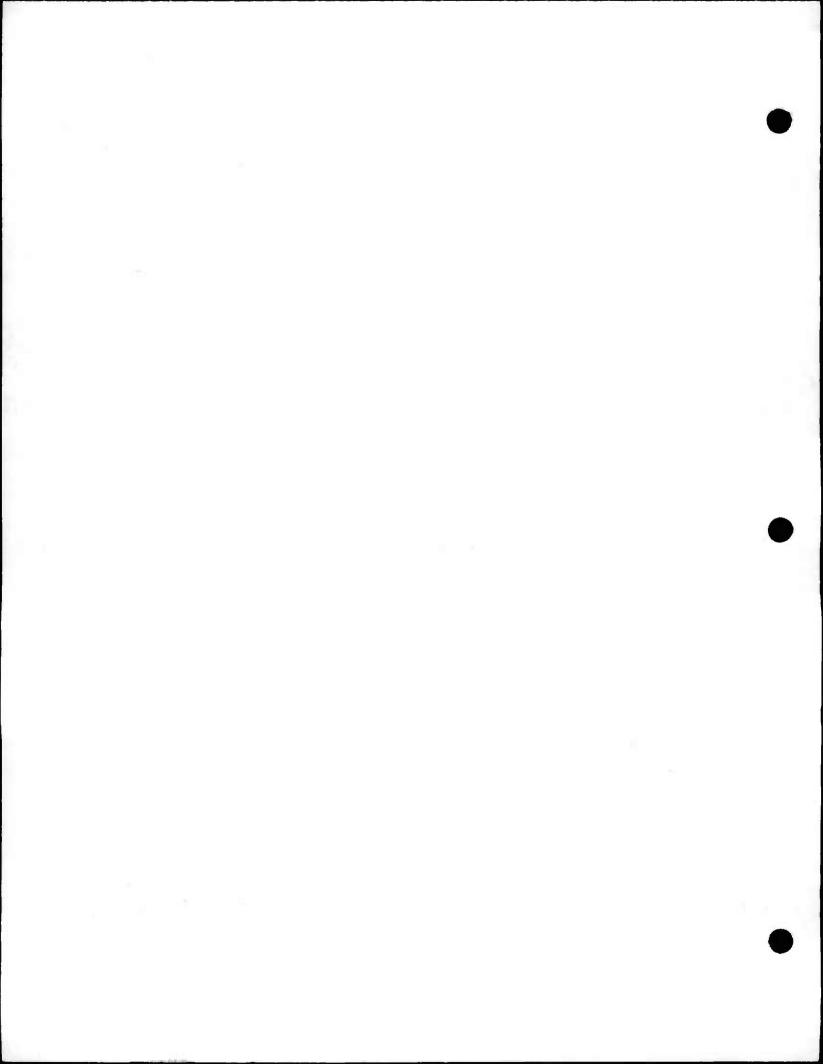
146, BALTIMORE, MARYLAND 21203-3146	nted within 2-mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	c event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mothers after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL HYGIEI							
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEATH				
HEINRICH	1, SCHN	IELL				6	YEAR 9/	1807 M				
4. SOCIAL SECURITY NUMBER	200 000	MON	THE DAYS		7. DATE OF BIRTH (Month, Day, Year)		Coun					
067-01-7043		3 YRS.		353350	* -	1908		stria				
9e. FACILITY NAME (If not institution, give		11 1 96.		OR LOCATION OF DE	EATH		JNTY OF I					
RESIDENCE OF DECEDENT	Adventist	10spilal	Rockv	ille		Mo	ntgo	mery				
10e. STATE 10b. COUNT	TY	10c. CITY, TO	WN OR LOC	ATION				10d. INSIDE CITY				
California Rive	rside	Hemet						1XXYES 2 NO				
10e. STREET AND NUMBER			1	IOI. ZIP CODE		10g. CI	TIZEN OF	WHAT COUNTRY?				
575 S. Lyon Ave.	Sp.#76			92543		U.S	A.					
11. MARITAL STATUS 1 Never Merried 2XXMarried	12. WAS DECEDENT EVER I	N U.S. ARMEO 2 NO			NIC ORIGIN? (Specify Youn, Puerlo Rican, etc.)	a or No—	14. RAC Blac	CE — Americen Indien, ck, White, etc.				
3 Widowed 4 Divorced	FORCES? 1 TYPES IF YES, GIVE WAR OR D WWII	ATES		Specif				city:				
15. DECEOENT'S ED		16a. DECEDENT'S USU	AL OCCUPA	TION	16b, KIND OF B	JSINESS/IN	DUSTRY	WIIICE				
(Specify only highest grad Elementery/Secondery (0-12)	le completed) College (1-4 or 5 +)	(Give kind of work life. Do NOT use ret	done during i ired.)	most of working								
10		Hospital	Atter	ndant	Health	Car	e					
17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maide	n Surname)						
Johann Schnell				Barbara	Webber							
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Stree	t end Number or Rural	Route Number, City or To	wn, Stata, Z	ip Code)					
Barbara Dryden			-		d, Marylar							
20s. METHOD OF DISPOSITION 1 Burial 2 A Cremetion 3 Rec	moval from State	other place)	,									
4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L		<u>letropolita</u>		ematory AND ADDRESS OF FA		xand	ria,	Code) 55 Sity or Town, State ia, Virginia al Home burg, MD 20877 Pat, Approximata Interval Between Onset and Desth				
1 5 6) 0		ZZ. NAME	AND ADDRESS OF PA		Fune	ral	Home				
10.110	ul	M00896	10 E	Deer Pa	rk Dr. Gai	ther	sbur	g, MD 20877				
23. PART I. Enter the diseases, or shock, or heart failure immediate CAUSE (Finel disease or condition resulting in death)	. Liet only one cause on e	Si S A CONSEQUENCE OF):	enter tha n	node of dying, suc	th as cerdiec of rae	piratory s	rreat,	Interval Between Onset and Death				
Sequentielly list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST	c. DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):						1,5.273				
PART II. Other eignificant condition Chronic Obstructive		out not resulting in the Sease,	a bote	ing couse given in	Part I. 24a. WAS A PERFO	N AUTOPSY ORMED?	24	Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	O	26. THER:	PLACE OF DEATH (C/	heck only one)			PLACE (State or Foreign tria EATH THE TY TOD. INSIDE CITY LIMITS? TIXYES 2 \(\) NO THAT COUNTRY? TOTAL COUNTRY?				
1 TYES 2 THO	1 Impatient 2 - ER/Out	patient 3 DOA 4	Nursing H	ome 5 - Reeldence								
1 Natural 5 Pending	(Month, Day, Year)	28b. TIME OI INJURY		NJURY AT WORK?	28d. DESCRIBE HOW	INJURY O	CCUREO					
2 Accident Investigation	28e PLACE OF INJUST	Y — At home, ferm, stree		YES 2 NO	281. LOCATION (Street	t and Numb	or or Premi	I Pourte Mumber				
3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Spe	icify)	it, ractory, or	1100	City or Town, Stal		er or rioral	Tour Harrow,				
onel	SICIAN: To the best of my knowner: On the basic of axamination							r(e) end menner se stated.				
29b. SIGNATURE AND TITLE OF CERTIFIE	2 Ilky	s mo		29c. LICENSE NU	1840	•	10	(Month, Day, Year)				
WAYNE L. M.	CHO COMPLETED CAUSE OF DE EYER, MO	1715 Med.	cal C	enter Dri	ve #214,	Roc	kválle	1 1020850				
31. DATE FILEO (Month, Dey, Year) OCT 18 '91	32. FEGIETRAMS SIG	NATURE Pandall			,							

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be exect TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bit 15+

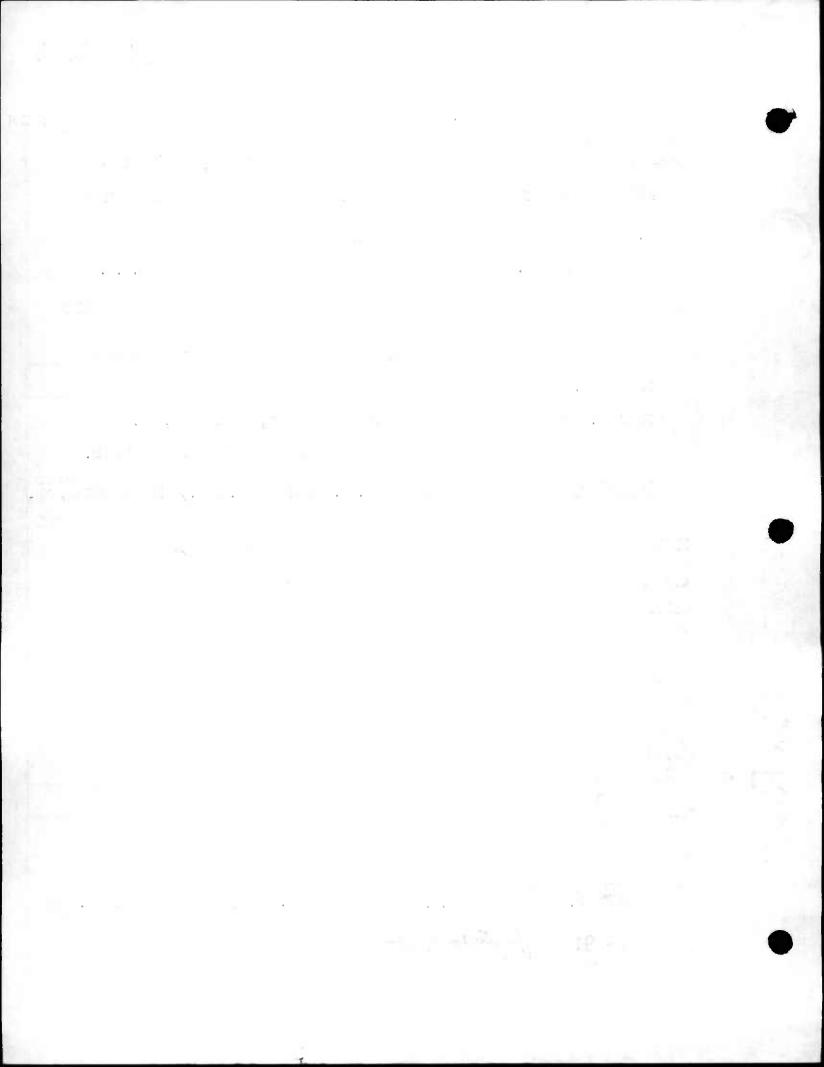
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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	349	AL SECURITY NUMBER 0-20-8330 LITY NAME (If not institution,	1 M 2 X F	90	YRS. MONT		OR LOCATION OF D	MAY 2	3, 1901	County OF D	AWO	
OR		HOLY CROSS	HOSPITAL		50.		ER SPRING		124	MONTG		
DIRECTO	10e. STA				10c. CITY, TOV		TION ER SPRING		10d. INSI LIMI 11 YES			
FUNERAL (10e. STR	EET ANO NUMBER	IA AVE. #930	ΟΔ	. 1		M. ZIP CODE 20910		10g.		WHAT COUNTRY?	
BY	1 🗌 Ner	TAL STATUS ver Merried 2 Merried dowed 4 Divorced	12. WAS OECEDENT FORCES? 1 [IF YES, GIVE WAI	EVER IN U.S.	ARMEO NO	If yes, s	CENDENT OF HISPA pecify Cuben, Mexico S 2 NO Specifi	n, Puerto Ricen		U.S. 14. RACI Blac Spec	E — American Indien, k, White, atc.	
PLETED	Elem	15. DECEDENT'S (Specify only highest entary/Secondary (0-12)	EOUCATION grade completed) College (1-4 or 5+)		DECEDENT'S USUA (Give kind of work di life. Do NOT use retin	one during m ed.)		16b. KINI	DOF BUSINESS	C SCH	2001 8	
COMPL	17. FATH	ER'S NAME (First, Middle, Las		T.T.	IMACIEI		18. MOTHER'S NA	ME (First, Middle		ne)	IOOTIO	
BE	19a, INFO	ORMANT'S NAME (Type/Print)	201123	-	19b. MAILING ADDI	RESS (Street	and Number or Rural					
2	1		SCHNETDER			OMEWO			INCTON.		20895	
	20a. ME1 1 🗆 But	THOD OF OISPOSITION riel 2 Cremetion 3 □			CE AND DATE OF CO	DISPOSITION	N (Name	0/16/9	20c. LOCATION		own, State	
18			ure. List only one caus	e on each il	na.						Intarvai Bets	
CERTIFICATION	IMMED diseas reaultid Sequal If any, cause. CAUSE that in	RT I. Enter the diseases shock, or heart fall biATE CAUSE (Final or condition ing in death) Intially list conditions, leading to immediate Enter UNDERLYING (Disease or injury itlated events in death) LAST	a. DUE TO (C	OR AS A CONS	na.		oda of dying, suc				Approximate interval Bett Onset and I	
: MEDICAL	Sequal if any, cause. CAUSE that in resulting	shock, or heart fell DIATE CAUSE (Final e or condition ng in death) Intially list conditions, leading to immediate Enter UNDERLYING EDisease or injury Itiated events	a. DUE TO (C	OR AS A CONS	SEQUENCE OF):	and.	lik »	Part I. 24e		PSY 24	Intarvai Bets	
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YSICIAN: MEDICAL	IMMED disease reaulting sequential sequentia	inter cause (Final products) and the condition of the con	a. DUE TO (C b. DUE TO (C c. DUE TO (C d. d. d. d. d. d. d. d. d. d. d. d. d. d	OR AS A CONS OR AS A CONS OR AS A CONS death but no	SEOUENCE OF): SEOUENCE OF): of resulting in the	a undarlyle 26. I HER: Nursing Ho 28c. ih	ng cause given in	Part I. 24e 1 [heck only one) 6 Other (Sp	WAS AN AUTOR PERFORMED? YES 2	PSY 240	b. WERE AUTOPSY FINE AMILABLE PRIOR TO COMPLETION OF CAL OF DEATH?	
TED BY PHYSICIAN: MEDICAL	IMMED disease resulting Sequential Fany, cause. CAUSE that in resulting PART I	anock, or heart fall DIATE CAUSE (Final e or condition ing in death) Intielly list conditions, leading to immediate Enter UNDERLYING E (Disease or injury titated events ing in death) LAST CASE REFERREO TO MEDIC MINER? YES 27 NO NER OF OEATH	a. DUE TO (C. DUE TO (OR AS A CONS OR AS A CONS OR AS A CONS death but no	SEOUENCE OF): SEOUENCE OF): of resulting in the	a undariyle 28. I HER: Nursing Ho 28. I M 1	PLACE OF DEATH (C	Part I. 24e 1 Part I. 24e 1 Content (Sp. 28d, DESCRIE	D. WAS AN AUTOR PERFORMED? YES 2 No.	PSY 24	b. WERE AUTOPSY FINE AMILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO	
MPLETED BY PHYSICIAN: MEDICAL	IMMED disease resulting sequential frame, cause. CAUSE that inneresulting PART I	inter CAUSE (Final of the property of the prop	a. DUE TO (C. DUE TO (OR AS A CONS OR AS A CONS OR AS A CONS OR AS A CONS DR AS	SEOUENCE OF): SEOUENCE OF): SEOUENCE OF): of resulting in the seouence of the	a undarlyli 26. If HER: Nursing Ho 28c. Ith M 1	PLACE OF DEATH (Come 5 Residence NORK? YES 2 NO lice	Part I. 24e 1 [heck only one) 6 Other (Sp 28d. DESCRIE 28f. LOCATIO City or fo	over the second of the second	PSY 240 O CCURED	b. WERE AUTOPSY FINE AVAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO	
MPLETED BY PHYSICIAN: MEDICAL	IMMED disease resulting sequential frame, cause. CAUSE that in resulting PART I	inter CAUSE (Final or or or or or or or or or or or or or	a. DUE TO (C b. DUE TO (C c. DUE TO (C d. d. d. d. d. d. d. d. d. d. d. d. d. d	OR AS A CONS OR AS	SEOUENCE OF): SEOUENCE OF): SEOUENCE OF): of resulting in the seouence of the	a undarlyle 26. If MER: Nursing Ho 28c. lift M 1 , factory, offi	PLACE OF DEATH (Come 5 Residence NORK? YES 2 NO lice	Part I. 24e 1 [D. WAS AN AUTOR PERFORMED? YES 2 NO POCITY) BE HOW INJURY WIN (Street and Numer, State) o) end menner exist place, end dua	PSY 24i O CCURED Imber or Rural e stated, to the ceuse	b. WERE AUTOPSY FINE AVAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



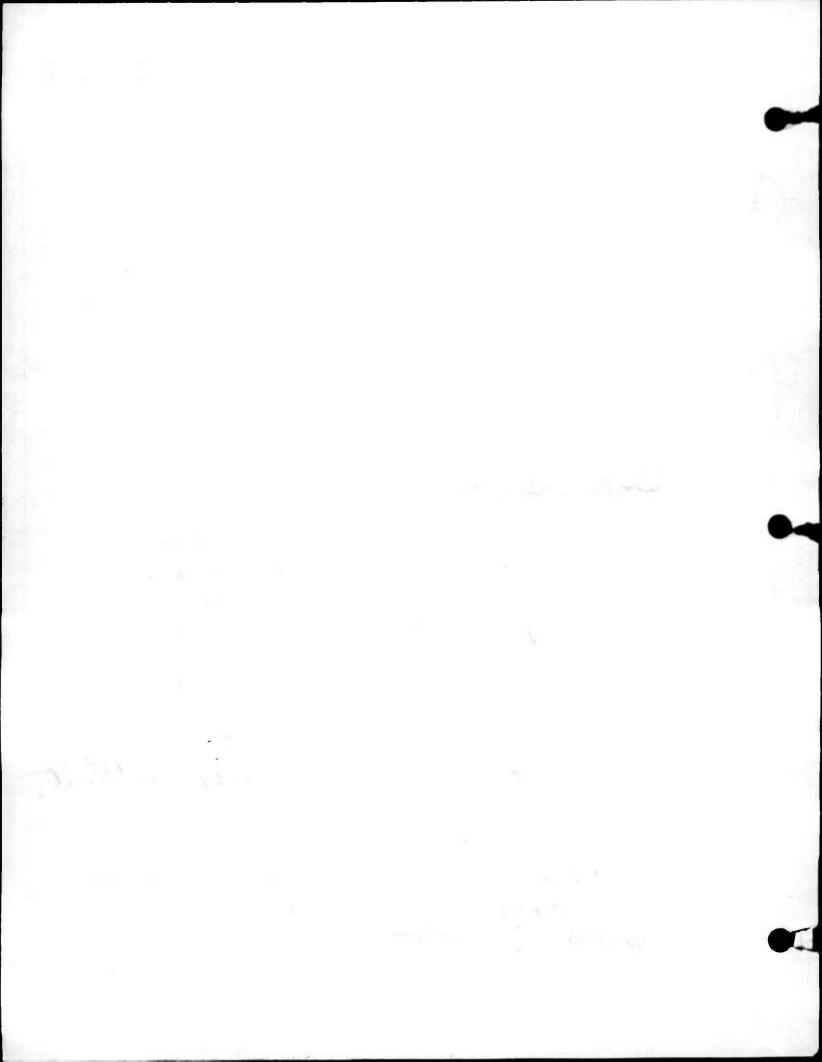
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGIOTHAN				ENTIF	ICALE	: UF	DEA	IH		REG. NO.			
	1. DECEDENT'S NAME (First, Mids James	idle, Last)	Osbo	rne		Stev	enso	n n		2. DATE	OF DEATH	ıy	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	1						J11		10		<u>/</u>	91	4:28 HM
	217-44-2417	5. S	EX XM 2 ☐ F	6. AGE (In yrs. le. 83	st birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE (Month	DF BIRTH	190	8. BIRTH	PLACE (State or Foreign
	9e. FACILITY NAME (If not institut	tion, give street a	nd number)			Oh CITY	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH							
8	Suburban Ho							esda	ON OF DE	ATH			nty of 0	
DIRECTOR	RESIDENCE OF DECED	ENT										-110		
W		. COUNTY			10c, CIT	Y, TOWN O	R LOCAT	ION				10d. INSIDE CITY		
	Maryland M	Montgom	ery			Beth	esda	a						LIMITS?
¥	10e. STREET AND NUMBER						101.	ZIP CODE	E			10g. CIT	IZEN OF V	VHAT COUNTRY?
FUNERAL	5600 Rooseve	elt Str	eet					208	317				U. S	S.A.
5	11. MARITAL STATUS			EVER IN U.S. AF		13. V	WAS DEC	ENOENT O	F HISPANI	C ORIGIN	(Specify Yee	or No	14. RACE	- American Indian,
B	1 Never Merried 2 Merr 3 Widowed 4 Divorced		F YES, GIVE W		Specify: Sp						the:			
		WWII										White		
COMPLETED	15. DECEDEN (Specify only high	(G	CEOENT'S live kind of v Do NOT us	work doon a	CUPATIO	N st of workin	g	16b.	KIND OF BUS	INESS/IN	DUSTRY			
21	Elementary/Secondary (0-12)	1	rnith		ict			U	.S. De	ent.	of t	he Interior		
8	17. FATHER'S NAME (First, Middle,			10109	130	-1130					01			
	Andrew	St	evens	on	- 1		enevi		iddle, Maiden	Surneme)		Mardin		
H	19e. INFORMANT'S NAME (Type/P)											latutn		
2	C. Brent Lob	7	355 C	ante	rfie	nd Number eld R	or Rural Ro	san San	er, City or Town	State, Zi		78240-3108		
	20e. METHOO OF DISPOSITION 1 Burial 24 Cremetion 3	20b. PLACE		-										
	1 Burial 242 Cremetion 3 4 Donation 5 Other (Spec	Removal fi	rom State	Montg	omerv	par place	mato	ne or orium	ı. In	5 /69-de			City or To	wn, State Maryland
	21. SIGNATURE OF FUNERAL SER		E			_								_
	- Jayle	CS	20-	2 1	M0052	2 BA	ober ethe venu	sda- le, B	Chev	phre y Ch sda,	y Fune ase, Mary	ral nc land	Home 208	7 ₄ Wisconsin
	22 NAME AND ADDRESS OF FACILITY RODERT A - Limb Trey Funeral Home Bethesda - Chevy Chase, Inc. 7557 Wisconsin Avenue, Bethesda, Maryland 20814-3501 23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, auch as cardiac or reapiratory arrest, shock, or heart feliure. List only one cause on each line.													
	IMMEDIATE CAUSE (Final	remore. List o	mily one caus	e on aach line	t.		,	1						Interval Batween Onset end Deeth
	diseese or condition resulting in deeth)		Ma.	more	Cl	Ve	10-	A.	m	1a	nets	2		
			DUE TO (OR AS A CONSEC	DUENCE OF):		i i	1.1	1				
z I	Sequentielly list conditions,	b	Leve	-	011	V/	2	ser	Here		o cc	lu	21-4	'
Ĕ	if any, leeding to immediate		CLA	OR AS A CONSEC	DUENCE OF):	1	/	1					0 0
은	CAUSE (Disease or Injury	c		OR AS A CONSEC	V	sentar diene								
Ē	that initieted events recuiting in death) LAST		Ont	OH AS A CONSEC	DUBNICE OF): CA 1.	te	1	100	10	N/O	10	7	
CERTIFICATION		d	811	Wy.				/	po oc	110	V NE		2	
118	PART II. Other significant co	onditione con	tributing to d	leath but not n	ecuiting la	n the unc	lerlylng	ceuse g	iven in P	art I.	24a. WAS AN A		24b.	WERE AUTOPSY FINDINGS
MEDICAL											PERFORM			AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME											1 163 4	King		OF DEATH?
ž										-				1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MED EXAMINER?						28. PL/	CE OF DE	ATH (Chec	k only one))			
S	1 TES 2XXXII		SPITAL:	ER/Outpatient 3		OTHER:								
동	27. MANNER OF DEATH		28e. OATE OF II (Month, Day		28b. TIME	OF :	28c. INJU	RY AT			RIBE HOW IN	JURY OC	CURED	Post litt
BY	1 XXNatural 5 Pendil 2 Accident Invest	ing Igation	9 -3	-91	INJU	M	WOR	IK? ES 2 🗌		Cu	+.1	in	do	To
	3 Suicide 8 Could		26e. PLACE OF	INJURY — At hor	me, ferm, st	reet, factor	ry, office		- 1	28f. LOCAT	ION (Street en	d Number	or Rural R	oute Number
	4 Homicide determ	Ic. (Specify)						City or	Town, State)					
Z 1	29e. CERTIFIER (Check only	ny knowledge, des	ith occurre	d at the tim	a data a	and place	and due to		-(-)					
COMPLETED	one) 2 MEDICAL E	nvestigation	, in my op	Inlon, de	eth occure	end due to	me date e	e(e) end menn	due to th	led.	end menner ee stated.			
- 11	29b. SIGNATURE AND TITUE-OF O	U			_									
ă	//	um	_	1	_	ARC LICEN	VSE NUMB	/) -, A	_	29d, DATI	E SIGNED	(Month, Day, Year)		
우	30. NAME AND ADDRESS OF PERS	SON WHO COM	PLETED CAUSE	OF DEATH (ITEM	1 27) (Type	Print)	V	الانام	, 7				V	14-9/
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH					d	241	O MO	JUS	ey S	AN	Bet	nesd	a, MD 20814
	31. DATE FILEO (Month, Day, Year)	SIGNATURE DAVIDAGE	Rodel	2										





STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.														
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF MONTH	DEATH	,	YEAR	3. TIME OF DE	ATH				
Harry Fre	derick Sch	aefer			10	23	19		1:30	AM				
4. SOCIAL SECURITY NUMBER	5, SEX 8. AG	E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.		6. BIRTH	IPLACE (State or	Foreign						
212-18-7961	1 M 2 □ F	76 YRS.	MONTHS DAYS	HOURS MIN.	10-0!	5-191	5	Mar	yland					
9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOW	OR LOCATION OF DI	EATH		9c. COU	NTY OF D						
Carroll County G	eneral Hospi	ital	Wes	tminster			C	arro	11					
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	~	140.000	Y, TOWN OR LOC											
1110 c 101	arroll	10c. C111							10d. INSIDE CI					
10e. STREET AND NUMBER	arion			ostead lor. ZIP CODE					1 TYES 2	NO				
1316 Brilhart Dr	ive			21074			10g. CIT	US	what country A	,				
11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YE	IN U.S. ADMED		ECENDENT OF HISPAI			or No-	14. RACI	E — American In	dlan,				
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	If yes, specify Cuban, Mexican, Puarto Rican, stc.) 1 YES 2 NO Specify: White											
15. DECEDENT'S EDU (Specify only highest grade	CATION COMMISSION	16a. DECEDENT'S	USUAL OCCUPA		16b. K	IND OF BUS	INESS/IN	DUSTRY						
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	se retired.)	roat or working										
llth grade		Self-En	nployed		Fá	armer	and	Deve	eloper					
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Mid	ldle, Maiden	Sumame)							
Howard F. Schaef	er			Emma H	undert	mark								
19a. INFORMANT'S NAME (Type/Print) Bertha B. Schaef				t and Number or Rural				,	Developer					
				rt Drive,	Hamps									
20e. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ran	noval from State	ob. PLACE OF DISPOS other place)												
4 □ Donation 5 □ Other (Specify)		Snydersbu				Har	npst	ead,	Maryla	nd				
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE , Ell		22. NAME	AND ADDRESS OF FA	E]	line 1	Fune	ral I	Iome					
xyrvex	ifo, cx		934	S. Main						074				
23. PART I. Enter the diseeses, or									Approx	mate				
iMMEDIATE CAUSE (Fine)	List only one cause on	each line.		- 1	\cap				Onset e					
disesse or condition resulting in death)	a. Ac	ute	Mya	cour 21 a	V :	INF	ave	tion	- 1 1 6	014				
Tooding in doubly		A CONSEQUENCE OF	F):		1				ad, Md. 21074					
O THE STATE OF THE	b													
Sequentielly list conditions, if any, laeding to immediate	DUE TO (OR AS	A CONSEQUENCE OF	F):				`							
cause. Entar UNDERLYING CAUSE (Disease or injury	с													
that initiated eventa resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	F):						ì					
	d													
PART II. Other significent condition	na contributing to death	but not resulting	in the undarly	Ing cause given in	Part I. 2	4a. WAS AN		248	WERE AUTOPS					
						PERFOR			AVAILABLE PRICOMPLETION C					
					_ '	1 129 2			OF DEATH?	7 NO				
					_				1 163 2	_ 110				
25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (C/	heck only one)									
EXAMINER?	HOSPITAL:	utpetient 3 DOA	OTHER:	ome 5 Restrênce	6 Cher	Specify)								
27. MANNER OF DEATH	28a. DATE OF INJUR	Y 28b. TIM	E OF 28c.	NJURY AT	T .	RIBE HOW I	NJURY O	CCURED						
1 Natural 5 Pending Investigation	(Month, Day, Year) INJ		WORK?										
3 Suicide 28e. PLACE OF INJURY — At home, farm, street, fectory, office 28f. LOCATION (Street and Numb								or Rural	Route Number,					
4 Homicide detarmined building, etc. (Specify)														
29a. CERTIFIER Charle only Dentifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.														
(Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.														
SIGNATURE AND TITLE OF CERTIFIE				29c, LICENSE NU					D (Month, Day, 1Ye					
	~~			1233	160	_	DA. DA	1 A	75	C.				
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	o. Print)	1211	(407			, 0	1-11	11				
	2111 Lawrer Pike ofauf ster 2 wd 21074													
31. DATE FILED (Month, Day, Year)	DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE													

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zamburs after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. It be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146

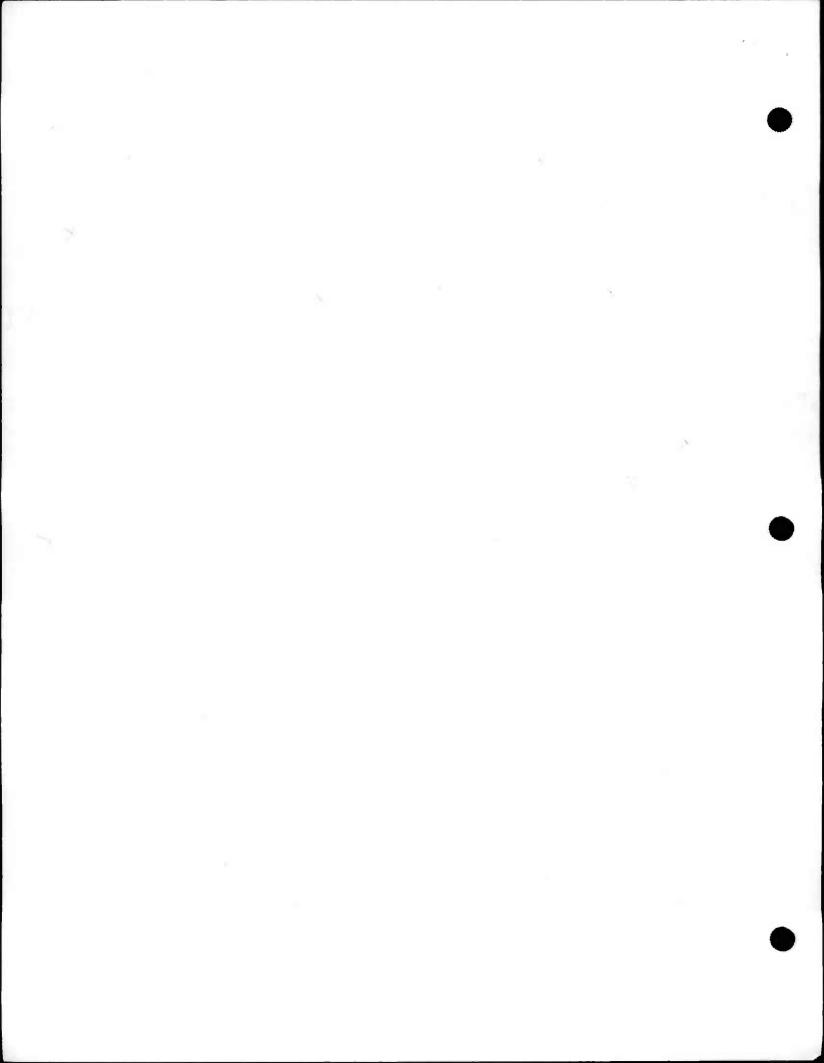
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

25 191

DHMH-18 Ray 1/89



TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the first first first first or may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Put filled within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF I	MARYLAND / DEPAR Certif	TMENT OF H		MENTAL HYGIENE REG. NO.	91	
1. DECEDENT'S NAME (First, Middle, Last) WILLIAM	JAMES	SPEAR	JR.		2. DATE OF DEATH	1991AR	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTH	

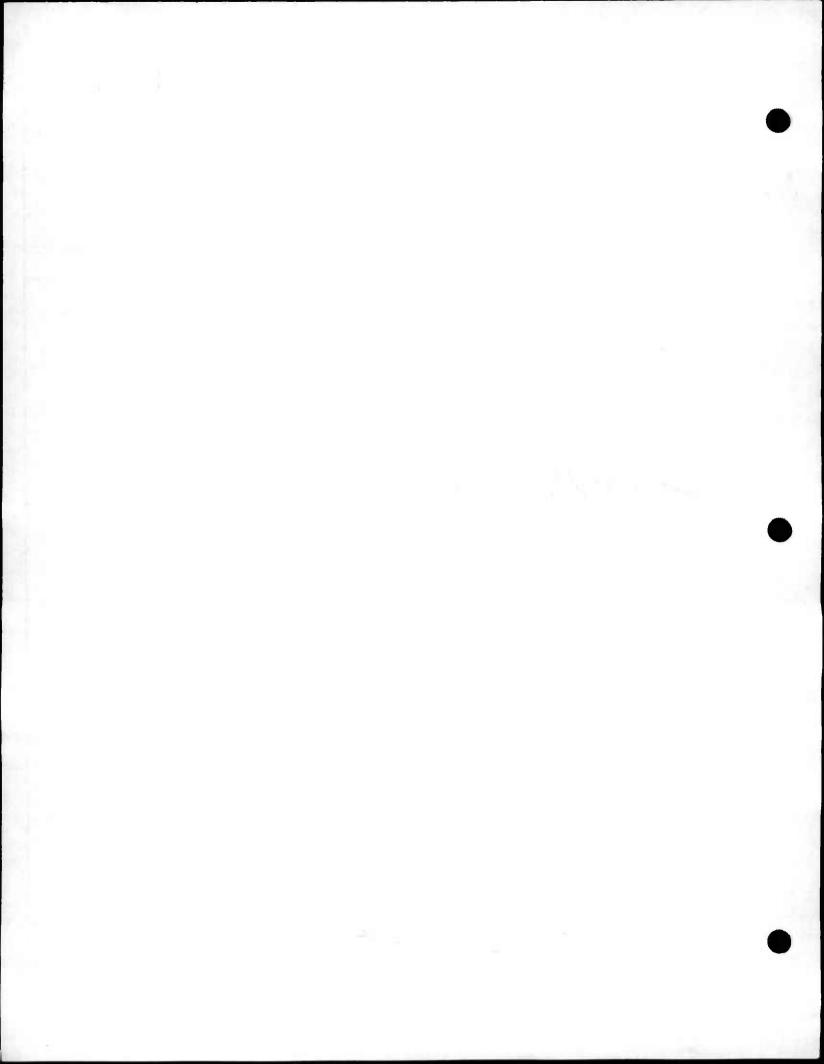
WILLIAM	, Middle, Last)	JAMES	SPE	AK,	JR.		2. DATE OF D	t 223, 1	29 TAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 213-10-2105		1 🗆 M 2 MALE	E (In yrs. last birtho 86yr		NOER 1 YEAR THS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B	18/05	8. BIRT	HPLACE (State or Foreign TRYLAND
98. FACILITY NAME IN not in 110 N. MA	IN ST.			9b. (OSBORO	ATH		INTY OF I	DEATH ERICK
10a. STATE	10b. COUNT	REDERICK	10c.	CHTYOTO	DSBORT	NON				10d. INSIDE CHTY LIMITS LES 1 YES 2 NO
100. STREET AND NUMBER	IN ST			4	10	1. ZIP CODE 21	798	10g. Ci	TIZEN OF	WHAT POUNTRY?
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 W Divo		12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	ı	If was an	CENDENT OF HISPAN Hecify Cuban, Maxica 5 2 NO Specif	n Buerto Bleen		Blac	E — American Indian, ck, Whita, atc.
15. DEC (Specify only Elementary/Secondary (C	EDENT'S EDU y highest grade 0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDEI (Give kine life. Do M DRI	d of work di OT use retin	one during mo	ON ost of working	18b. KIN	TRUCK	ecesiii	
17. FATHER'S NAME (First, M WILLIAM J		SPEAK, SR.						e, Maiden Sumame) LIZABETI	H BAH	KER
HONEY LEE	ANGLE		11	832	LEGOR	E BRIDGE			ip Code)	MD 21757
28a. METHOD OF DISPOSIT 1	on 3 🗆 Rem	noval from Stala	other place)	HILL	CEME				ORE,	MD
21. SIGNATURE OF FUNERA	L BERVICE LI	CENSEE	Der		22. NAME A	ND ADDRESS OF FA	OSBORO,		AKTZI	LER & SONS
IMMEDIATE CAUSE (Fidusesse or condition resulting in death) Sequentially list condition if sny, leading to imme cause. Enter UNDERLY CAUSE (Disesse or injust initieted events resulting in deeth) LAS	tions, dilate ING	b. DUE TO (OR AS	S A CONSEQUENCE	CE OF):	ONY	id to	head			Onset and Death
PART II. Other eignifica	ant condition	na contributing to deeth	but not result	ing in the	e underlyln	g ceuse given in		. WAS AN AUTOPS) PERFORMED? YEB 2 NO	24	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO	O MEDICAL	HOSPITAL:			HER:	LACE OF DEATH (Ch	,			
27. MANNER OF DEATH 1 Netural 5	Pending Investigation	28a. DATE OF INJUR (Month, Day, Year	Y 28b	TIME OF		JURY AT	8 Other (Sp 28d. DESCRI	BE HOW INJURY O	CCURED	
2 Accident 3 Suicide 8 Homicide	Could not be determined	26s. PLACE OF INJU building, etc. (S)	RY — Al home, fa	ırm, streel,	, factory, offic	ce .		N (Street and Numb wn, State)	er or Rural	Route Number,
onel 9.4		ICIAN: To the best of my known								(a) and manner as stated.
290. SIGNATURE AND TITLE 30. NAME AND ADDRESS O	u ta	y h	DEATH (ITEM 27)	(Type, Print)		D35/	64	29d. DA	O Z	O (Month, Day, Year)
Andrey 31. DATE FILED (Month, Day,	0 Z	35 REGISTRAR'S SI	Ir.	MI) i	Jallie	(SVIII	e, MD	21	79.3
חי אב דחת		Julia Davidse	n-gande	2						

	Pag	
	ermit.	
Į.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Deot, of Health and Mental Hydiene prior to burial, cremation, or removal.	
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or at	or use	
Spital	hed fe	
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ENDIN	DR: Aft	is n
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the firbe within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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OSPI	UNER	ANT
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	FOR 1 - STATE REGISTRAR		STATE OF I	MARYLAND /	DEPAR	RTMEN	T OF H	IEALTH	AND	MENT	TAL HYGIE	NE 9 1	3	0108		
				C	ERTIF	ICAT	E OF	DEA	ГН		REG. N	Ю.				
1	1. OECEDENT'S NAME (First, A John Rober		21100							2. DA	TE OF DEATH	PMO1	YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY HUMBE		5. SEX							+		TAAT		10:02 P.m		
	322-10-3243		1X M 2 - F	8. AGE (In yrs. le:	st birthday) YRS.	MONTHS	DAYS	HOURS	MIN.	Jun	TE OF BIRTH	.907	Count	HPLACE (State or Foreign try) 1ada		
	9a. FACILITY NAME (If not insti	ltution, give st	reet and number)			9b. CIT	96. CITY, TOWN OR LOCATION OF DEATH						9c. COUNTY OF DEATH			
DIRECTOR	Washington C	county	Hospita	1		Hag	erst	own				Wa	ishin	igton		
<u> </u>		IOB. COUNTY			10c CIT	V TOWN	OR LOCAT	ION								
E E	Maryland	Wash	ington		1	erst		ion						10d. IHSIDE CITY LIMITS?		
اد	10e. STREET AHD HUMBER	Madii	11160011		True	,CL 3 c		. ZIP COD	E			100 00	FIZEN OF I	1 TES 2 HO		
Route # 12 Box 164 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIG											log. Ci		WHAI COUNTRY?			
							GIN2 (Specify)	fon or Mo	USA	E — American Indian,						
	1 Never Married 2 X M 3 Wildowed 4 Divorce			X YES 2 1	но		If yea, spe	2 X HO	n, Maxica	ın, Puari	to Rican, etc.)	iea oi no-	Blac	ck, White, etc.		
15. DECEOENT'S EDUCATIOH (Specify only highest grade completed) Elementary/Secondary (0-12) 12 years 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname)																
ᆸ	Elementary/Secondary (0-1)		College (1-4 or 5		live kind of Do NOT u	work done se retired.)	during mo	st of workir	ng							
를	12 years			(owner						Resta	urant	;			
Ö	17. FATHER'S NAME (First, Midd									ME (Firs	t, Middle, Maid	en Sumame)				
BE (John		auss					Ma	ry							
0	19a. INFORMANT'S NAME (Type			19	b. MAILING	ADDRES	S (Street a	nd Number	or Rural	Route No	umber, City or To	own, State, Zi	ip Code)	0.5.0		
	196. INFORMANT'S NAME (Type/Print) Gladys M. Strauss 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Rt. 12 Box 164 Hagerstown, Maryland 21740															
	20a. METHOO OF DISPOSITION 1 Burlet 2 N Cremation 3 Ramoval trom Stata 20b. PLACE AND DATE OF DISPOSITION (Name of Smithsburg, Maryland) 20c. LOCATION — City or Town, Stata 10/24 Smithsburg, Maryland															
	22. HAME AND ADDRESS OF FACILITY Gerald N. Minnich Funeral Home Hagerstown, Maryland															
	23. PART I. Enter the disc	esses, or co	omplications the	t caused the de	esth. Do i	not ente	the mo	de of dyl	ng, suc	h as ca	ardisc or res	piratory as	rest,	Approximate		
	IMMEDIATE CAUSE (Final		lat only one cau		Ŋ.				,					Interval Between Onset and Death		
	disease or condition resulting in death)			Lolci	عه د	-81	Di	ra	for	1	1-2	i Ce	eres.			
	,	_	DUE TO	(OR AS A CONSE	OUENCE O	F):	0	- 0	-	1		~	-			
Z	Sequentially list condition	ns 6	137	lape	re	2	1.0	lea	10.	عرح	ery	[w/	- (+	Exten		
CERTIFICATION	If any, leading to Immedia cause. Enter UNDERLYING	ste	DUE TO	(OR AS A COHSE	OUEHCE O	F):										
5	CAUSE (Disease or Injury		OUE TO	OR AS A COHSE	OUTUOF O	252	23									
Ē	that initiated aventa reaulting in death) LAST		A	- Ha	· C	-):										
핑		6		7-2		7										
A	PART II. Other significant	conditions	contributing to	death but not a	rasulting	in the u	nderlying	cause g	lven in	Part I.		N AUTOPSY	24b	. WERE AUTOPSY FIHDINGS		
20											1 TYES			AVAILABLE PRIOR TO COMPLETION OF CAUSE		
W														DF DEATH? 1 TYES 2 THE		
z														3,000		
S	25. WAS CASE REFERRED TO I	-	HOSPITAL					ACE OF D	EATH (Ch	eck only	one)					
YS!	1 TES 2 HO		HOSPITAL:	ER/Outpatient 3	□ DOA	4 Nu		• 5 □ Re	sidence	8 🗆 Ot	her (Specify)					
PHYSICIAN: MEDICAL	27. MANNER OF DEATH		28a. DATE OF (Month, D		28b. TIM	E OF URY	28c. INJU			28d. D	ESCRIBE HOW	INJURY OC	CURED			
BY	1 Natural 5 Pe	nding restigation				М		ES 2 [NO [
8		uld not be termined	28a. PLACE O building,	F INJURY At ho etc. (Specify)	me, term, :	street, tac	tory, offica				CATIOH (Street ty or Town, Stat		r or Rural F	Route Number,		
E	29a. CERTIFIER	VINO BUVO:	ANI. To di		(4)											
COMPLET	(Check only		tAN: To the best of													
	29b. SIGNATURE AND TITLE OF			TOWNS INCIDENT	vesilyatio	or, an my (ултюп, ф				ma and place,			a) and manner as stated.		
BE	490. SIGNATURE AND TITLE OF	- CEHTIFIER	el c)				29c. LICE	NSE NUN		0 -	29d. OAT	E SIGNED	(Month, Day, Year)		
2	30. HAME AND ADDRESS OF P	EDSON WHO		- OF OF A 17 17 17 17 17 17 17	U.A.D. (7)	21.0		4	>>	4	97	/	0	25/20		

32. REGISTRAT S. SIGNAPORE Julia Day doon-Randalle

oct 29'91



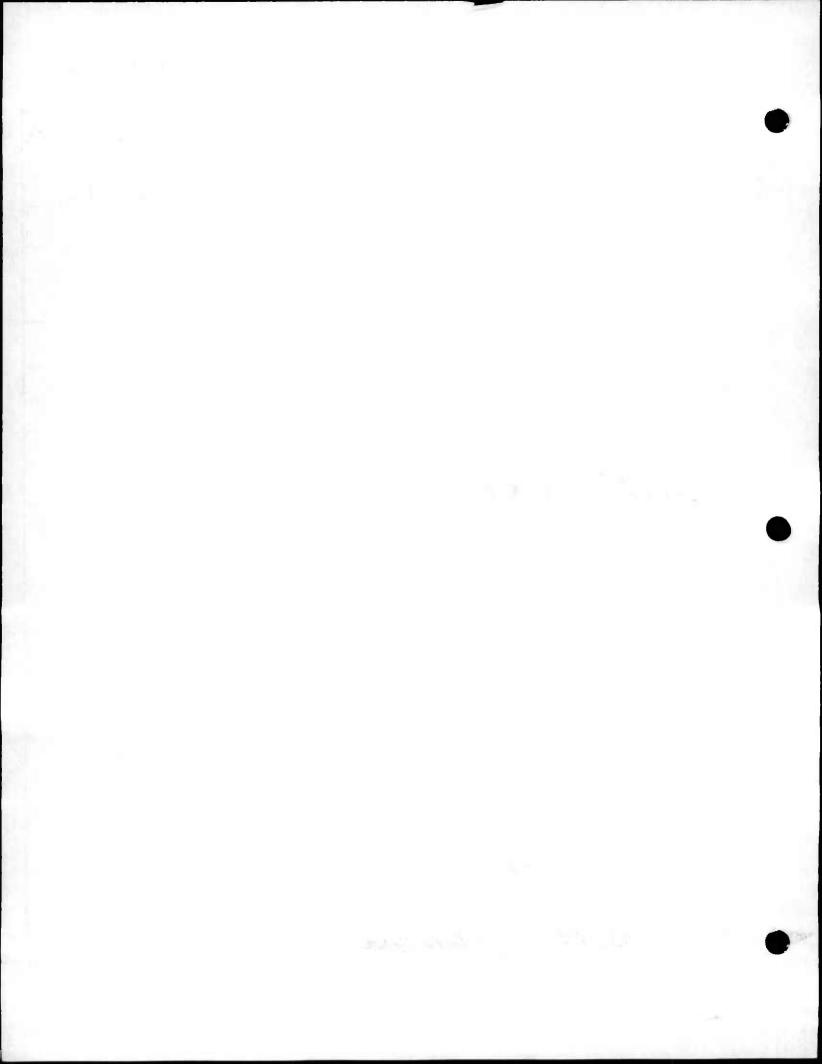
TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	iai.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

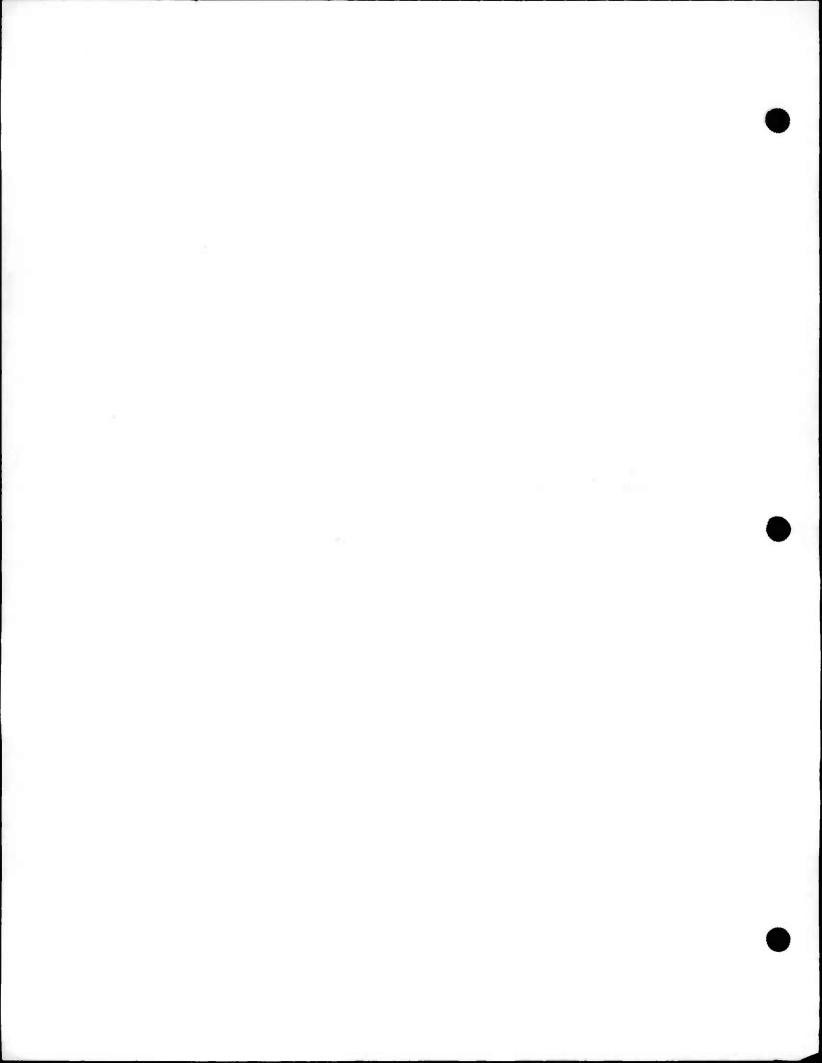
STATE OF MARYLAND / DEPARTM	ENT OF I	HEALTH AND	MENTAL	HYGIENE
CERTIFIC	ATE OF	DEATH		REG. NO.

1 - STATE REGISTRAR	STATE OF MARTI	AND / DEPAR CERTIF	RIMENT OF CICATE O	HEALTH AND F DEATH	MENTAL HYGIEN			
1. DECEDENT'S NAME (First, Middle, Last)	5				2. DATE OF OEATN		3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	55	IF UNDER 24 HRS.	7. DATE OF BIRTH	-251	199 1130Am	
060-30-9739	1 DM 2 F 80		MONTHS DAYS		(Month Day Year)	1911	BIRTHPLACE (State or Foreign Country) New York	
9a. FACILITY NAME (If not institution, give				OR LOCATION OF DEATH 90.JCOUNTY OF DEATH				
Washington County RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT				Hagerstown Washington				
	ington		ry, town on Loc gerstow		10d. INSIDE CITY LIMITS?			
10e. STREET AND NUMBER				10f. ZIP CODE		1 🔀 YES 2 🗌 NO		
11 West Baltimore	Street			21740		USA		
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	2 X NO	13. WAS D	ECENDENT OF NISPA specify Cuban, Maxic	NIC ORIGIN? (Specify Years, Puerto Rican, etc.)	a or No 1	4. RACE — American Indian, Black, White, atc.	
3 Widowed 4 Divorced	IF YES, GIVE WAR OR O	PATES		ES 2 NO Specif			specify: white	
15. DECEOENT'S EDU (Specify only highest grade	CATION completed)	16e. DECEDENT'S (Give kind of	work done during	TION most of working	16b. KIND OF BU	ISINESS/INOU		
Elementary/Secondary (0-12) 12 years	College (1-4 or 5 +)	Housew	se retired.)	•	homo			
17. FATNER'S NAME (First, Middle, Last)		nousew	Tre	16 MOTNED'S N	home ME (First, Middle, Malder	6		
George Yer	igel			Elizabe		iler		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	AOORESS (Street	and Number or Rural	Route Number, City or Tox	vn, State, Zip C	ode)	
Grace L. Edlund							yland 21740	
1 Buriet 2 Tormation 3 Rem 4 Donation 5 Other (Specify)		o. PLACE AND DATE (netern crematory or o IL CHS DUTS					y or Town, Stata g, Maryland	
21. SIGNATURE OF FUNERAL SERVICE	CENSEE		22. NAME	AND ADDRESS OF FA	CILITY			
Delila 1.11	MNCK		Funer	d N. Minr al Home	Hage	erstown	tomac Street n, Maryland	
23. PART I. Enter the diseases, or shock, or heart failure.	complicatione that cause	d the death Do						
I	List only one cause on a	ech line.	not enter the n	noda of dying, suc	h as cardiac or resp	iratory erres		
IMMEDIATE CAUSE (Finel	List only one cause on e	ech line.		1 1	2	iratory erres	Approximate interval Between Onset end Death	
	e. Reyno	ech line.		1 1	2	Iratory erres	Interval Between	
IMMEDIATE CAUSE (Finel disease or condition reaulting in deeth)	e. Reyno	conscouence of		Anny a	2	iratory erres	Interval Between	
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STATE (OF N	MARYLAND	/ [DEPART	MENT	0F	HEALTH	AND	MENTAL	HYGIE	NE
			E	RTIFIC	CATE	OI	F DEAT	ГН		REG. N	0.

	FOR STATE REGISTRAR	S	TATE OF MAR			TMENT ICATE					YGIENE EG. NO.			
,	1. DECEDENT'S NAME (First, Mid	ddle, Last)	Irene Be		_	OTOR				2. DATE OF D	DEATH			3. TIME OF OEATH
!	JOBOTOR		TRENE			_				MONTH .	26	9	EAR	M
	4. SOCIAL SECURITY NUMBER			GE (In yrs. lest b		IF UNDER t		IF UNDER		7. DATE OF B		8.	BIRTHP Country)	LACE (State or Foreign
	217-18-8978	10	☐ M 2XXVF	68	YRS.	MONTHS	DAYS	HOURS	MIH.	Nov. 1	6, 1	922 V		Virginia
	9a. FACILITY NAME (If not institut	ition, give street a	and number)			9b. CITY,	TOWN OF	R LOCATIO	N OF DEA	ATH		9c. COUNTY	OF DE	ATH
8	Fallston Ho					Fal	lst	on				Hari	Eord	<u> </u>
<u> </u>	RESIDENCE OF DECED	b. COUNTY		- 1	10c. CIT	Y, TOWN OF	R LOCATION	ON					Т	10d. INSIDE CITY
8	Maryland	Was	shington		C	onowi	ngo							LIMITS? 1 YES 2 NO
4	10a. STREET AND NUMBER						101.	ZIP CODE			I	10g. CITIZEI	N OF W	HAT COUNTRY?
FUNERAL DIRECTOR	176 Rowlan	dsville	e Road					21	918			Ţ	J.S.	Α.
5	11. MARITAL STATUS		WAS DECEDENT EVE	R IN U.S. ARME	ED					C ORIGIN? (S		or No— 14	. RACE	— American Indian, White, etc.
BY	1 Never Married 2 Mar 3 Wildowed 4 Divorced	11100	IF YES, GIVE WAR O					2 ▼ NO			.,,			white
	15. DECEDE	ENT'S EDUCATION	ON .	18a, DECE	DENT'S	USUAL OC	CUPATIO	N		16b. KIN	O OF BUS	INESS/INOUS	TRY	
COMPLETED	(Specify only hig Elementary/Secondary (0-12)	ghest grade comp	oleted)	(Give	kind of v	work done di se retired.)	uring mos	it of working	7					
립	0-8	,	mage (1-4 of 5 +)	sh	eet	meta	1				airc	raft		
ğ	17. FATHER'S NAME (First, Middle	e, Last)						18. MOTH	ER'S NAM	AE (First, Middi	le, Maiden S	Surname)		
BE	Harr	y I	Walden					Εt	hel	Rash				
6	19a. INFORMANT'S NAME (Type/	- 11.5	_							oute Number, (
- 1	Mr. John J.									ad, Co				21918
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation		from State	Rest	F DISPOS	SITION (Nen	ma of cem	netery, crem	atory or			CATION — CIT		Maryland
	4 Donation 5 Other (Sp. 21. SIGNATURE OF FUNERAL SI		EE	Kest	IIave			D ADORES	S OF FAC	HLITY M				1 Home
	120 t	4-R1	0 0-											m, MD 21740
	1 Tolies	003.0	Coulder	_										
	23. PART i. Entar tha disea ahock, or haar		only one cause o		th. Do i	not entar	tha mod	de of dyl	ng, such	ss cardiac	or respli	retory srres	it,	Approximata intarvai Batwean
- 1	IMMEDIATE CAUSE (Final disease or condition		(15										Onset and Daath
	reaulting in death)	a	DUE TO (OR	AS & CONSEQU	JENCE O	n:				1			_	
			CALL	den	1116	100	~~	VQ -	~(/	/(
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NOIL	Sequantially list conditions if eny, landing to immediat		OUE TO (OR	AS A CONSECU	ENCE O	F):	1	1						
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TIFICATION	if eny, laading to immediate cause. Entar UNDERLYING	is,		AS A CONSEOU			(
CERTIFICATION	if eny, laading to immediat cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	is,		V										
AL CERTIFICATION	if eny, laading to immediat cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	c	DUE TO (OR	AS A CONSEQU	JENCE O	F):	darlying	3 cause 6	jiven in l	Part i. 24	a. WAS AN			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ICAL	if eny, laading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	DUE TO (OR	AS A CONSEQU	JENCE O	F):	darlying] cause (given in I			MED?		
MEDICAL	if eny, laading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	DUE TO (OR	AS A CONSEQU	JENCE O	F):	dariying	g cause (liven in l		PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	if eny, laading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other significant	c	DUE TO (OR	AS A CONSEQU	JENCE O	F):				_ 1	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	if eny, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO MEXAMINER?	c	DUE TO (OR a	AS A CONSEQU	Sulting	In the und	26. PL	ACE OF O	EATH (Che	eck only one)	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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PHYSICIAN: MEDICAL	if eny, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO MEXAMINER? 1 YES 2 NO 27. MANNER OF PEATM Netural 5 Per	c	DUE TO (OR a	AS A CONSEQUENT THE PROPERTY Outpetlant 3 CONSEQUENT STATEMENT STA	Builting	In the und	26. PL t: sing Home 28c. INJI	ACE OF O	EATH (Che	eck only one) 8 Other (Sp	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	if eny, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO MEXAMINER? 1 YES 2 NO 27. MANNER OF PEATM 1 Natural 5 Per Investigation	cd	DUE TO (OR ADDITIONAL CONTRIBUTION OF THE CONTRIBUTION OF THE CONTRIBUTION OF THE CONTRIBUTION OF THE CONTRIBUTION OF THE CONTRIBUTION OF THE CONTRIBUTION OF THE CONTRIBUTION OF THE CONTRIBUTION OF THE CONTRIBUTION OF T	th but not red Outpetient 3 [PRY	Builting DOA DOA 28b. Till	OTHER 4 Nursel	26. PL R: Iling Home 28c. INJI WO 1 V	ACE OF O	EATH (Che	8 Other (S) 28d. DESCRI	PERFOR YES 2 Decify) BE HOW IF	MED?	RED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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E COMPLETED BY PHYSICIAN: MEDICAL	if eny, laading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO MEXAMINER? 1 YES 2 NO 27. MANNER OF PEANN 1 Natural 5 Per Inw 27. Manner OF PEANN 1 Suicide 8 Condent of the	conditions of d	DUE TO (OR an an an an an an an an an an an an an	Outpetlent 3 (Specify)	DOA 28b. Tilk	OTHER 4 Nurs AE OF JURY M street, factor	26. PL 2: sing Home 28c. INJI WO 1 V ory, office	ACE OF OI e 5	EATH (Che	8 Other (S) 28d. DESCRI 28f. LOCATIC City or it	PERFOR YES 2 Decity) BE HOW II ON (Street a own, State)	NO NO NO NO NO NO NO NO NO NO NO NO NO N	RED r Rural R	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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E COMPLETED BY PHYSICIAN: MEDICAL	if eny, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO MEXAMINER? 1 YES 2 NO 27. MANNER OF PEATM 1 Natural 5 Per Investigation of the coldent Investigat	CONDITIONS CO	DUE TO (OR an an an an an an an an an an an an an	Outpetlent 3 [Specify]	Builting DOA 28b. Till IN	OTHER 4 Nurs AE OF JURY M atreet, factor at the titon, in my of	26. PL t: sing Home 28c. INJI Tory, office ime, data	ACE OF O	EATH (Che eldence NO NO and due	8 Other (S) 28d. DESCRI 28f. LOCATIC City or it	PERFOR YES 2 Decity) BE HOW II ON (Street a own, State) a) and mend d place, an	NO NO NO NO NO NO NO NO NO NO NO NO NO N	RED Aural A cause(a)	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Noute Number, and menner as stated. (Month, Day, Year)



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pag be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

,	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF H	EALTH AND DEATH	MENTAL HYGIE REG. N		30111
		Maxwell	SW	EENEY	1	2. DATE OF DEATH MONTH OCt. 24, 1		3. TIME OF DEATH
	236-14-2855	1 D M 2 D F 75	(In yrs. leat birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) May 26,1		BIRTHPLACE (State or Foreign Country) Maryland
0 B	9a. FACILITY NAME (II not institution, give atrea Washington County				CITY, TOWN OR LOCATION OF DEATH Hagerstown WASHINGTON			
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			Y, TOWN OR LOCAT	TION			10d. INSIDE CITY
	Maryland Washin	gton	Sha	rpsburg 101. ZIP CODE			10g. CITIZE	1 🔀 YES 2 🗌 NO
FUNERAL	116 W.Main St.	12. WAS DECEDENT EVER IN	N II S ARMED	12 WM 0 DEC	21782	MIC ORIGINA (P	US	
ВҰ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 XNO	If yes, spe	ecify Cuban, Maxic 2 NO Speci	NIC ORIGIN? (Specify Y an, Puerto Ricen, atc.) fy:		RACE — American Indian, Black, White, etc. Specify: Vhite
ETEC	15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12)	TION impleted) College (1-4 or 5+)	18a. DECEDENT'S (Give kind of v life. Do NOT us	USUAL OCCUPATION CONTROL OF CONTROL OCCUPATION CONT	ON st of working	16b. KIND OF B	USINESS/INDUS	
COMPLETED	12	2	Shop	Laison		Aircra	ft Manı	ıfacture
8	17. FATHER'S NAME (First, Middle, Last) Victor He	rbert	Sween	۵V	18. MOTHER'S NA Nora	AME (First, Middle, Maide Agne		Otzelberger
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Aurai	Route Number, City or To	wn, State, Zip Co	rde)
	Hazel L.Sweeney	20h	P.O.B					rg,MD 21782
	1 XBuriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	al from Stata cem	etery, crematory or of Mt. V1eW	Cemetery	10/28/	/91 Sh	ocation – city arpsbur	g, MD 21782
	21. SIGNATURE OF FURTHER SERVICE LICEN	Tehne	_	0SB0R	NE FUNEF	RAL HOME		
CERTIFICATION	P.O.Box # 348 Williamsport, MD 21795 23. PART L Error the diseases, or complications that caused the death. Do not enter the mode of dying, such se cerdiac or respiratory errest, interval Betwoen the death. Do not enter the mode of dying, such se cerdiac or respiratory errest, interval Betwoen the disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							
ERTIFI	cause (Disease or Injury thet Initiated evente resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF):				
PHYSICIAN: MEDICAL C	PART II. Other significent conditions of ACUTE GA ALATY RE	streintes,	with not reculting li	bleed	ceuse given in	Part I. 24a. WAS A PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		OTHER:	ACE OF DEATH (Ch			
	27. MANNER OF DEATH 1 Netural 5 Pending	25e. DATE OF INJURY (Month, Day, Year)	28b, TIME	OF 28c. INJU	JRY AT	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	ED
TED BY	2 Accident Investigation 3 Suicide S Could not be detarmined	28a. PLACE OF INJURY building, etc. (Speci	— At home, farm, st		ES 2 NO	28f. LOCATION (Street City or Town, State	and Number or F	Bural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1. CERTIFYING PHYSICIAL EXAMINER: 0	IN: To the best of my knowle	edge, death occurred	d at the time, data a	and place, and due	to the cause(a) and ma	Inner se stated.	use(a) and manner as stated.
BEC	29b. SIGNATURE AND TITLE OF CEROMHER	uak:			29c. LICENSE NUI			GNED (Month, Day, Year)
2	30. NAME AND ANDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type.	Print)	D Se	7471	10	75-91
	Gary CPG	pachis	350	1m,11	5×	Ham	ers to	an MD
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	Varidson-Par	rdelle.				

BALTIMORE, MARYLAND 21215-0020

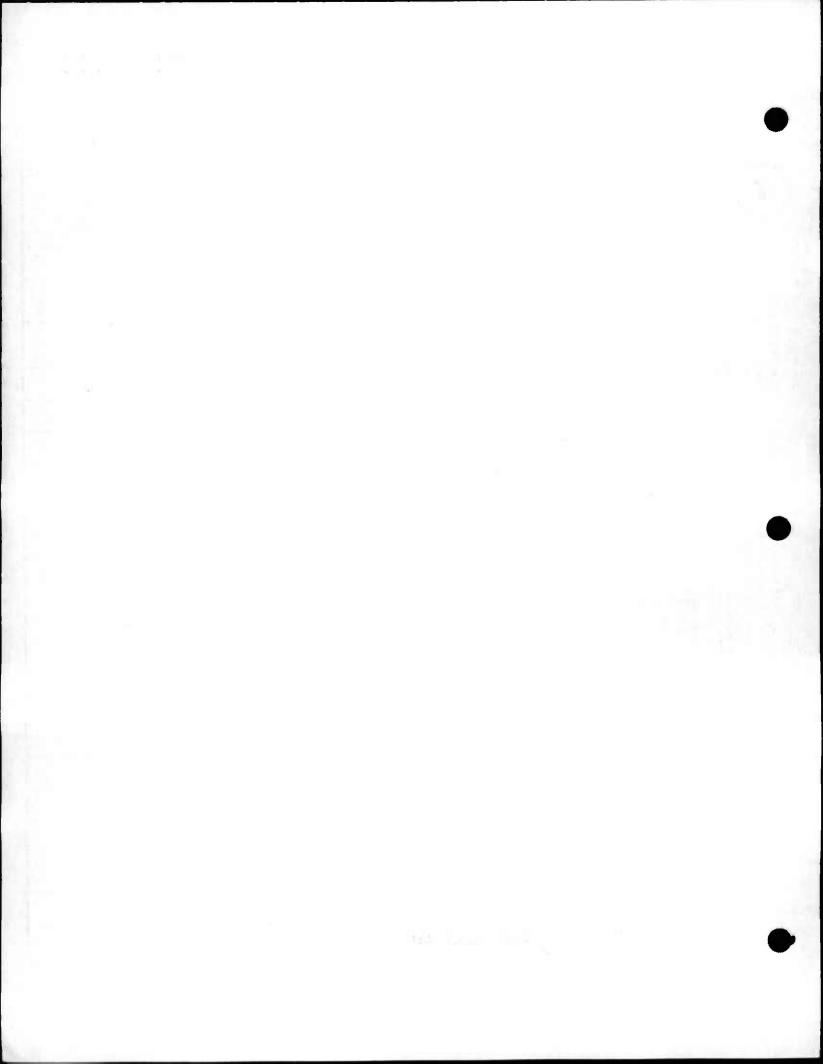
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Ray 1/89

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s certificate has been signed by the attending physician and completely filed in by the funeral director, page 5 should be		
funeral		
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND	MENTAL	HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE O	F DEATH			3. TIME OF DEAT	Н
	Clem LeRoy	Smith				Octo	oer "	Ĩ7, 19	91	2200	м
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O			B. BIRTH	PLACE (State or Fo	reign
	179-30-2552	1 🔀 M 2 🗆 F	57 YRS.	MONTHS DAYS	HOURS MIN.	May 2	26, 1	934 A	Countr	anth,Per	nna.
~	9n. FACILITY NAME (If not institution, give st			9b. CITY, TOWN C	R LOCATION OF E			9c. COUN			
ō	Washington Count	y Hospital		Hagers	town			Was	hin	gton	
EC	10a. STATE 10b. COUNTY		10c. CITY	TOWN OR LOCAT	ION					10d. INSIDE CITY	
B	Pennsylvania Fu	lton	Wa	rfordsbu	ire					LIMITS?	
AL	10e. STREET AND NUMBER				ZIP CODE			10g. CITIZ	EN OF W	HAT COUNTRY?	
BY FUNERAL DIRECTOR	Rt. 2 Box 1440			1	7267			USA			
FU	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 YES	U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	ANIC ORIGIN?	(Specify Yes	s or No-	4. RACE	- American India	n,
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D		1 TYES	2 XNO Speci		sars, areas		Specif	y:	
	15. DECEDENT'S EDUC	ATION	18a. DECEDENT'S U	SUAL OCCUPATION	Ň	16h h	CIND OF BUI	SINESS/INDU	CTDV	White	
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	Completed) College (1-4 or 5+)	(Give kind of wo	ork done during mo-	st of working	100.	OF BO	SINESS/INDO	SINT		
AP.	11		Labore	er			Sawmi	11			
Ö	17. FATHER'S NAME (First, Middle, Last)				18, MOTHER'S N.						
BE (L.R.Smith				Helen	M. Tay	lor			6	
2	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural			m, State, Zip (Code)		
	Germaine R. Smith	T			Warford	sburg,	Pa.	1726	57		
	20s. METHOD OF DISPOSITION 1 X Burtal 2 Cremation 3 Remo	val trom State cen	PLACE AND DATE OF	DISPOSITION (Na or place)		DATE		CATION — CI			
	4 Donation 5 Other (Specify)		rusalem (1	D ADDRESS OF F		L War	tordst	ourg	, Pa. 17	267
		THE THE		22. NAME AN	D ADDRESS OF FA	ACILITY					
	Kuchu	- les	M	Grove F	H.141 W.N	Main St.	.Hanco	ok,Md.	2175)	
	23. PART i. Enter the diseases, or co shock, or heart failure. L	implications that caused list only one cause on e	the death. Do no	t enter the mod	de of dying, suc	ch as cardia	c or respi	ratory srre	nt,	Approxima intervai Be	
	iMMEDIATE CAUSE (Finsi disesse or condition	A . 1 1 1			11					Onset and	
	reaulting in death)	Metastak	CONSEQUENCE OF	nama	to lux	2					
_		O DOE TO TOM AS A	CONSEQUENCE OF)								
Ö	Sequentially list conditiona, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF)	W.						-	
S	cause. Enter UNDERLYING									İ	
E	CAUSE (Disease or Injury that initiated events	DUE TO (DR AS A	CONSEQUENCE OF)	N							
CERTIFICATION	reaulting in death) LAST										
	PART ii. Other significant conditions	contributing to death b	ut not resulting in	the underiving	cause given in	Part i. 2	4a. WAS AN	AUTOPSY	24b	WERE AUTOPSY FIN	DINCE
PHYSICIAN: MEDICAL				,	3		PERFOR	IMED?		AVAILABLE PRIOR T	0
						_ '	YES 2	NO		OF DEATH?	
ä						-				1 NES 2 N	°
M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PL	ACE OF DEATH (C)	heck only one)					-
Sic		HOSPITAL: 1 Inpatient 2 ER/Outp		OTHER:	5 Residence	8 Other (S	Specify)				
E	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJU	IRY AT			NJURY OCCU	RED		
В	1 Netural 5 Pending 2 Accident Investigation				ES 2 NO						
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	 At home, ferm, atr ify) 	eet, factory, office		28t. LOCAT	ION (Street a Town, State)	nd Number or	Rural Ro	oute Number,	
E											
APL	29a. CERTIFIER (Check only one)	IAN: To the best of my knowl	edge, death occurred	at the time, data	and place, and dus	to the cause	(a) and man	mer sa stated			
COMPLETED	2 MEDICAL EXAMINER	On the basis of examination	end/or investigation,	In my opinion, de	ath occured at the	time, data ar	nd place, an	d due to the	ceuse(s)	and menner as sta	ited.
BE	296. SIGNATUME AND TITLE OF CERTIFIER	00			29c. LICENSE NU	MBER				Month, Day, Year)	
0	Cuch Wag	Juli			1)-12	444	•	10.	-18	-91	
	30. NAME AND ADDRESS OF PERSON WIND	3									
		D. 1799 How	ell Road	Hagerst	own, Md.	217	40				
	31. DATE FILED (Month, Day, Year)	gula Daydson-	Randell_								
		7									_ 1



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires	TO THE FUNERAL DIRECTOR: After this certificate has been sign	be filed within 72 hours after death with the State Dept. of Hea	IMPORTANT: If item 28 is marked, or item 23 shows

									30113
	1 - STATE REGISTRAR	STATE OF MARYL		RTMENT	OF HEALTH A	ND MEI	NTAL HYGIEN REG. NO		
	1. DECEDENT'S NAME (First, Middle, Lest)	JOHN EDW	ARD S	HAFE		2.	DATE OF DEATH DO CTOBER 20	AY	YEAR 91
			,	IF UNDER		HRS. 7. I	DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give atre		3 YAS.	9b. CITY	TOWN OR LOCATION		PT. 10.	1908	MARYLAND HTY OF DEATH
TOR	WASHINGTON COUNTY	HOSPITAL			HAGERSTOW				ASHINGTON
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CI1	ry, town o	PR LOCATION				10d, INSIDE CITY
		INGTON	WI	LLIAN	ISPORT				LIMITS?
FUNERAL	10e. STREET AND NUMBER				101. ZIP CODE				ZEN OF WNAT COUNTRY?
UNE	2750 VIRGINIA	12. WAS DECEDENT EVER IN	U.S. ARMED	13	2179		BIOINIZ (Co14. V		J.S.A.
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2)(NO	1	t yes, specify Cuban,	Mexican, Pu	erto Rican, atc.)	or No	14. RACE — American Indian, Black, White, etc. Specify: WHITE
TED	15. DECEDENT'S EDUCA (Specify only highest grade co	TION empleted)	16a. DECEDENT'S	USUAL OG	CCUPATION during most of working		16b. KIND OF BUS	SINESS/IND	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	OWNER				OIL CO	MÐANV	,
NO.	17. FATHER'S NAME (First, Middle, Last)	±	OWITEIT	OIL		R'S NAME (First, Middle, Maiden		
BE	SIMON LESL	IE SHAFEF			RE	BECCA	GERTR	UDE	DAVIS
2	194. INFORMANT'S NAME (Type/Print) ANNA G. SHAFER				(Street and Number of				Code) MARYLAND 21795
	20a, METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Remove	20b.	PLACEANDDATE	OF DISPOS	ITION (Name of		DATE 20c. LO	_	
	4 Donation 5 Other (Specify)	KU	SE"HILL	"CEME	TERY	10-2	4-91 HAG		WN,WASH.,MD.
	21. SIGNATURE OF FUNERAL SERVICE LICEN R. Hoel	1		AN	NAME AND ADDRESS IDREW K. (COFFM	AN FUNER		ME, INC. STOWN, MD. 217
	23. PART i. Enter the diseases, or corehock, or heert failure. Lis	mplications that caused st only one cause on ea	the death. Do inch line.	not enter	the mode of dying	, such es	cardiec or respi	ratory erro	Approximata Intervel Betwee
	disease or condition resulting in death)	Car	de	nu	lynn	a	ne	1	5
	9	DUE TO (OR AS A	CONSEQUENCE	F):	1 0	/	10	-	0 11.01
ERTIFICATION	Sequentially list conditions, if any, leeding to immediate	QUE TO (OR AS A	CONSEQUENCE OF	FI:	an in		e pre	ector	Chen Censter
CA	ceuse. Enter UNDERLYING CAUSE (Diseese or injury	lowers	lyd	a	llero	rel	ison		Klingha
FIE	that initiated eventa resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):					
O	PART ii Other significent conditions	antiduation to death by							
PHYSICIAN: MEDICAL	PART II. Other significent conditions of	contributing to death bu	it not resulting	in the un	derlying cause giv	en in Pert	24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE
E I							1 TYES 2	□ NO	DF DEATH?
Z									
SiC!		IOSPITAL:		OTHER					
Ϋ́ Ϋ́	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIM	E OF	ing Home 5 Reald 28c. INJURY AT		Other (Specify) DESCRIBE HOW IN	JURY OCC	URED
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		M	WORK?				
	3 Suicide 8 Could not be determined	28a. PLACE OF INJURY building, stc. (Speci	At home, term,	street, tacto	ery, office	281.	LOCATION (Street a City or Town, State)	nd Number (or Rural Route Number,
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N. To the heat of my kernet	idos dostr	4 4 4 4 4					
OMF	(Check only one) 2 MEDICAL EXAMINER:	N: To the best of my knowle On the basis of exemination	end/or investigation	n, in my og	ne, data and placa, ar pinion, death occured	at the time,	e cause(s) and man date end place, and	ner as atete I due to the	d. couse(s) and menner as stated,
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	1			29c. LICENS	E NUMBER		29d. DATE	SIGNED (Month, Day, Year)
0	I I wark	1 mb			Doc	1930	2		721/91

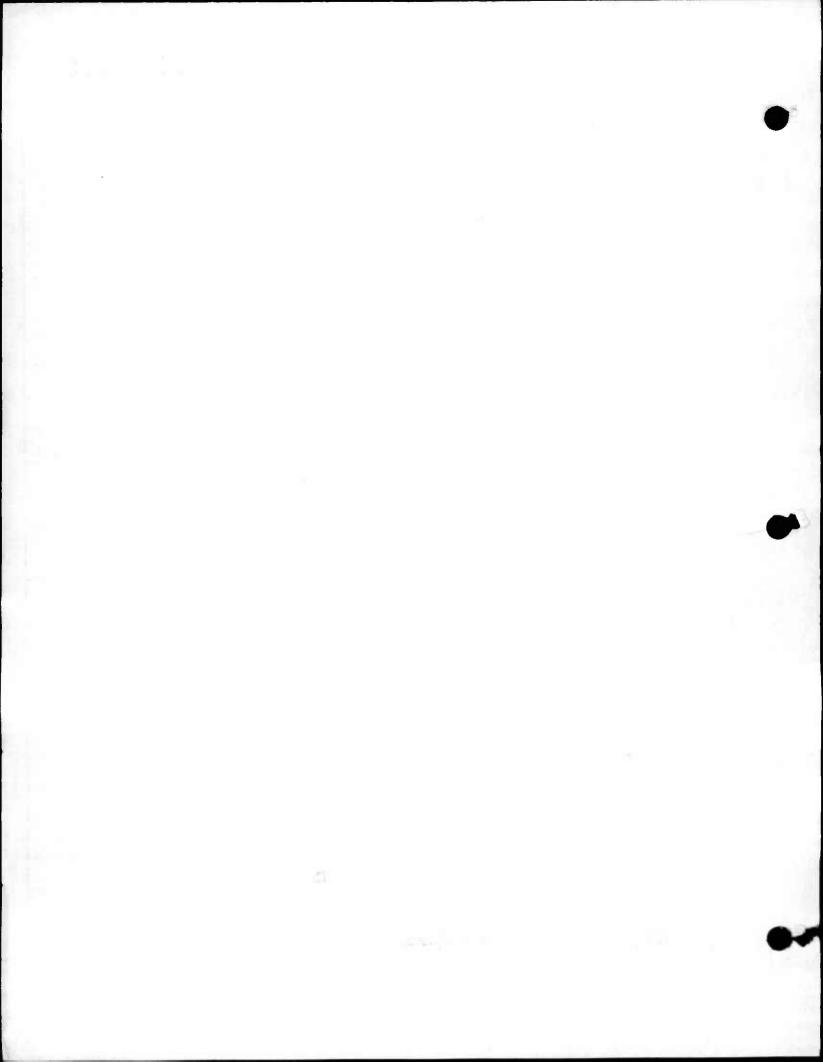
PAHI	11.	Otnar	significent	conditione	contributing	to deeth b	ut not resulting	In the underlyi	ing cause given	in Pert i.
-										
_										

WAS CASE REFERRED TO MEDIC			26. PLACE OF DEATH	Check only one)
1 TES 2 NO	HOSPITAL: 1 Inpatient 2 ÉR/Outpatient		HER: Nursing Home 5 - Realdenc	a 8 Other (Specify)
MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigat	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED
3 Suicide 8 Could no	be building stc (Specify)	nome, term, street,	tactory, office	281, LOCATION (Street and Number or Rural Route Number,

		and, and doe to the cades(s) and maintal as stated.
MATURE AND THE COLUMN		
SNATURE AND TITLE OF CERTIFIER	29c, LICENSE NUMBER	20d DATE SIGNED (Month On Mari

31. DATE FILED (Month, Day, Year)
OCT 24'91 32. REGISTRAR'S SIGNATURE Julia Davidson Randoll

DHMH-16 Ray 1/89



DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

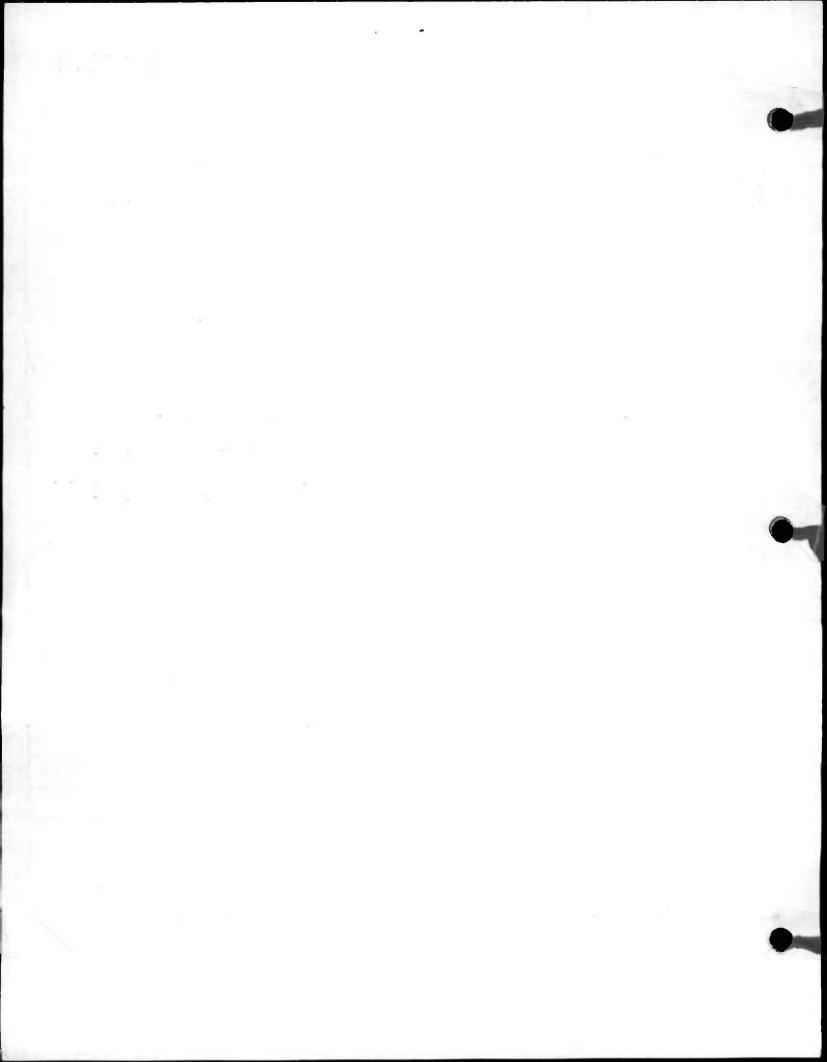
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH

	1 - STATE REGISTRAR		CE	RTIF	ICATE O	- DEA	ГН	MENIAL TIT	a. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEA	ATH DAY	YEA	3. TIME OF	DEATH		
1		MONTE			STEWART	: SF	3.	10	24			M MA C		
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER		7. DATE OF BIRT	TH tear)	8. BI	RTHPLACE (State	or Foreign		
	530-03-1914	1 □M/ 2 □ F	84	YRS.	MONTHS DAYS	HOURS	MIN.	July 16	5,190	07 ~	Kentuck	У		
_	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY, TOWN	OR LOCATI	ON OF DE	EATH	9	c. COUNTY O	F DEATH			
O.	NORTH ARUNDEL H	OSPITAL A	ASSOCIAT	ION	GLI	EN_BUI	RNIE			A	.A. COU	NTY		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			t0c. CIT	Y, TOWN OR LOC	ATION					10d. INSIDE			
H	Maryland Anne	Arundel			sadena						LIMITS			
7	10e. STREET AND NUMBER					OI. ZIP COD	E		1 10	Og. CITIZEN C	OF WHAT COUNT			
FUNERAL	3500-A Lochearn C	ourt				21	122			US				
S	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARA	MED	13. WAS D	CENDENT (OF HISPAN	NIC ORIGIN? (Spec	Ify Yea or	No- 14. R	ACE — American	Indian,		
BY F	1 Never Married 2 Married	FORCES? 1	YES 2 NO	0	If yes,	s 2 NO	m, Maxica	n, Puerto Rican, a	tc.)		llack, White, atc.			
	3 Widowed 4 Divorced									W	hite			
門	15. DECEDENT'S EDUC (Specify only highest grade		(Giv	re kind of	Work done during	TION nost of worki	ng	16b. KIND (OF BUSINE	ESS/INDUSTR	Y			
ايا	Elementary/Secondary (0-12)	College (1-4 or 5 +			ics Eng:	ineer		US-	-gove	ernmen	t			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	3												
ö	Joseph Shelly	Stewart				Hei	nrie	ME (First, Middle, II tta		ontv				
H	19e. INFORMANT'S NAME (Type/Print)		196	MAILING	ADDRESS /Street	and Numbo	as Primi	South Number City	as Town C	Note Tie Code	`			
2	Thelma C. Stewart		350	00-A	Lochea:	m Co	irt,	Pasader	na, I	7d. 21	122			
	20a. METHOD OF DISPOSITION		20b. PLACE A	ND OATE	OF DISPOSITION (Vame of		DATE 2	Oc. LOCAT	ION — City o	r Town, Slate			
	1 Buriat 2 ☐ Cremation 3 ☐ Remo	ovat from State					ens	10-28-93						
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		-		AND ADDRE								
	Apring Q K)	10 000	1110	111	Howa:	d K.	McC	omas II	I Fur	neral	Home, P	.A.		
- 55	23. PART I. Enter the diseases, or c	West on the	Mas	11/1				ry Road						
	shock, or heart fellure. I	List only one ceu	se on aech ilne.	itti. Do t	not enter the n	lode of dy	ing, suc	n ee cerdiac or	reepirate	ory erreet,	interv	ximate ai Betwean		
	iMMEDIATE CAUSE (Finei diagese or condition	D.		^							i ·	end Daath		
	reaulting in deeth)	DUE TO	OR AS A CONSECU	UENCE O	Arrhyth	aha I G					Imn	rediate		
_		-		4		resulting In deeth) a. Probable Arrhythmia DUE TO (OR AS A CONSEQUENCE OF):								
Sequentially list conditions. To I schemic Heart Disease														
0	UE TO (OR AS A CONSEQUENCE OF): If any, leeding to Immediate Cause, Enter UNDERLYING													
CATION	if any, leeding to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CONSEC	UENCE O	F):	e ii C	-54	1						
LIFICATION	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A CONSECU	UENCE O	f):	D is e	A-5 &	<u>u</u>						
ERTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CONSEC	UENCE O	f):	و نا (ا	22							
L CERTIFICATION	if any, leeding to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initieted events resulting in deeth) LAST	DUE TO ((OR AS A CONSEO	UENCE O	f): f):				AS AN AUT	TOPSY	24b. WERE AUTOP	SY FINDINGS		
	if any, leeding to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet Initieted events resulting in deeth) LAST	DUE TO (OR AS A CONSEO	UENCE O	f): f): in the underlyi			Part I. 24a. W	AS AN AUT	0?	24b. WERE AUTOP AVAILABLE P COMPLETION	NOR TO		
DICAL	if any, leeding to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet Initieted events resulting in deeth) LAST	DUE TO (OR AS A CONSEO	UENCE O	f): f): in the underlyi			Part I. 24a. W		0?	AVAILABLE P COMPLETION OF DEATH?	OF CAUSE		
DICAL	if any, leeding to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet Initieted events resulting in deeth) LAST	DUE TO (OR AS A CONSEO	UENCE O	f): f): in the underlyi			Part I. 24a. W	ERFORME	0?	AVAILABLE P	OF CAUSE		
DICAL	if any, leeding to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet Initieted events resulting in deeth) LAST PART II. Other eignificant conditions 25. WAS CASE REFERRED TO MEDICAL	DUE TO (OR AS A CONSEO	UENCE O	f): f): in the underly!	ng cause	given in	Part I. 24a. W	ERFORME	0?	AVAILABLE P COMPLETION OF DEATH?	OF CAUSE		
DICAL	if any, leeding to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet Initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSEO	UENCE O	in the underlying Section Sect	ng cause	given in	Part I. 24a. W	ERFORME YES 2 😭	0?	AVAILABLE P COMPLETION OF DEATH?	OF CAUSE		
DICAL	if any, leeding to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet Initieted events resulting in deeth) LAST PART II. Other eignificant condition.	DUE TO (OR AS A CONSEOR	UENCE O UENCE O DESCRIPTION DOA 28b. TIM	in the underlying the state of	ng cause	given in	Part I. 24a. W P 1 1 1 1 1	ERFORME YES 2 (E)	No	AWAILABLE PI COMPLETION OF DEATH? 1 YES 2	OF CAUSE		
PHYSICIAN: MEDICAL	if any, leeding to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet Initiated events resulting in deeth) LAST PART II. Other eignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	DUE TO (OR AS A CONSEOR	UENCE O UENCE O DESCRIPTION DOA 28b. TIM	in the underlying the second of the second o	PLACE OF 0	given in	Part I. 24a. W	ERFORME YES 2 (E)	No	AWAILABLE PI COMPLETION OF DEATH? 1 YES 2	OF CAUSE		
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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If I lem 28 is marked, or I lem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First								2. DATE OF MONTH	DEATH	γ	YEAR	3. TIME OF DEATH
	Ire	ne Elizab	beth Sc	hroye	^			10	16			11:24 a
4. SOCIAL SECURITY NUMBER 213-22-2762	BER	5. SEX	6. AGE (In yrs. 70	last birthday) YRS.	MONTHS DA		ER 24 HRS. MIN.	7. DATE OF 1 2-19-	ынтн 1921		6. BIRTH	PLACE (State or Foreign nsylvania
9a. FACILITY NAME (If not in Rt. 1, Box			riends	ville	EATH 9c. COUNTY OF I				DEATH			
RESIDENCE OF DE	CEDENT				1							
Maryland Garrett Accident										10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
104. STREET AND NUMBER						101. ZIP CC	DE			10g. CITI	ZEN OF V	VHAT COUNTRY?
Rt. 1, Box	196, Ad	ccident-F	riends	ville	Rd.	215	20				USA	
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO If yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. RACE — American Puarto Rican, atc.) 15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— Black, White, Specify Cuban, Maxican, Puarto Rican, atc.) 16. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO Specify: 17. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No— Black, White, Specify Cuban, Maxican, Puarto Rican, atc.)												
15. DEC	CEDENT'S EDU	CATION	16a.	DECEDENT'S	USUAL OCCUI	PATION		16b. KII	ND OF BUS	INESS/IND	USTRY	
Elementary/Secondary (ly highest grade 9-12)	College (1-4 or 6	+)	(Give kind of life. Do NOT u	work done during se retired.)	g most of wo	rking					
12 th				lomemal	ker	-			wn Ho			
17. FATHER'S NAME (First, A						18. MG		AME (First, Midd	T. Like	Surname)		
Charles	Rodehe	eaver						ie Tee				
19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Str	eet and Num	ber or Rural	Route Number,	City or Town	n, State, Zip	Code)	
Clavton	L. Sch	rover		Rt.	l. Box	196.	Acci	dent.	MD 2	1520		
20a. METHOD OF DISPOSIT		ound from State	20b. PLA		SITION (Name o					CATION —		own, State
4 Donation 5 Other		Over Itom State	- St.		s Cemet	erv			Acci	dent	. MD	
21. SIGNATURE OF FUNER	L SERVICE LIC	CENSEE				E AND ADD	RESS OF F	ACILITY				
1 1	Linn	10 100	may)				al Hom				
7.0	XIII	2 1 /4						Gran				21536
23. PART I. Enter the canada ahook, or it		complications the			not antar tha	mode of	dying, su	ch aa cardied	or respi	ratory en	eat,	Approximeta Interval Between
IMMEDIATE CAUSE (FI	nal											Onset and Deat
disease or condition resulting in death)	\rightarrow	Gunsho	t woun	d, mid	l,anter	ior o	hest	- 22	Cal.	rif1	e	Sudden
		DUE TO	(OR AS A CON	SEQUENCE C	OF):		-				-	
		b										
Sequantielly list condi- if any, leading to imme		DUE TO	(OR AS A CON	SEQUENCE C	F):							
CAUSE (Disease or init	ING	с										
that initiated events		DUE TO	(OR AS A CON	SEQUENCE C	OF):							
reaulting in death) LAS	T	d										
PART ii. Other signific	ant condition	e contributing to	deeth but n	ot resulting	In the under	lying ceus	e given i	n Part I. 24	PERFOR		248	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
Parano	old sch	izophren	ia					1	YES 2	NO X		COMPLETION OF CAUSE OF DEATH?
												1 YES 2 NO
h(
25. WAS CASE REFERRED	TO MEDICAL				2	6. PLACE O	F DEATH (C	heck only one)				
EXAMINER?		HOSPITAL:	FR/Outpetler	4 3 🗆 DOA	OTHER:	мата ЖЭ	Booldono	6 Other (S	maaks)			
27. MANNER OF DEATH		26a. DATE O		28b. Til		INJURY AT		28d. DESCR		NJURY OC	CURED	
1 Netural 5	Pending		Day, Year)		JURY	WORK?	2 NO					
2 Accident	Investigation	28a PI ACE	OF INJURY — A	t home form				264 LOCATI	ON /Steam	and Numb-	or Dune	Route Number,
3√x Suicide 6 ☐ 4 ☐ Homicide	Could not be determined	building	, etc. (Specify)	a ronne, term,	errest, rectory,	O/HOE			lown, State)		or mural	riouio riumbol,
		ICIAN: To the best o										
one) 2 MEI	DICAL EXAMINE	R: On the besia of	examination and	i/or investigati	lon, in my opini	on, death oc	cured at th	ie time, data an	d placa, ar	d dua to t	ha cause(a) and menner as stated.
			examination and	i/or investigati	lon, in my opini	-			d placa, ar			a) and menner as stated.
296. SIGNATURE AND TITL			14	for Investigati	on, in my opini	29c. i	ICENSE NI	JMBER	d placa, ar	29d. DAT	E SIGNE	a) and menner as stated. O (Month, Day, Year) or 16, 199

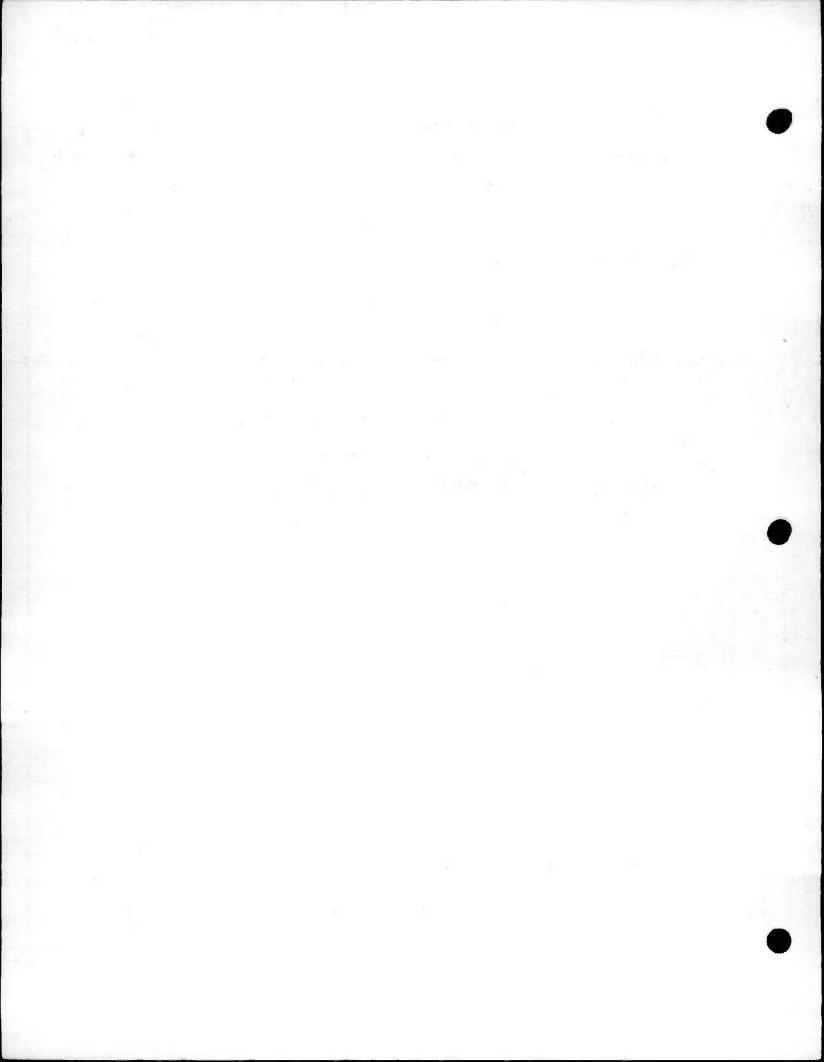
Herbert H. Leighton, M.D., Oak @ 5th Streets, Oakland, Maryland

OCT 2 1 1991 July Survey Sugnature

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DHMH-16 Rev 1/89

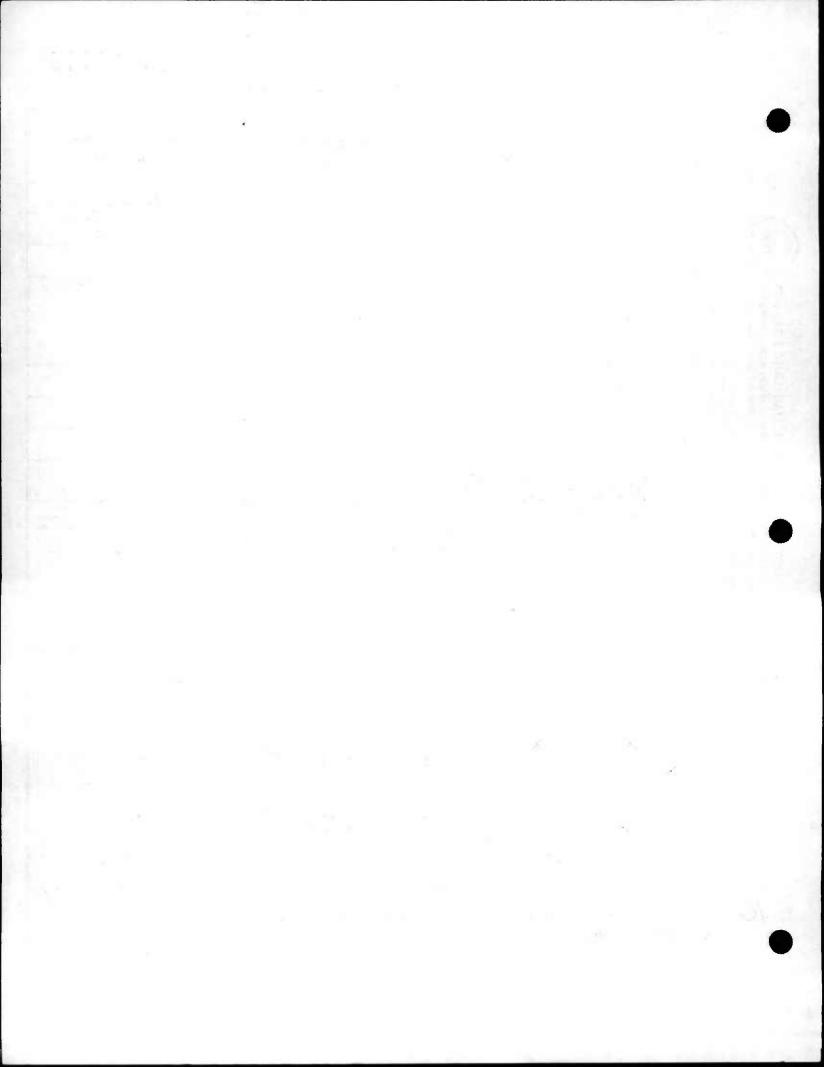
21550



BALTIMORE, MARYLAND 21215-0020 ter death. Page 6 may be retained by the hospital or attending physician, the funeral director, page 5 should be detached for use as the burial-transformula. Faces 1, 2, 3 should oval. all examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR	4. SOCIAL SE 213- 99. FACILITY MCI RESIDENC 109. STATE 109. STATE 11. MARITAL S 1
DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transform be filled within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or litem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. IMMEDIATE disease Dr resulting in Sequentiali if any, isad cause. Ente CAUSE (Die that initiate resulting in PART II. Ot PART II. Ot 1 Natural 2 Acck 3 Suici 4 Homi

STATE OF MARYLAND /	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
CI	ERTIFICATE	OF DEAT	'H		REG NO

99. FACILITY NAME (If not institution, give street and in Memorial Hospital. RESIDENCE OF DECEDENT 109. STATE 110. COUNTY Allega 11. MARITAL STATUS 110. NAVIOUR	AVenue S DECEDENT EVER IN RCES7 1 VES VES, GIVE WAR OR DA (1-4 or 6+) Shroyer In State Lyb Authority Shroyer Lyb Lyb Lyb Lyb Lyb Lyb Lyb Ly	10c. Cn Cui Nus. ARMED 2 2 10c ATES 18e. DECEDENT'S (Give kind of life. Do NOT a Beau 19b. MAILIN' 470 D. PLACE AND DAT	SMI' F UNDER MONTHS 9b. CITY, CUITY, TOWN OI 13. V 1	TOWN OR LOCATION R LOCATION 1 001. ZIP CO 101. ZIP CO 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	DER 24 HRS. MIN. ATTION OF DI ATTION OF D	2 NIC ORIGIN? (Specian, Puerto Rican, et ly: 16b. KIND O Beau AME (First, Middle, Ma Kipp Route Number, City of mb., MI DATE 24 ACILITY	The DAY 22, 1 hard 22,	VEAR 991 a. BIRTHP Country) ITY OF DE. 1 e.gai VEAR VEA	PA TOTAL INSIDE CITY LIMITS? TAYES 2 NO HAT COUNTRY? American Indien, White, etc. White White
213-22-3961 De. FACILITY NAME (If not institution, give street and research in the management of the	AVenue S DECEDENT EVER IN RCES? 1 VES YES, GIVE WAR OR DA O (1-4 or 6+) Shroyer I Lyth Authority Shroyer Lyth Lyth Authority Shroyer Lyth L	10c. Cn Cui Nu.s. ARMED 2 100. Cn Cui Nu.s. ARMED 2 100. DECEDENT'S (Give kind of life. Do NOT u Beau 190. MAILING 470 D. PLACE AND DAT	s usual occurrenced of the core of the cor	TOWN OR LOCA TOWN	ATION OF DIA AT	2 NIC ORIGIN? (Special, Puerto Rican, et it): 16b. KIND O Beau AME (First, Middle, M. a Kipp Route Number, City of mb., MI DATE 16, 1991	Ty Yea or No— Ty Yea or No— Ty Yea or No— Ty Yea or No— To Town, State, Zip Or Town, State, Zip Or Town, State, Zip Or Town, State, Zip Or Town, State, Zip Or Town, State, Zip Or Town, State, Zip Or Town, State, Zip Or Town, State, Zip Or Town, State, Zip Or Town, State, Zip Or Town, State, Zip Or Town, State, Zip Or Town, State, Zip Or Town, State, Zip	a. BIRTHP Country) ITY OF DE. 1egai USA 14. Racek, Specify USTRY OP Code) 02 City or Tow man,	PLACE (State or Foreign PA ATH 10d. INSIDE CITY LIMITS? WAYES 2 NO HAT COUNTRY? American Indien, White, etc. White
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MD Allega a. STREET AND NUMBER 309 Dorn A MARITAL STATUS Never Merried 2 Merried Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade complete (Specify only highest grade complete) B FATHER'S NAME (First, Middle, Last) Harry Lincoln S. Informant's NAME (Type/Print) Mrs. Jill Wagne Method of cisposition Donation 5 Other (Specify) SIGNATURE OF FUNERAL SERVICE LICENSEE METHOD OF CISPOSITION Donation 5 Other (Specify) SIGNATURE OF FUNERAL SERVICE LICENSEE METHOD OF CISPOSITION Donation 5 Other (Specify) SIGNATURE OF FUNERAL SERVICE LICENSEE METHOD OF CISPOSITION Donation 5 Other (Specify) SIGNATURE OF FUNERAL SERVICE LICENSEE METHOD OF CISPOSITION Donation 5 Other (Specify) SIGNATURE OF FUNERAL SERVICE LICENSEE METHOD OF CISPOSITION Donation 5 Other (Specify) SIGNATURE OF FUNERAL SERVICE LICENSEE METHOD OF CISPOSITION Donation 5 Other (Specify) SIGNATURE OF FUNERAL SERVICE LICENSEE METHOD OF CISPOSITION Donation 5 Other (Specify) SIGNATURE OF FUNERAL SERVICE LICENSEE METHOD OF CISPOSITION Donation 5 Other (Specify) SIGNATURE OF FUNERAL SERVICE LICENSEE METHOD OF CISPOSITION Donation 5 Other (Specify)	AVENUE S DECEDENT EVER IN RCES? 1 VES VES, GIVE WAR OR DA O) O (1-4 or 6+) Shroyer On State Inyline Authorite State Inyline Authorite State Invitational that caused	Cuites and the control of the contro	s usual occurrence of the core	I amd 101. ZIP CO 101. ZIP CO 102. ZIP CO 103. ZIP CO 204 105. ZIP CO 205 106. MC 107 107 108. MC 108. MC 108. MC 109. MC 1	2150: TOF HISPANIA HI	MIC ORIGIN? (Special, Puerto Rican, et al.): 16b. KIND O Beau AME (First, Middle, Max Kipp Route Number, City of mb., MI DATE DATE Color of the color of	F BUSINESS/IND aty She alden Sumame) or Town, State, Zip 2150 c. LOCATION — L., Hyndi	USA 14. RACE Black, Specify USTRY OP Code) O2 City or Tow man,	LIMITS? LYSYES 2 NO HAT COUNTRY? - American Indien, White, etc. White White
ARRITAL STATUS MARITAL STATUS Never Merried 2 Merried Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade complete: Elementary/Secondary (0-12) Secondary (0-12) Removed Harry Lincoln Informant's Name (Type/Print) Mrs. Jill Wagner Mrs. Jill Wagner Mrs. Jill Wagner Mrs. Jill Wagner Secondary (0-12) SIGNATURE OF FUNERAL SERVICE LICENSEE MEDIATE CAUSE (Finel Isease proposition MMEDIATE CAUSE (Finel Isease proposition	AVENUE S DECEDENT EVER IN RCES? 1 VES VES, GIVE WAR OR DA O) O (1-4 or 6+) Shroyer On State Inyline Authorite State Inyline Authorite State Invitational that caused	100. DECEDENT'S (Give kind of life. Do NOT a Beau 190. MAILIN 470 D. PLACE AND DAT	g ADDRESS FOT TE OF DISPO	101. ZIP CO	2150: TOF HISPANIA HI	MIC ORIGIN? (Special, Puerto Rican, et al.): 16b. KIND O Beau AME (First, Middle, Max Kipp Route Number, City of mb., MI DATE DATE Color of the color of	F BUSINESS/IND aty She alden Sumame) or Town, State, Zip 2150 c. LOCATION — L., Hyndi	USA 14. RACE Block, Specify USTRY OP Code) O2 City or Tow man,	American Indian, White, etc. White White
MARITAL STATUS Never Merried 2 Merried Midowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade complete) Elementary/Secondary (0-12) 8 FATHER'S NAME (First, Middle, Last) Harry Lincoln Mrs. Jill Wagne Mrs. Jill Wagne Mrs. Jill Wagne S. METHOD OF CISPOSITION Method of Cisposition Method of Funeral Service Licenses SIGNATURE OF FUNERAL SERVICE LICENSES MEDIATE CAUSE (Finel Isease prophilities or complice shock, pr heart failure. List pni	S DECEDENT EVER IN RCES? 1 YES YES, GIVE WAR OR DA O) In (1-4 or 6+) Shroyer Or 20b In State Luyh Actions that caused	18e. DECEDENT'S (Give kind of ithe Do NOT to Beau 19b. Mailing 470) 19b. Mailing 470 2. Place and Data Control of the deeth. Do	S USUAL OC Work done duse refired. G ADDRESS FOY TE OF DISPOSE 22.1 M. 4	NAS OCCENDENT I yes, specify Cu Yes, YEN COUPATION Unring most of work an 16. MC Li Cistreet and Numb The Ave County Cou	T OF HISPAIN then, Mexics IO Specifi orking OTHER'S NA OUIS Cu Oct2 RESS OF FA	MIC ORIGIN? (Special, Puerto Rican, et al.): 16b. KIND O Beau AME (First, Middle, Max Kipp Route Number, City of mb., MI DATE DATE Color of the color of	F BUSINESS/IND ITY She aiden Sumame) or Town, State, Zip 2150 c. LOCATION —	14. RACE Black, Specify USTRY OP Code) O2 City or Tow	-American indien, white, stc. White White
Never Merried 2 Merried Second Merried	Shroyer Shroyer Shroyer Shroyer Shroyer	18e. DECEDENT'S (Give kind of ithe Do NOT to Beau 19b. Mailing 470) 19b. Mailing 470 2. Place and Data Control of the deeth. Do	S USUAL OC Work done duse refired. G ADDRESS FOY TE OF DISPOSE 22.1 M. 4	yes, specify Gu yes XXN COUPATION furing most of wor an 16. MC Course and Number A Ve Country	other's NA OUIS ber or Rural Cu Oct2 RESS OF FA	AME (First, Middle, Max. Kipp Route Number, City. DATE 129 ACILITY	F BUSINESS/IND ITY She aiden Sumame) or Town, State, Zip 2150 c. LOCATION —	Black, Specify USTRY OP Code) O2 City or Town	white, atc. White White
(Specify only highest grade complete: Elementary/Secondary (0-12)	Shroyer er n State Luyh	General de life. Do NOT de Beau 19b. Mailline 470 D. Place and Dal	G ADDRESS FOY TE OF DISPO	an 16. MC L CStreet and Number T A Ve DISTION (Name PETERY NAME AND ADDI INTERT	OTHER'S NA OUIS ber or Rural . Cu Oct2	Beau AME (First, Middle, M. a Kipp Route Number, City .mb., MI DATE 22 ACILITY	aty Sho aiden Surname) or Rown, State, Zip 2150 2150 c. LOCATION —	code) 02 City or Tow	PA
Harry Lincoln Mrs. Jill Wagne Mrs. Jill Wagne Method of cisposition Commetted of Cisposition Commetted of Cisposition Commetted of Cisposition Commetted of Cisposition Signature of Funeral Service Licenses And Cisposition Method of Cisposition Signature of Funeral Service Licenses And Cisposition Method of	n State Luy l	19b. MAILING 470 D. PLACE AND DAT	For Ceme	Local Street and Number 1 Ave District (Name Inch.) (Name	ouis ber or Rural Cu Oct2 RESS OF FA	A Kipp Route Number, City of mb., MI DATE 26, 1991 ACILITY	or Town, State, Zip 2150 c. LOCATION—	02 City or Tow	PA
Mrs. Jill Wagne Mrs. Jill Wagne Mrs. Jill Wagne Mrs. Jill Wagne Mrs. Jill Wagne Mrs. Jill Wagne Memoval from Other (Specify) SIGNATURE OF FUNERAL SERVICE LICENSEE Mrs. Jill Wagne Mrs. Jill Wagne Memoval from Other (Specify) SIGNATURE OF FUNERAL SERVICE LICENSEE Mrs. Jill Wagne Mrs. Jill Wagne Memoval from Mrs. Jill Wagne Mrs. Jill Wagn	n State 20b Tuy l	270 De Place and Dai	For Ceme	ost Ave OsiTION (Name Ostery NAME AND ADDI Ierrit	. Cu Oct2	mb., MI	2150 L, Hyndi	02 City or Tow	PA
Typerisi 2 Cremetion 3 Removal from Donation 5 Other (Specify) SIGNATURE OF FUNERAL SERVICE LICENSEE SIGNATURE OF FUNERAL SERVICE LICENS	In State In y learning that caused	narger	Ceme	etery NAME AND ADDI Merrit	Oct2	6, 1993	L, Hyndı	man,	PA
3. PART I. Enter the diseases, or complications of the property of the diseases of the property of the propert	Devict ations that caused	d the death. Do	22. 1 M	NAME AND ADDI	RESS OF FA	ACILITY			
shock, or heart failure. List onl MMEDIATE CAUSE (Fine) Isease or condition	ations that caused y one cause on a	tha death. Do		104 De	catu	ams Fur r Stree			
s. //	Letreste DUE TO (OR AS A	CONSEQUENCE	Soft OFI	agecy	10	A			Interval Betwee
dequantially list conditions, any, leading to immediate asses. Enter UNDERLYING CAUSE (Disease or injury hat initiated events sesuiting in death) LAST	DUE TO (OR AS A								
ART II. Other significent conditions contri	ibuting to death b	out not reaulting	in the un	derlying caus	e given in	PI	AS AN AUTOPSY ERFORMED? TES 2 NO		WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
. WAS CASE REFERRED TO MEDICAL			Array No.	26. PLACE OF	F DEATH (C	heck only one)			
	PITAL: patient 2 - ER/Outp	patient 3 🗆 DOA	OTHER 4 Num		Residence	8 Other (Specif	y)		
1 Natural 5 Pending	Se. DATE OF INJURY (Month, Day, Year)	28b. Ti	ME OF YJURY M	28c. INJURY AT WORK?	_ 0	28d. DESCRIBE	HOW INJURY OC	CURED	
Z Decident	be. PLACE OF INJURY building, etc. (Spec	/ — At home, ferm,	, street, fact	ory, offica		28f. LOCATION (: City or Town,	Street and Number State)	or Rural A	loute Number,
On. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To MEDICAL EXAMINER: On the) and menner as stated.
DO. SIGNATURE AND TITLE OF CENTIFIER		105			LICENSE NU				(Mogth, Day, Year)
0. NAME ANO ADDRESS OF PERSON WHO COMP	ETED CALLES OF DE	ATH (ITEM 27) /3-	na Delevit	100	D 28	910		10,	123/9

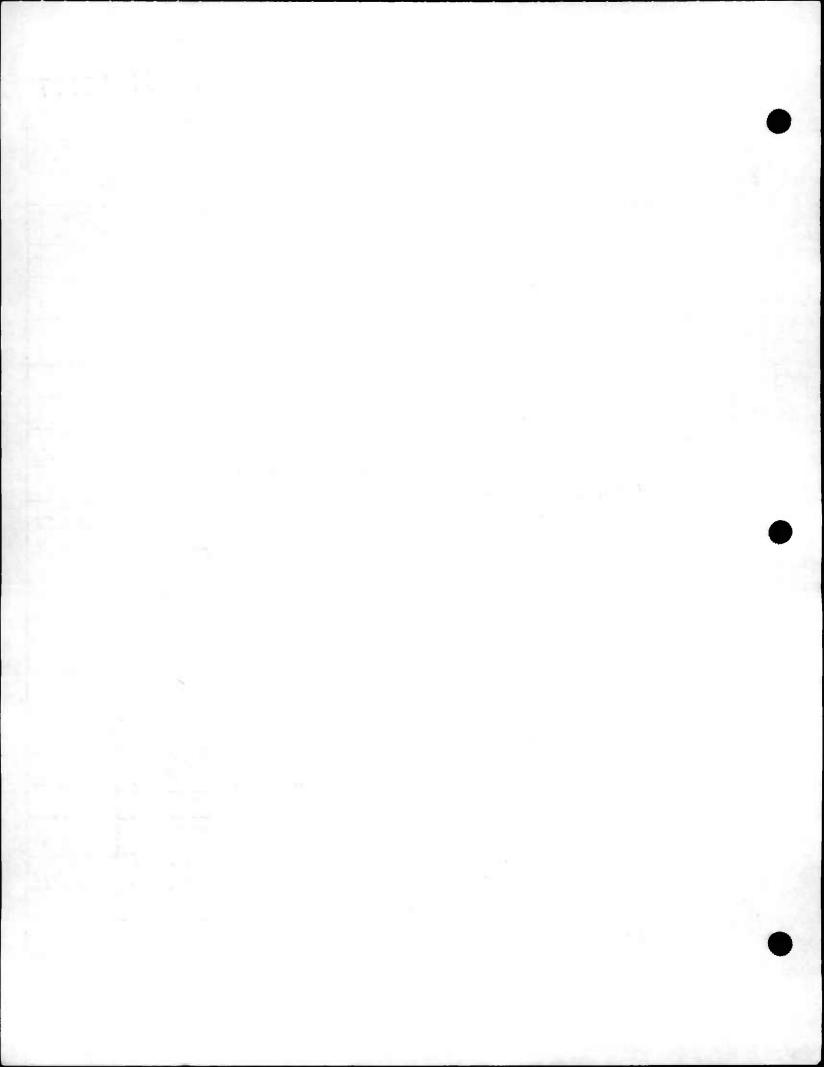


(THE REAL PROPERTY.	les 1, 2, 3 denies	
BALTIMORE, MARYLAND 21215-0020	fter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1,	of avaminar must be satisfied at even

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-tr be filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burlal, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	OINIE OI III		ICATE OF	DEATH	REG. NO.		00111
- 15	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY YEA	3. TIME OF DEATN
		GLADYS		STOUFFE	ER		22, 199	1 8:30 P M
ŝ	4. SOCIAL SECURITY NUMBER		8. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)	C	IRTHPLACE (State or Foreign ountry)
	214-74-0614	1 □ M 2)(□)(F	86 yrs.			10/20/09		NNSYLVANIA
~	9a. FACILITY NAME (If not institution, give str				OR LOCATION OF D	EATH	9c. COUNTY C	
5	Memorial Hospital	Ļ		Cumbe	rland		A11	egany
E	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	ION			10d. INSIDE CITY LIMITS?
ā	MD ALL	EGANY	C	UMBERL	DNA			XX YES 2 NO
A	100. STREET AND NUMBER 622 HILLTOP	DDIVE			ZIP COOE			OF WHAT COUNTRY?
FUNERAL DIRECTOR					21502		USA	
5	11. MARITAL STATUS 1 Never Merried 2 Merried	FORCES? 1	EVER IN U.S. ARMED TYES 2 X NO	If yes, sp	ecify Cuben, Mexico	NIC ORIGIN? (Specify Yea an, Puerto Rican, etc.)	1	RACE — American Indien, Black, White, etc.
B	3\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	IF YES, GIVE WA	AR OR DATES	1 🗀 YES	2XXNO Specif	fy:		Specify: WHITE
	15. DECEOENT'S EDUC	ATION	16a. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BU	SINESS/INDUSTR	RY
<u> </u>	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	We Do NOT u	work done during mo se retired.)	ist of working			
	8		HOM	EMAKER				
COMPLETED	17. FATNER'S NAME (First, Middle, Last)					AME (First, Middle, Maiden		
8		SHIPPEY				VIRGINIA		
2	194. INFORMANT'S NAME (Type/Ptint) VIRGINIA HOW	IUACHELI				BERLAND.		1502
			20b. PLACE AND DAT				CATION — City	
	20a METHOD OF DISPOSITION 1 Suriel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	val from State	of cemetary, cremators	v or other place)	TERY 10	1		FALO MILLS,
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	IDIXI KIDO	22. NAME A	ND ADDRESS OF F	eigler Fu	J. 001	Hama
	> Specients 70	id ~				t., Hyndr		
	23. PART I. Enter the diseases, or or	on plicetione that	ceused the death. Do					
	shock, or heart failure. L	only one caus	se on aach line.					interval Between Onset and Death
	disease or condition	Tr	storstia	Lu	ni D	Lisease		
	resulting in deeth)	DUE TO	OR AS A CONSEQUENCE O	F):	J			
Z	Sequentially list conditions,	J						
E I	if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE O	IF):				
5	CAUSE (Disease or injury	DUE TO	OR AS A CONSEQUENCE O	nn:				
DICAL CERTIFICATION	that initieted events resulting in deeth) LAST			,				
S								
¥	PART II. Other significent conditions		death but not resulting	10	g cause given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
ă	- mosec	oto oto	Hew	12 70	4	1 🗆 YES 2	NO	OF DEATH?
Σ						-100		1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (C	hack only one)		
SCI	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3 DOA	OTHER:	- 300	8 Other (Specify)		
PHYSICIAN: ME	27. MANNER OF DEATH	26a. DATE OF	INJURY 28b. TII	ME OF 28c. IN	JURY AT	26d. DESCRIBE NOW	INJURY OCCURE	ED .
ВУ Р	1 Natural 5 Pending 2 Accident investigation	(Month, De	ly, rear)		ORK? YES 2 NO	100		
	3 Suicide 6 Could not be	28e. PLACE Of building,	F INJURY At home, farm, etc. (Specify)	street, factory, offic	e e	281. LOCATION (Street City or Town, State		lural Route Number,
	4 Nomicide determined							
PL		CIAN: To the best of	my knowledge, death occur	red at the time, dat	end place, end du	e to the ceuse(e) end me	inner ee stated.	
COMPLETED	2 MEDICAL EXAMINE	R: On the basis of ex	amination end/or investigati	on, in my opinion,	death occured at the	e time, data and place, a	nd due to the ca	use(a) and manner as stated.
BE C	291 SIGNATURE AND TITLE OF CERTIFIER	01	4		29c. LICENSE NU	IMBER	29d. DATE SIG	GNED (Month, Day, Year)
TO E	Topustions	4 20	my		D 148	65	1	0-23-91
	30. NAME AND ADDRESS OF PERSON WHO	/						
	Dr. R. Barrera. 31. DATE FILED (Month, Day, Year)	Memoria	L Hospital N	iedical	Building	. Cumberla	nd, MD	21502
	OCT 2 4 1991	Cischia Da	r's signature					



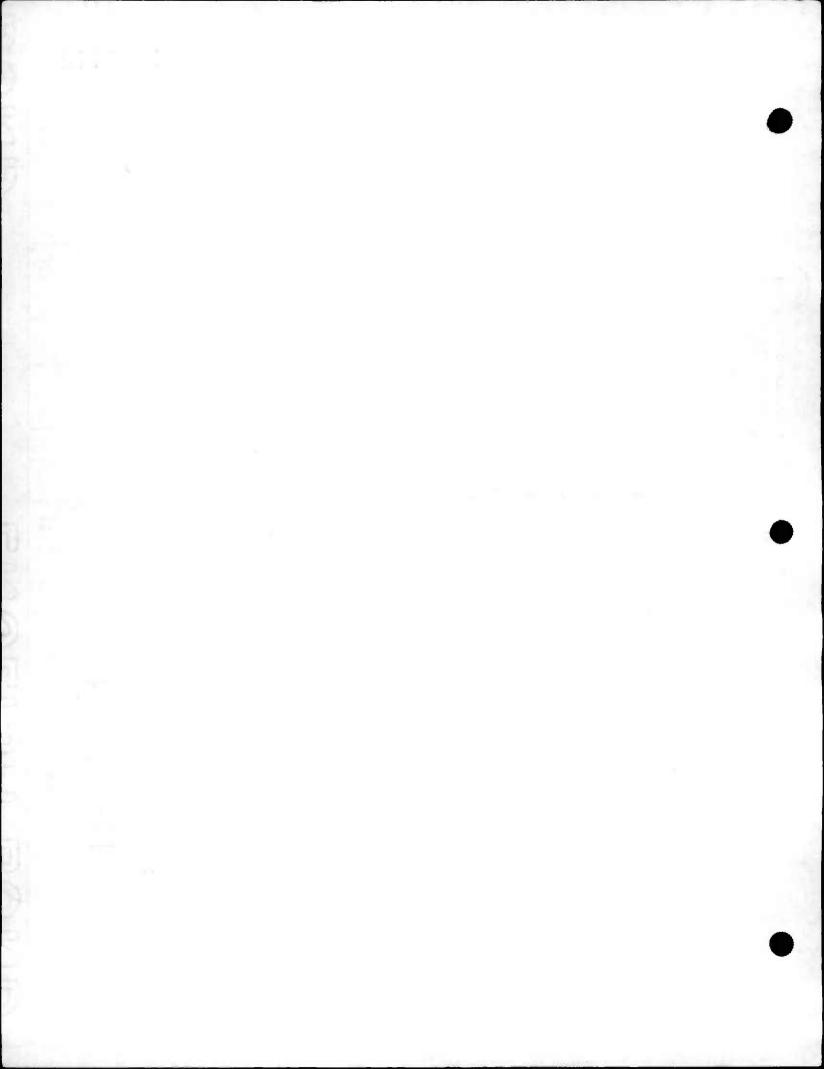
permit. Pages 1, 2, 3 should

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	NEGISTRAN					IVAL		DLA		HEG. NO				
	1. DECEDENT'S NAME (First,	Middle, Last)	Forbes	TAAFE	E					2. DATE OF DEATH DATE OF D	AY 25 1	YEAR OO1	3. TIME OF DEATH 12:56 PM	
											20,1			
	4. SOCIAL SECURITY NUMBER 124 - 10 -	576	5. SEX 1 M 2 K F	6. AGE (In yrs. le	YRS.	MONTHS	DAYS	HOURS	MIN.	7. DATE OF BIRTH July 23, 1	.903	8. BIRTHI Country Massa	PLACE (State or Foreign achusetts	
	99. FACILITY NAME (If not ins Meridian Nur	sing (reet and number) Center,						ON OF DE	ATH	9c. COUNTY OF DEATH			
0	Corsica Hill					Cer	ntre	ville	9		Que	een A	nne's	
ည္မ	10a, STATE	10b. COUNTY			10c. CIT	Y. TOWN	OR LOCAT	TION				I	10d. INSIDE CITY	
DIRECTOR	Maryland	Queer	Anne's			entre	evil	le_			1 UN			
FUNERAL	100. STREET AND NUMBER Fairview Dri	ve, P.	0. Box 4	404		101. ZIP CODE 21617							tates	
3	11. MARITAL STATUS		12. WAS DECEDER							IIC ORIGIN? (Specify Ye	or No-	14. RACE	- American Indian,	
	1 Never Married 2			YES 2 X	NO	1 13	If yes, sp	ecify Cube	n, Maxica Specify	n, Puerto Rican, etc.)		Specif	t, White, etc.	
A	3 🕅 Widowed 4 🗌 Divor	rced					. []	I EJ NO	Ороспу			ite		
	15. DECE	EDENT'S EDUC	CATION	16a, C	ECEDENT'S	USUAL O	CCUPATI	ON		18b. KINO OF BU	SINESS/IN	IDUSTRY		
E		highest grade		- 4	Give kind of le. Do NOT u	work done se retired.)	during mo	ast of workl	ng					
COMPLETED	Elementary/Secondary (0- 12	-12)	College (1-4 or 5		Vife						Home			
2														
8	17. FATHER'S NAME (First, MI Frank Prent		Forbes						nens na ate	ME (First, Middle, Meiden Havden T	albo	t		
BE			Son					100	ace	nay den 1	albo			
2	Prentiss Fo	airv	. MAILING ADDRESS (Street and Number or Rural Route Nymber City or To airview Drive, P.O. Box 404, Ce						r Rown, State, Zip Code) Centreville, Marylar 21617					
	20a. METHOD OF DISPOSITI 1 Durial 2 Crematio 4 Donation 5 Other	n 3 🗆 Rame	of comotor	e ANO OAT	u or other	nlanal		rices			City or To			
	21. SIGNATURE OF FUNERAL				NAME A	NO AODRE	SS OF FA	CILITY						
	James	H. Bar	rton, Jr	100						neral Home			1617	
	Home	-2/ H	مان در ا	一大			P	.0.	Box 2	222, Centr	evil	le, M	laryland	
	23. PART LERlar tha di	seasea, or o	complicationa the	at caused the c	laath. Do	not anta	r tha mo	da of dy	ing, suc	h as cardiac or reap	iratory s	rrest,	Approximata	
	ahock, or haart failure. List only one cause on each line. iMMEDIATE CAUSE (Fine) disease or condition											Intarval Batween Onaat and Dasth		
	disease or condition	181				U	7	CI	ノロ				611	
	resulting in death) a DUE TO (OR AS A CONSEQUENCE OF):												Syp	
		_	00210	(011 43 4 00113										
CERTIFICATION	Sequentially list conditi		DUE TO	OR AS A CONS	EQUENCE (DF):							1	
3	cause, Entar UNDERLYi CAUSE (Disease or inju		c											
티	that initiated events		DUE TO	OR AS A CONS	EQUENCE (OF):								
E	reaulting in death) LAS		d											
	PART II. Other significa	nt condition		allegate been and	tel .	1- 11				B. 44 L. 100 1		. Т		
₹	PART II. Othar eighnica	int condition	s contributing to	oaath but no	reauting	in tha u	noariyin	g cause	given in	Part i. 24a. WAS AF		240.	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
음										1 YES	2 NO		COMPLETION OF CAUSE OF DEATH?	
MEDICAL													1 YES 2 NO	
- I														
₹	25. WAS CASE REFERRED TO	O MEDICAL					26. P	LACE OF (DEATH (Ch	eck only one)				
잃	EXAMINER?		HOSPITAL:	□ EB/Outpetlant	2 DOA	OTHE			haaldanaa	a C Other (County)				
PHYSICIAN:	27. MANNER OF DEATH		28a. DATE O		28b. TI	-	_	JURY AT	residence	8 Other (Specify) 28d. DESCRIBE HOW	IN ILION O	CCUBED		
	14	Pending	(Month,	Day, Year)	16	IJURY M	W	DRK?	□ NO	200. DESCRIBE NOW	moon! o	OCONED		
B	2 Accident	Investigation	10 10 100		1			YES 2	□ NO					
		Could not be	28a. PLACE building	OF INJURY — At I	homa, farm,	street, fac	ctory, offi	De		28f. LOCATION (Street City or Town, State		er or Rural I	Route Number,	
E	4 Homicide	determined												
31	29a. CERTIFIER 1 CERT	TIFYING PHYSI	CIAN: To the best of	f my knowledge,	death occur	red at the	time, dat	and plac	e, and due	to the causs(a) and me	nner se s	tated.		
0		The Color Color Co										a) and manner as stated.		
₹	(one only	ICAL EXAMINE	2 MEDICAL EXAMINER: On the basis of examination and/or inves											
COMPLETED	one) 2 MED												Mark De Ves	
	one) 2 MED				1				CENSE NU		29d. D/	and the	(Month, Day, Year)	
BE	29b. HONATURE AND TITLE	OF CENTIFIE	Ind	×h	1-				D123		29d. D/	and the	(Month, Day, Year)	
	29b. HIGHATURE AND TITLE 30. HARE AND ADDRESS OF	OF CENTIFIES	O COMPLETED CAN	JSE OF DEATH (IT			mre 1 -		D123	45	29d. D/	and the		
BE	29b. HIGHATURE AND TITLE 30. HARE AND ADDRESS OF	OF CENTIFIES	O COMPLETED CAN	USE OF DEATH (IT	ville	, Mar				45	29d. D/	and the		
BE	29b. HIGHATURE AND TITLE 30. HAME AND ADDRESS OF JOHn R. Smit 31. DATE FILED (Month, Day,	F PERSON WH	O COMPLETED CAI	JSE OF DEATH (IT	ville	, Mar			D123	45	29d. D/	and the		



		91-6023-033 1-STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	STATE OF	MARYLAND A	DEPAR	TMENT	OF H	IEALTH AI DEATH	-	NTAL HYGIEI REG. NO DATE OF DEATH		l'A	3. TIME OF DEATH
		ROBERT LLOYD		T	HONP	SON			1.3		DAY	991	9:29 P
		4. SOCIAL SECURITY NUMBER 219 92 7478	5. SEX	6. AGE (In yrs. la.	- 10	IF UNDER	t YEAR DAYS	IF UNDER 24 I	HRS. 7. 1	DATE OF BIRTH (Month, Day, Year)		8. BIRTH Country	PLACE (State or Foreign
nonk	E O	90. FACILITY NAME (If not institution, give s PR GEORGE GEN		DITAI		96. CITY,		DR LOCATION		1 Y 1 , 1	9c. COU	GEO	EATH
	DIRECTOR	10a. STATE 10b. COUNT Maryland Prin			10c. CITY, TOWN OR LOCATION			TION			GEU	10d. INSIDE CITY LIMITS? 1 V YES 2 NO	
an. ransit permit	FUNERAL	100. STREET AND NUMBER 5500 Old Branc	h Aveni	ıe .	10f. ZIP CODE 20748							ZEN OF W	HAT COUNTRY?
215-0020 attending physician. ise as the burial-transit	BY FUI	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. AF	NO	, ,	f yee, sp	ENDENT OF H	fexican, Pu	RIGIN? (Specify Ye erto Ricen, etc.)	ee or No—	14 BACE	
21 for a	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondary (0-12)	CATION completed) College (1-4 or 5	(G	CEDENT'S live kind of w . Do NOT us	vork done d		ON st of working		16b. KIND OF BU			Black
YLAND 2. by the hospital of the detached for at once.		12th 17. FATHER'S NAME (First, Middle, Last)	mn.c.c.n	7				1		First, Middle, Maider	n Surneme)	In	dustry
MARY retained b 5 should b notified	TO BE	Robert Roy Tho	empson,		b. MAILING	ADDRESS	(Street a			Procto		Code)	
RE, M may be rei r, page 5 : st be no	ř	Pauline Thomps 20a. METHOD OF DISPOSITION X1 X1 Burlet 2 Cremetton 3 C Rem		20b. PLACE	3801	01	d I	ndian	head	l Rd.,		dyw	ine,MD 20
SALTIMORE, MARYLAND reath. Page 6 may be retained by the hospit e funeral director, page 5 should be detached al. examiner must be notified at once.		4 Donestion 8 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	St. P	eter	22.1	Ada:	ms Fu	nera	il Home	e, P.	Α.	Maryland
executed within 24 flours after and completely filled in by the obunial, cremation, or removal matic event, the medical is		23. PART I. Enter the dispesses, or shock, pr heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	. HEA	ase on eman line	LKIZ	S U	the mo	de of dying,	such ss	Aquacardiac or reap	oiratory arr	eat,	20608 Approximate Interval Between Onset and Daath
.O. BOX 687 certificate be executed ding physician and con tygiene prior to burial other traumatic ether.	IFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	с.	(OR AS A CONSEC									
D = 5 5 6	CERTIFI	resulting in death) LAST	d										
RECORDS requires that the been signed by the t. of Health and M shows any inju	MEDICAL	PART II. Other algorificant condition	e contributing to	death but not r	eaulting li	n the un	derlying	cause give	n In Part	PERFO			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
The The ate D	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF DEATH	H (Check on	nly one)			
SICIAN: The certificate the State	PHYSI	YES 2 □ NO 27. MANNER OF DEATH	1 N Inpatient 2		□ DOA	7	ing Home	5 🗆 Reside					
UNG PHY Wher this leath with marked	B	1 Naturel 5 Pending 2 Accident Investigation	10-6	- 1991	286. TIME INJU 2:25	D Ma		RK? ES 2X NO	P		IAN S	STRU	CK BY AUT
OR ATTEND DIRECTOR: / bours after d	PLETED	3 Suicide 6 Could not be determined	building,	F INJURY — At ho atc. (Specify)	ne, rarm, at	treet, recto	ery, office		281.	LOCATION (Street City or Town, State,	and Number	or Rural Ro	oute Number,
보 보인 등	COMPL	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSE MEDICAL EXAMINE	CIAN: To the best of	my knowledge, de	eth occurred	of at the lir	ne, date	end piece, end	d due to the	cause(e) end me	nner se state	ed.	end menner ee stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	BE	290. SIGNATURE AND TITLE OF CENTIFIE	7.7	And				29c. LICENSE	NUMBER		29d, DATE	SIGNED	Month, Day, Year)
₽ ₽ ₽ ≥	2	30. NAME AND ADDRESS OF PERSON WHO	DICOMPLETED CAUS	DEATH (ITE	1 0TD (T	O. Ivid		O.C.M	1.E		10-	15-	1991

DEATH (ITEM 27) (Type, Print)

Lulia Savidson Bandales

OCT 2 5 '91

111 N. PENN STREET BALTIMORE, MARYLAND 21201

DHMH-16 Rev 1/89

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v 100

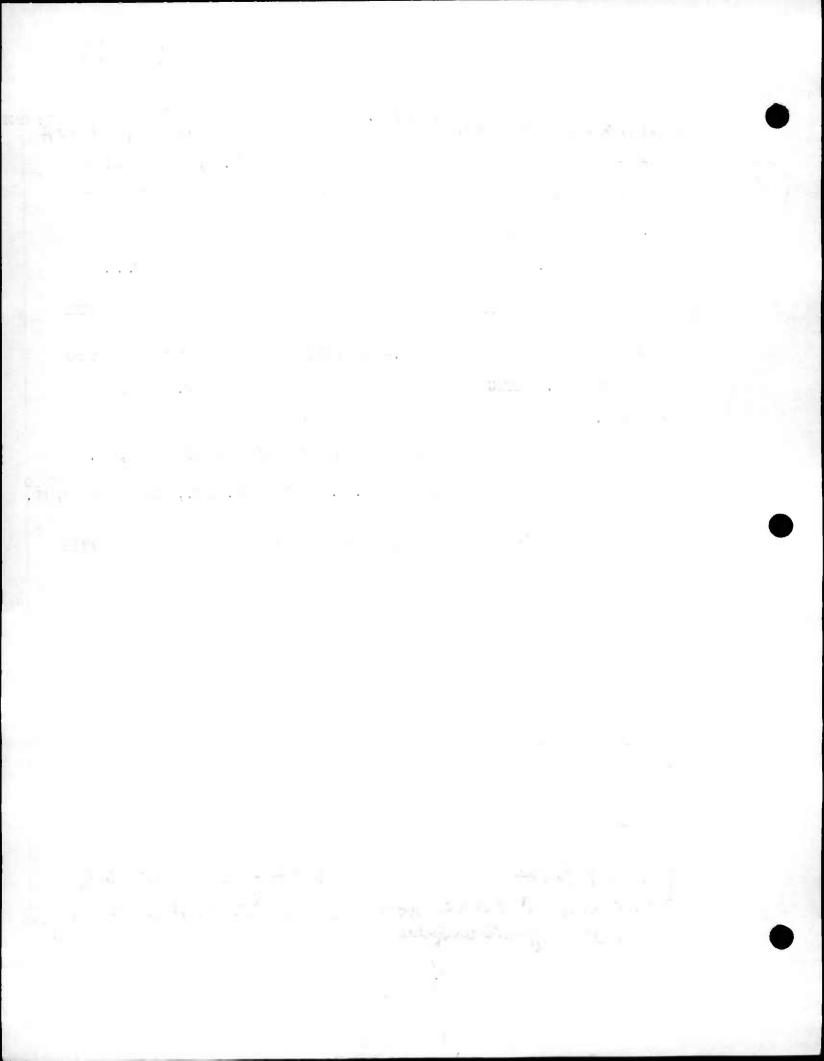
VSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician,	tate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages itage Deot, of Health and Mental Hydiene prior to burial, cremation, or removal.	marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
IG PH	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comple be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cre	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic even

FOR	STATE OF MARYLAND / DE	EPARTMENT	OE HEALTH AND	MENTAL UVCIENC		
1 - STATE REGISTRAR	CER	RTIFICATE	OF DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	11145	IAM H.	TITUS	2. DATE OF DEATH DAY		3. TIME OF DEATHY: 10
4. SOCIAL SECURITY NUMBER 045-12-6265	- 00	YRS. MONTHS	DAYS HOURS MIN.		Cou	ITHPLACE (State or Foreign intry) CANADA
98. FACILITY NAME (If not institution, give st SUBURBAN HOSPI RESIDENCE OF DECEDENT		9b. CITY,	TOWN OR LOCATION OF D BETHESDA	EATH	9c. COUNTY OF	
10a. STATE 10b. COUNTY	NTGOMERY	IDC. CITY, TOWN O	CKVILLE			10d. INSIDE CITY LIMITS?
	ATA OF ALITY	110	10f. ZIP CODE		10a. CITIZEN OI	1 X YES 2 NO
1713 HENRY R	D.		20851			SA.
10e. STREET AND NUMBER 1713 HENRY R 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT, EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR OATES WWII		NAS DECENDENT OF NISPAI t yes, specify Cuban, Maxico PYES 2 NO Specifi	n, Puarto Rican, atc.)	or No— 14. RA Blo	CE — American Indian, ack, White, atc.
15. OECEOENT'S EOUC (Specify only highest grade		DENT'S USUAL OC	CCUPATION during most of working	16b. KIND OF BUSI	NESS/INDUSTRY	
Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Last)	Conege (1-4 of 5 +)		ECTRICIAN	su	BURBAN	HOSPITAL
			16. MOTNER'S NA	ME (First, Middle, Maiden St	umame)	
HARRY G 19a. INFORMANT'S NAME (Type/Print)				ETTA J.		ITUS
JANET D. TIT		SAME	(Street and Number or Rural		State, Zip Code)	
20a. METNOD OF DISPOSITION	200 01 405 4110	DATE OF DISPOSE		OATE 20c. LOCA	ATION — City or	Town State
1 Gurial 2 Cremation 3 Remoted Donation 5 Other (Specify)	CHAM	BERS CI	REMATORY 10	1-11-	/ERDALE	
· nllnlln		22.1	NAME AND ADDRESS OF FA	CILITY		
23. PART i. Enter the diseases, or contact shock, or heart feliure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications that caused tha death. List only one cause on each line. CARCINOMA	0091 W. Do not antar	W. CHAMBER	RS CO. INC.	, SILVE	R SPRING, MD. Approximata Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition	CARCINOMA CARCINOMA CONSTRUCTO DUE TO (OR AS A CONSEQUENT DUE TO (OR AS A CONSEQUENT DUE TO (OR AS A CONSEQUENT DUE TO (OR AS A CONSEQUENT DUE TO (OR AS A CONSEQUENT DUE TO (OR AS A CONSEQUENT DUE TO (OR AS A CONSEQUENT DUE TO (OR AS A CONSEQUENT)	OO91 W. Do not antar OF CONCE de:	W. CHAMBER	RS CO. INC.	SILVE.	Approximata interval Between
IMMEDIATE CAUSE (Final disease or condition resulting in death)	CARCINOMA CARCINOMA CONSEQUENTO (OR AS A CONSEQUENTO (OR AS A CONSEQUENTO (OR AS A CONSEQUENTO (OR AS A CONSEQUENTO (OR AS A CONSEQUENTO (OR AS A CONSEQUENTO (OR AS A CONSEQUENTO (OR AS A CONSEQUENTO (OR AS A CONSEQUEN	NCE OF):	W. CHAMBEF the mode of dying, suc	RS CO. INC.	UTOPSY 24	Approximata interval Between
immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A CONSEQUENT) DUE TO (OR AS A CONSEQUENT) DUE TO (OR AS A CONSEQUENT) DUE TO (OR AS A CONSEQUENT) CONTROL OR AS A CONSEQUENT) DUE TO (OR AS A CONSEQUENT) CONTROL OR AS A CONSEQUENT)	OO91 W. Do not antar OF COP: NCE OF: NCE OF:	W. CHAMBER the moda of dying, suc STOMACH deriying cause given in	Part I. 24a. WAS AN AI PERFORM 1 YES 2 C	UTOPSY 24	Approximate interval Between Onest and Death 1998 Approximate interval Between Onest and Death 1998 AMILABLE PRIOR TO COMPLETION OF CAUSE DEATN?
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 27. MANNER OF DEATN 1 Natural 5 Pending	DUE TO (OR AS A CONSEQUENT) DUE TO (OR AS A CONSEQUENT) DUE TO (OR AS A CONSEQUENT) DUE TO (OR AS A CONSEQUENT) CONTROL OR AS A CONSEQUENT) DUE TO (OR AS A CONSEQUENT) CONTRIBUTING TO death but not result of the contributing to death but not result of the contributing to death but not result of the contributing to death but not result of the contributing to death but not result of the contributing to death but not result of the contributing to death but not result of the contributing to death but not result of the contributing to death but not result of the contributing to death but not result of the contributing to death but not result of the contributing to death but not result of the contributing to death but not result of the contributing to death but not result of the contribution of	OO91 W. Do not antar OF C. NCE dF: NCE OF: NCE OF: OOA OTHER	W. CHAMBEF the mode of dying, suc STOMACH Gerlying cause given in	Part I. 24a. WAS AN AI PERFORM 1 YES 2 C	UTOPSY ED?	Approximate interval Between Onest and Death 1998 Approximate interval Between Onest and Death 1998 AMILABLE PRIOR TO COMPLETION OF CAUSE DEATN?
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 May 27. MANNER OF DEATN	DUE TO (OR AS A CONSEQUENT DUE TO (OR AS A CONSE	NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): NCE OF):	derlying cause given in 28. PLACE OF DEATH (Ch. Ing Nome 5 Realdence 28c. INJUN AT WORK? 1 YES 2 NO	Part I. 24a. WAS AN AI PERFORM 1 YES 2 Coeck only one)	UTOPSY 24 X NO	Approximate interval Between Onest and Death Company of Death Company of Death Company of Death Company of Com
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 27. MANNER OF DEATN 1 Matural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only)	DUE TO (OR AS A CONSEQUENT) DUE TO (OR AS A CONSEQUENT) DUE TO (OR AS A CONSEQUENT) DUE TO (OR AS A CONSEQUENT) DUE TO (OR AS A CONSEQUENT) CONTRIBUTION OF THE CONSEQUENT) B. CONTRIBUTION OF THE CONSEQUENT OF THE CONSEQUENT) 28a. DATE OF INJURY 26 28a. PLACE OF INJURY — At home.	NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): SITING OF INJURY M Term, atreat, factor OCCUrred at the tire	deriying cause given in 28. PLACE OF DEATH (Chiling Nome 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO bry, office	Part I. 24a. WAS AN AN PERFORM 1 YES 2 C	UTOPSY 24 UTOPSY ED? NO URY OCCURED Id Number or Rura	Approximate interval Between Onest end Death 1998 Ib. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATN? 1 YES 2 NO

WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32/REGISTRAN'S SIGNATURE

31. DATE FILEO (Month, Day, Year) OCT 17 '91



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital control of the second of the secon	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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- 5	REGISTRAR 1. DECEDENT'S NAME (First	Middle, Last)	CARL	Ĕ.	CERTIF			ATH		REG. NO.		-	
	CARL	, wilder, Lasty		ENE		TSCHIE			2. DATE (OF DEATH		YEAR	5:49 a
	4. SOCIAL SECURITY NUME	DER	5. SEX		s. last birthday)	IF UNDER 1 Y		DER 24 HRS.	7. DATE (D:49 a LACE (State or Foreign
	302-18-272		1 X M 2 F	67	YRS.		NYS HOURS		APRII	Day, Year)	1924	Country)	IO
	9e. FACILITY NAME (If not in		Carlotte School			96. CITY, TO	WN OR LOCA	TION OF DE	EATH		9c. COUN	TY OF DE	ATH
١	1400 AVE	RY RO	AD			ROCK	VILL	E			MO	NTGO	MERY
ı	10e. STATE	10b. COUNTY			10c. CIT	Y, TOWN OR L	OCATION					1	IOd. INSIDE CITY
į	MARYLAND	MO	NTGOMERY		R	OCKVII	LE					1	YES 2 NO
I	100. STREET AND NUMBER	MOS CO	ייי מזו				10f. ZIP CO				10g. CITIZ		IAT COUNTRY?
I	11. MARITAL STATUS	103 60	12. WAS DECEDEN	IT EVED IN II C	ADMED	T 40 1440		0853				USA	
	1 Never Married 2 X 3 Wildowed 4 Divo	Merried	FORCES?	X YES 2	NO	If ye	e, specify Cu YES 2 X N	ben, Maxica	n, Puerio R	? (Specify Yes ican, etc.)	or No-	14. RACE - Black, Specify:	- American Indian, White, etc. WHITE
	15. DEC (Specify only	EDENT'S EDUC highest grade	CATION completed)	16a	. DECEDENT'S (Give kind of	work done durin	PATION g most of wor	kina	18b.	KIND OF BUS	INESS/IND	JSTRY	
	Elementary/Secondary (0	-12)	College (1-4 or 5	' I	PHYSIC	se retired.)			G	OVERNM	ENT		
ı	17. FATHER'S NAME (First, M.	iddle, Last)					18. MC	THER'S NA		liddle, Maiden			
ı	AMOS		CHIEGG					LIZAB				DSON	
	190. INFORMANT'S NAME (7)		0			ADDRESS (St							
	WANDA M. TS	ION		20b PLA	CEANDDATE	COSMO		KT, R	DATE		MARYI		
	1 Donetion 5 D Other	n 3 🗆 Remo	oval from State	cametary	crematory or o	ther place)		ODV	DATE				VIRGINIA
į	21. SIGNATURE OF SIGNERAL	SERVICE LIC	ENSEE	-	IROTOL				CILITY NO	FUNE	DAT	IOME.	VIRGINIA
ı	1/11	-		1		500	INTV	ERSTT	Y RIA	D. W	RAL E	T. C	P., MD 20
	immediate cause (Findseese or condition resulting in death)	cert randre. t	. The	rmal I	niurie:	S	mode of d	ying, aucr	n ee cardi	ec or respi	atory arre	est,	Approximate interval Betwee Oneet and Dee
	Sequentielly list conditi if any, leading to immed cause. Enter UNDERLYI CAUSE (Disease or Inju that initiated events resulting in death) LAS	diete NG ry		(OR AS A CON									
	PART ii. Other significe	nt conditions	contributing to	deeth but no	ot resulting i	n the under	lying cause	given in	Part i.	24a. WAS AN / PERFORI	WED?	C	/ERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
	25. WAS CASE REFERRED TO	MEDICAL				2	B. PLACE OF	OFATH /Cha	ack only one				
	EXAMINER? 1 X YES 2 NO		HOSPITAL:	ER/Outpetien	3 DOA	OTHER:			7		HOOI	GR	OUNDS
		Pending	28a. DATE OF (Month, D		286. TIMI 1NJ 5 : 4	E OF 28c	INJURY AT WORK?		28d. DESC	CTIM	JURY OCÇI	JRED	0 - 112 0
	3 Suicide 6	Could not be	26e. PLACE O	F INJURY — At			-	Ç NO					ATN SCHO
ĺ		latermined	PUB		CHOOL	YARD				O AVE			ROCKVI
Ļ	29e. CERTIFIER (Check only one) 1 CERTIFIER (Check only one) 2 MEDIC	CAL EXAMINER	CIAN: To the best of each of e	my knowledge. camination end.	, death occurre /or investigation	d at the time, n, in my opinio	date end placen, death occ	e, end due	to the ceus	e(s) end manr	ner ee state	d. MA	RYLAND
	29b. SIGNATURE AND TITLE	OF CERTIFIER	00	1 -			29c. LI	CENSE NUM	IBER		29d. DATE	SIGNED (M	forith, Day, Year)
	29b. SIGNATURE AND TITLE	mi.	0 C	lute	MO			O . C . I					fonth, Day, Year) / 1991
		mi.	O COMPLETED CAUS	SE OF DEATH		Print)							

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The table of the same of

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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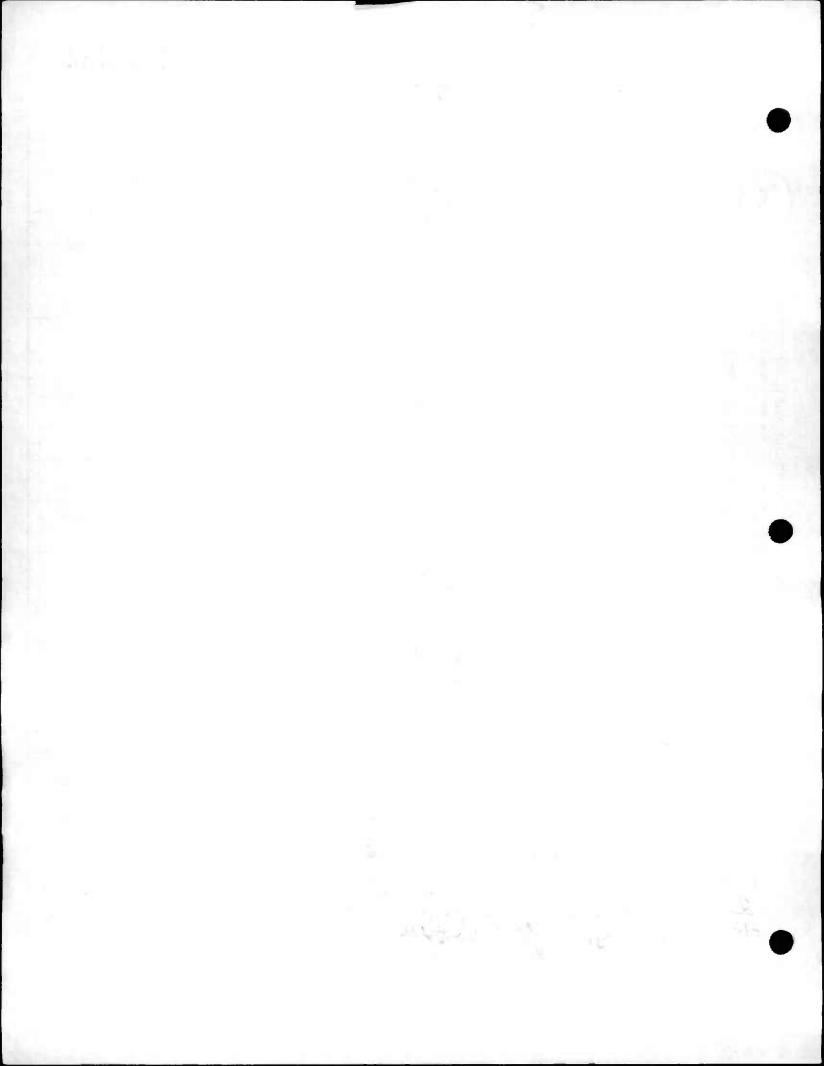
FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		C	ERTIF	ICATE	OF	DEATH	R	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	F21		100				2. DATE OF I	DEATH DAY	YEAR	3. TIME OF DEATH
	Richa	Thomas	Dodd					10		91	12:28AM M
- 13	4. SOCIAL SECURITY NUMBER 465-32-0732	5. SEX 1 X X M 2 ☐ F	6. AGE (In yrs. In	st birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E	иятн 5,1927	Coun	HPLACE (State or Foreign try). TANA
	9a. FACILITY NAME (If not institution, give s	reet and number)			9b. CITY,	TOWN C	R LOCATION OF D			OUNTY OF	
TOR	Montgomery Ge	neral Hos	pital	51.		olne					gamery
EC	10a. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN OF	R LOCAT	ION				10d. INSIDE CITY
DIR.		tgomery		I	Rockv						LIMITS? 1 YES 2 NO
FUNERAL DIRECTOR	13123 Superior S	treet				101	20853		10g. C	U.S.	WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 F IF YES, GIVE WIN 1943—	YES 2	RMED NO	11	yes, sp	ENDENT OF HISPAI ecity Cuben, Mexica 2 NO Specif	ın, Puarto Ricar		- 14. RAC Black Spe	E — American Indian, ck, White, etc. City: White
6	15. DECEDENT'S EDU (Specify only highest grade		(0	Give kind of	USUAL OC	CUPATIO	ON st of working	18b. KIN	ID OF BUSINESS/	INDUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	WA.	a. Do NOT u	se retired.)		chnician	W	estingh	nuse	
OM	17. FATHER'S NAME (First, Middle, Last)			1000	LCGI	10			le, Maiden Sumami		
O	Unknown						Unkno	wn			
BE	19a. INFORMANT'S NAME (Type/Print)		11	Db. MAILING	ADDRESS	(Street a	nd Number or Rural	Route Number, (City or Town, State,	Zip Code)	
5	Jean A. Todd						or St.,				53
	20a. METHOD OF DISPOSITION 1	oval from State	20b. PLACI	E AND DAT	E OF DISPO	SITION	(Name	DATE	20c. LOCATION	— City or 1	fown, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	ne. c	OMITO	22. N	VAME A	D ADDRESS OF FA	ICILITY		IIULLa	, VA
	michael	EM	10,		Jo	sep	h Gawler Wisconsi	's Son		ineto	n.DC 20016
EDICAL CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	a. DUE TO (OR AS A CONSI			2	are	ter	22	دک	
ERTIF	that initiated events resulting in death) LAST	d	On AS A CONS		··).						
AL CI	PART II. Other significant condition	s contributing to	daeth but not	resulting	In the un-	dariyin	g cause given in	Part I. 24	s. WAS AN AUTOP	SY 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
DIC								1	YES 2 NO		COMPLETION OF CAUSE OF DEATH?
Σ											1 TYES 2 NO
ž											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER	t:	LACE OF DEATH (C				
₹	1 XYES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 8		3 DOA 28b. TII		_	IURY AT		BE HOW INJURY	00011850	
BY Ph	1 Natural 5 Pending 2 Accident Investigation	(Month, Da			JURY M		DRK?	28d. DEŞÇHI	BE HOW INJURY	OCCURED	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, e	FINJURY — At hote. (Specify)	iome, farm,	atreet, facto	ory, offic	•	28f. LOCATIO	ON (Street and Nun bwn, State)	nber or Rura	l Route Number,
COMPLETED	CONSON GINY	ICIAN: To the best of ax									(a) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE		حکیا	_	5	D	29c. LICENSE NU	IMBER S	29d.	DATE SIGNE	O (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WE	O COMPLETED CAUS	E OF DEATH (IT	EM 27) (Typ	e, Print)	ЮНИ	TAUBER,	M.D.	Scon	2 (1	v Alio
	31. DATE FILED (Month, Day, Year) OCT 18 '91	PEGISERAL DAN	S SIGNATURE	delle							.,,,,

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DHMH-16 Rev 1/89



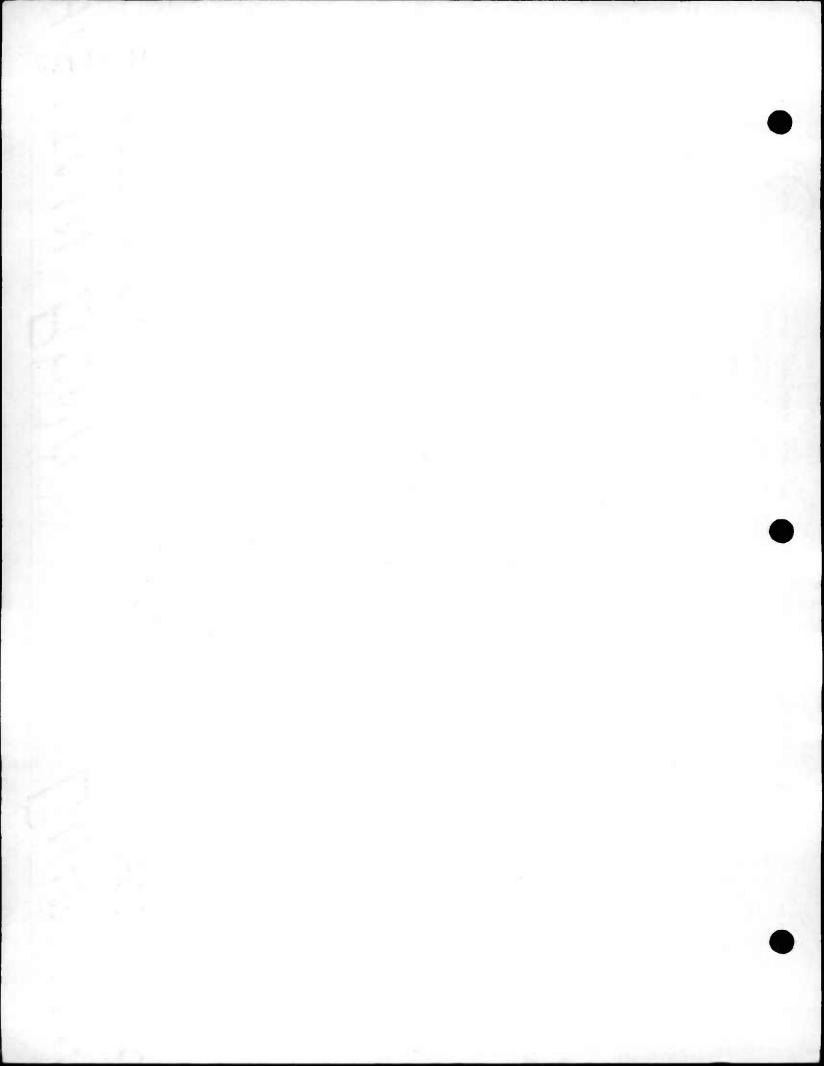
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1000		. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages
	cian.	I-transit
146	g phys	he buria
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212	Ital or	d for us
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BALTIMORE, MARYLAND 21203-3146	may b	or, page
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VITA	TAN: T	rtificate
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 rouns after death. Page 6 may be retained by the hospital or attending physician.	this ce
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zerifours after death. Page 6 may be retained by the hoss TO THE FLINERAL DIRECTION. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

8

1 - STATE REGISTRAR	STATE OF MARY	AND / DEPARTM			MENTAL HYGIEN		
1. DECEDENT'S NAME (First, Middle, La. Nellie L	·				2. DATE OF OEATH	DAY YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 218-16-3844 9a. FACILITY NAME (If not institution, given	5. SEX 8. AGE 1 M 2 M F 7(YRS. MO	UNDER 1 YEAR NTHS DAYS L CITY, TOWN O	IF UNDER 24 HRS. HOURS MIN. R LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) NOV. 15 1	8. BIRT Coun	HPLACE (State or Foreign try) Md
Moran Manor Ca	are Center		Wester	nport		Alleg	any
10a. STATE 10b. COU	egany		own on Locat			1 6	10d. INSIDE CITY LIMITS? 1 V YES 2 NO
10e. STREET AND NUMBER	1. 6.			ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
201 ROOSEV6 11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Olvorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	it yes, spe	21562 ENDENT OF HISPAI ocity Cuben, Maxica 2 NO Specifi	NIC ORIGIN? (Specify Years, Puerto Rican, etc.)	Ble	CE — American Indian, ck, Whita, etc.
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)		16a. OECEDENT'S USI (Give kind of work life. Do NOT use re	BAL OCCUPATIO done during mo tired.)	N st of working		JSINESS/INOUSTRY	White
Unknown 17. FATHER'S NAME (First, Middle, Last)		Westvaco	Employ		Paper ME (First, Middle, Maide	Manufact	uring
Salem Edgar	Rounds			III The second second	ella Mae	Wilt	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	ORESS (Street a	nd Number or Rural	Route Number, City or To	wn, State, Zip Code)	
William Rounds		b. PLACE OF DISPOSITI	ON Olement at any		gton, Md.	21523 OCATION — City or	
29s. METHOD OF DISPOSITION 1\(\) Burlel 2 Cremetion 3 R 4 Donation 5 Other (Specify)	emoval from State	other place)		norial Ga		umberlan	
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. NAME AN	ID ADDRESS OF FA	CILITY		a, na.
· Way	ne Bor	X h			ck Funeral St. Weste		Md. 21562
IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF:	of fre no (1) e m malia	ngestal ngestal ngocad e lun	ate my last ing e discis	adio adio e tiro	Onset and Deal
PART II. Other algnificant conditions	tions contributing to death Aster	but not resulting in the Company)		Part I. 24a. WAS A PERFC	PRMED?	Ib. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	1	26. PI	ACE OF OEATH (C	heck only one)		
1 TES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Ou	tpatient 3 DOA 4	Nursing Horr		8 Other (Specify)	ALTEN AGAINST	
1 Natural 8 Pending	(Month, Day, Year)			PRK?	28d. DEŞCRIBE HOW	INJURY OCCURED	
Abcident Investigation Suicide S Could not detarmined	be 28e. PLACE OF INJUI	Y — At home, farm, stre			28f. LOCATION (Stree City or Town, State	t and Number or Rura e)	d Route Number,
	IYSICIAN: To the best of my kno						e(a) and manner as stated.
296. SIGNATURE AND TITLE OF CERT	1111			DIS4	MBER 3	29d. DATE SIGNE	Month, Day, Year)
31. DATE FILED (Month, Day, Year)	KIM	MID	90	man.	St (1651	teryport	+ mdays
DCT 2 3 199	12. REGISTRAR'S SIG	Mandalle				,	



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filled	JU, 0	9
CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of	s after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	28 is marked or item 23 chause any injury or other traumatic areast the modified angeling
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	1 - FOR STATE REGISTRAR	STATE OF MAI	RYLAND /	DEPAR ERTIFI	TMEN'	T OF H	IEALTH DE A	AND	MENT	AL HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Lest) HRUS R.	VONHI					DEA		2. DAT	TE OF DEATH		YEAR 9/	3. TIME O	-
	097-30-9124	2 ☐ F	AGE (In yrs. las	t birthday) YRS.	IF UNDER	DAYS	IF UNDER	MIH.	12-	E OF BIRTH	933	Counti	PLACE (Sta	te or Foreign
DIRECTOR	98. FACILITY NAME (If not institution, give stre	et and number)	SPITI	796	9b. CITY	, town o	LIN LOCATION	ON OF D			9c. COU	NTY OF D	- /	zon6a
	Maryland Prince	e Georges		1.50		Hi]	ls						10d, INSID LIMIT 1 YES	S?
FUNERAL	6003 Middleton							748			Uni		State	
ВУ	1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT BY FORCES? 1XX IF YES, GIVE WAR KOYEAN C	CER IN U.S. AR LYES 2 NO OR DATES ONTIC	meo ct	13.	WAS DEC If yes, spe 1 YES	ENDENT O	F HISPAI n, Mexice Specif	NIC ORIG In, Puerk ly:	IN? (Specity Yes Rican, atc.)	or No—	14. RACE Black Speci	- America k, White, etc	
COMPLETED	1 70	College (1-4 or 5+)	(Gi	CEOENT'S I TWO KIND OF W DO NOT USE 7Stem	ork done (a retired.)	during mo	st of workin	g	16	E COLOR			nment	
	17. FATHER'S NAME (First, Middle, Last)			Scan	Tulci	тузс	18. MOTH			Middle, Malden		Over	interi	
BE	Alexander 190. INFORMANT'S NAME (Type/Print)	VonH	lausen	. MAILING	ADORESS	S (Street e				emine	Lei			
임	Christopher VonHau	sen		7520						Colle			Mđ.	20740
	20a. METHOD OF DISPOSITION 1		20b. PLACE A					y 10	0/15	1	eation — Lexan			ginia
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE			D	onal	d V.	Box	rowa	rdt Fur	neral	Hom	e, P.	A. 20705
CERTIFICATION	23. PART i. Enter the diseases, or conselock, or heart feiture. List IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially liet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in deeth) LAST	Cardo DUE TO (OR MASS) DUE TO (OR M W.L	AS A CONSECU	ULM DUENCE OF	enter	2 Seg	de of dyl	suc	h as co	b olu	ratory arr	est,	Appr	oximate val Between at and Death
MEDICAL	PART II. Other significent conditione Chonic Sugue	Obstru Doop						iven in	Part I.	24s. WIS AN PERFORI	MED?		WERE AUTO AVAILABLE I COMPLETIO OF DEATH? 1 YES	N OF CAUSE
PHYSICIAN:		IOSPITAL:			ОТНЕЯ		CE OF DE	ATH (Che	ack only o	ne)				
H	1 YES 2 NO 1	28s. OATE OF INJU	IRY	DOA 28b. TIME	-	ing Home		Idence	-	er (Specify) SCRIBE HOW IN	IIIBY OCC	TIREO		
BY	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Ye		INJU	М		ES 2	NO				JALO		
- 11	3 Suicide 6 Could not be determined	26e. PLACE OF INJ building, etc. (URY — At hon (Specify)	ne, farm, atr	reet, facto	ory, office			28f. LOG	CATION (Street as or Town, State)	nd Number	or Rural R	oute Number	
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	N: To the best of my k	nowledge, dea	th occurred ivestigation,	at the th	me, dete d	and place,	and dua	to the ca	use(s) and man	ner as atat	ed. s cause(s)	and manne	r as stated.
E C	296, SIGNATURE AND TITLE OF CENTIFIER	or ow	>				D37	S LV	BER 8			SIGNEO	(Month, Day,	Year)
	30. NAME AND AGORESS OF PERSON WHO C	OMPLETEO CAUSE OF	OEATHO(ITEM	11	rint)	- 0	Cu	Ho	1 10	d =	307	35		
	31. DATE FILEO (Month, Day, Ybar) OCT 17 '91	32 REGISTOUR'S S	AND ACAD	dell.						****				

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	perned	noon pr
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	HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	F FINERAL DIRECTOR. After this carrierate has been signed by the attending physician and completely silved in the expensive silved silved in the expensive silved s
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P. Gregg Rhodes, M.D.

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31. DATE FILED (Month, Day, Year)

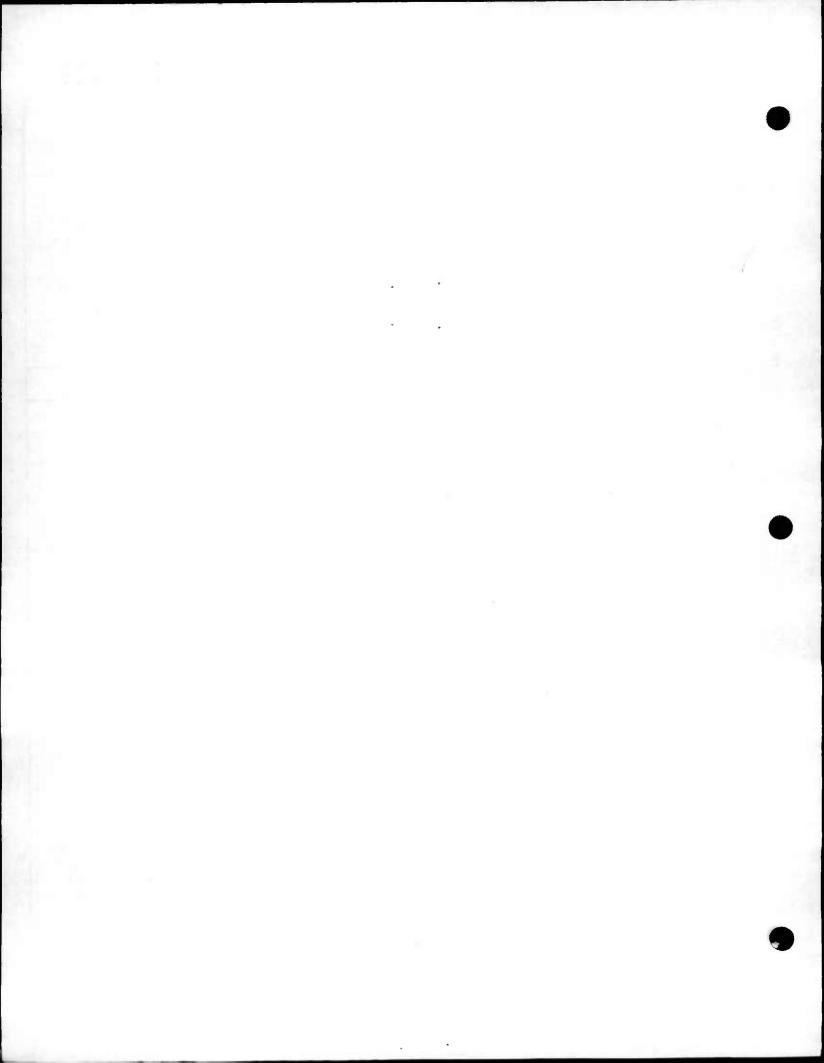
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT OF I	HEALTH AND		YGIENE EG. NO.	1 3	10125
	1. DECEDENT'S NAME (First, Middle, Last)	Jeannette			DEMINI	2. DATE OF D	EATH		3. TIME OF DEATH
ŀ		anette W	ehberg			MONTH 9	1 DAY	91	7:45 p
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS		RTH	8. BIRT	HPLACE (State or Foreign
	212 - 01 - 8304	1 M 2 XF 7	S YRS.	MONTHS DAYS	HOURS MIN.	June 1		Coun	ryland
	9a. FACILITY NAME (If not institution, give str	eet and number)		9b. CITY, TOWN	OR LOCATION OF			OUNTY OF	3
R	Memorial	Hospital		Es	ston				
15	RESIDENCE OF DECEDENT			1.36	LOLI			Tal	DOL
DIRECTOR	Maryland Quee	n Anne's		y, town on Local Queensto					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	10e. STREET AND NUMBER			100	. ZIP CODE		10g. C	TIZEN OF	WHAT COUNTRY?
5	R.D. 1, Box 2A				21658		ī	Inite	d States
15	11. MARITAL STATUS	12. WAS DECEDENT EVER I FORCES? 1 YES	N U.S. ARMED	13. WAS DEC	ENDENT OF HISP	ANIC ORIGIN? (Spe	cify Yea or No-		CE — American Indian, ck, White, atc.
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	If yes, sp	ecify Cuben, Maxi	can, Puarto Rican,	atc.)	Spec	
ED E									White
H	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION completed)	(Give kind of	"USUAL OCCUPATION work done during mo	ON st of working	16b. KIND	OF BUSINESS/	NOUSTRY	
빌	Elamentary/Secondary (0-12)	College (1-4 or 5+)	IIIa. Do NOT u						
COMPLET	9		W:	ife			Home		
8	17. FATHER'S NAME (First, Middle, Last)	TT * 1				AME (First, Middle,			
BE		Higdon			Anna		mina Ta		ton
5	19a. INFORMANT'S NAME (Type/Print) Leslie Jean Brodk	Daughter a	19b. MAILING 28782	Dolvin	ond Number or Rura Circle,	Wye Mil	y or Town, State, 1s, Mar	zip Code) ylane	d 21679
	20a. METHOD OF DISPOSITION 1	val from Stata cen	PLACE AND DATE	of Disposition (Na ther place) ematory	rme of	DATE S 9/5	20c. LOCATION		
	21. SIGNATURE-OF FUNERAL SERVICE LICE	NSEE	pitor cr				Dover,	рета	iware
	James H. B	arton, Jr.	2			Yrai Hom		. Ma	ryland 21617
	23. PART. Enter the diseasee, or co	mplications that cause	Whe deeth Do						
	shock, or haert fellure. LI IMMEDIATE CAUSE (Finel disease or condition	lat only one cause on e	ech line.	C enter the mo	da or dying, au	ch aa cerdlec o	r reapiratory a	irreat,	Approximata Interval Batween Onset and Death
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF	P):	ell U	re			Client
CERTIFICATION	Sequentielly list conditions.	Tever	e C	OLD	a				
F	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	7.1					
일	CAUSE (Diseese or Injury C.	Dim	dre	Loca	ro				
	that initieted eventa resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF	F):	01	To.	0		
点	d.	Cone	95 tu	a H	court	000		~	
	PART II. Other aignificant conditione	contributing to deeth b	ut not resulting	n the underlying	Ceuse alven la	Port I 24e I	AMO AM ALTTORO		
MEDICAL				, , , , , , , , , , , , , , , , , , , ,	, course given in		MAS AN AUTOPS' PERFORMED?	240	MAILABLE PRIOR TO
0						1 🗆	YES 2 X NO		OF DEATH?
									1 TYES 2 NO
PHYSICIAN:	25 1990 0105 0105 0105								
<u> </u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:		26. PL	ACE OF DEATH (C	heck only one)			
ΥS	1 YES 2 X NO	1 X Inpatient 2 - ER/Outp	atlent 3 DOA	4 Nursing Home	5 🗆 Rasidenca	8 Other (Spec	ffy)		
표	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 26c. INJU	JRY AT	26d. DESCRIBE	HOW INJURY O	CCURED	
B	1 X Natural 5 Pending 2 Accident Investigation			44	ES 2 NO				
	3 Suicide 8 Could not be 4 Homicide datarmined	28s. PLACE OF INJURY building, atc. (Spec	— At home, farm, a	treet, factory, office		26f. LOCATION City or Town	(Street and Numb , State)	er or Rural I	Route Number,
COMPLETED	20a CENTIFIED	AN: To the heat of in-	adaa dth	4-4-0					
M	(Check only one) MEDICAL EXAMINER:	AN: To the best of my knowl On the basis of examination	and/or Important	a at the time, data	and place, and du	n to the cause(a) a	nd manner as at	inted.	
8		On the beals of examination	and/or investigation	i, in my opinion, de	entri occured at the	time, data and pi	aca, and dua to	tha cause(s	i) and manner as stated.
BE	286. SIGNATURE AND TITLE OF CERTIFIER		1/1/	11	29c. LICENSE NU	MBER	29d. DA	TE SIGNED	(Month, Day, Year)
5	1/2/13	eda	100	W	Market State of State		•	09	0291
- 1	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type,	Print)					

Easton, Maryland

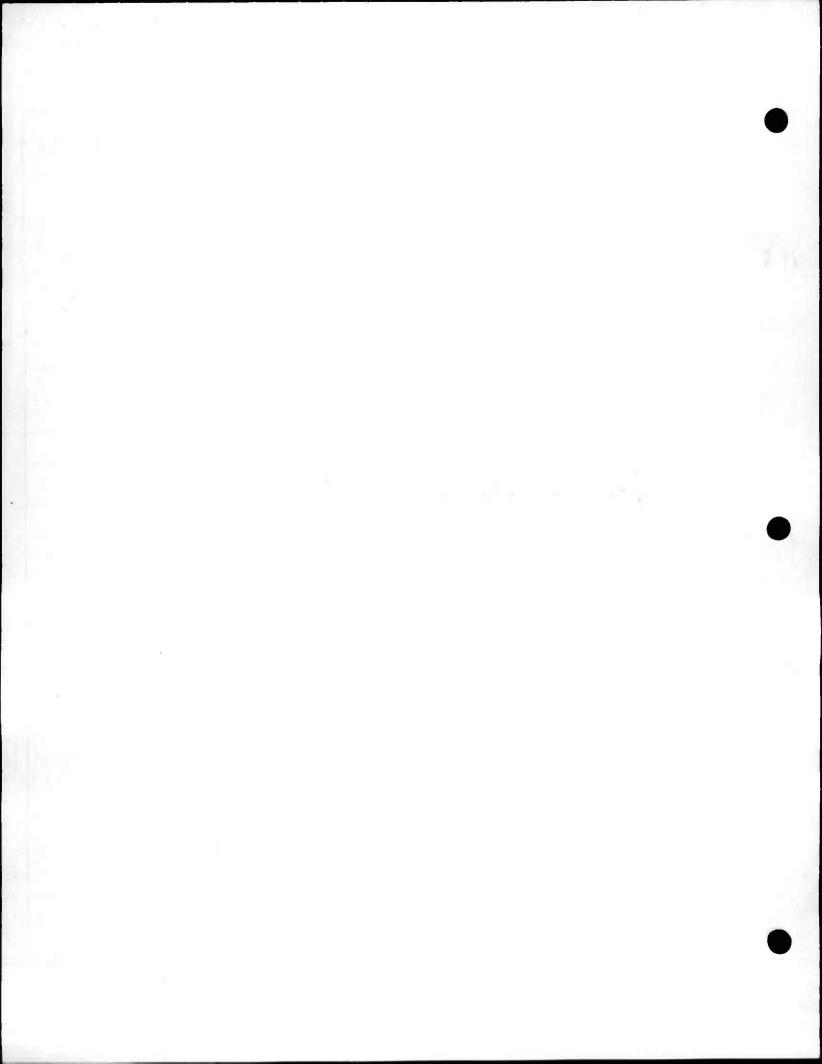
Lulia Davidson-Randell

21601



	CONTROL TENTO INCIDENT MEDICAL VICTORIA DE CONTROL DE C
examiner must be notified at once.	IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, nage 5 should be detached
r death. Page 6 may be retained by the hosp	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp
DALI-MONE, MANTLANE	100 CO CO CO CO CO CO CO CO CO CO CO CO CO

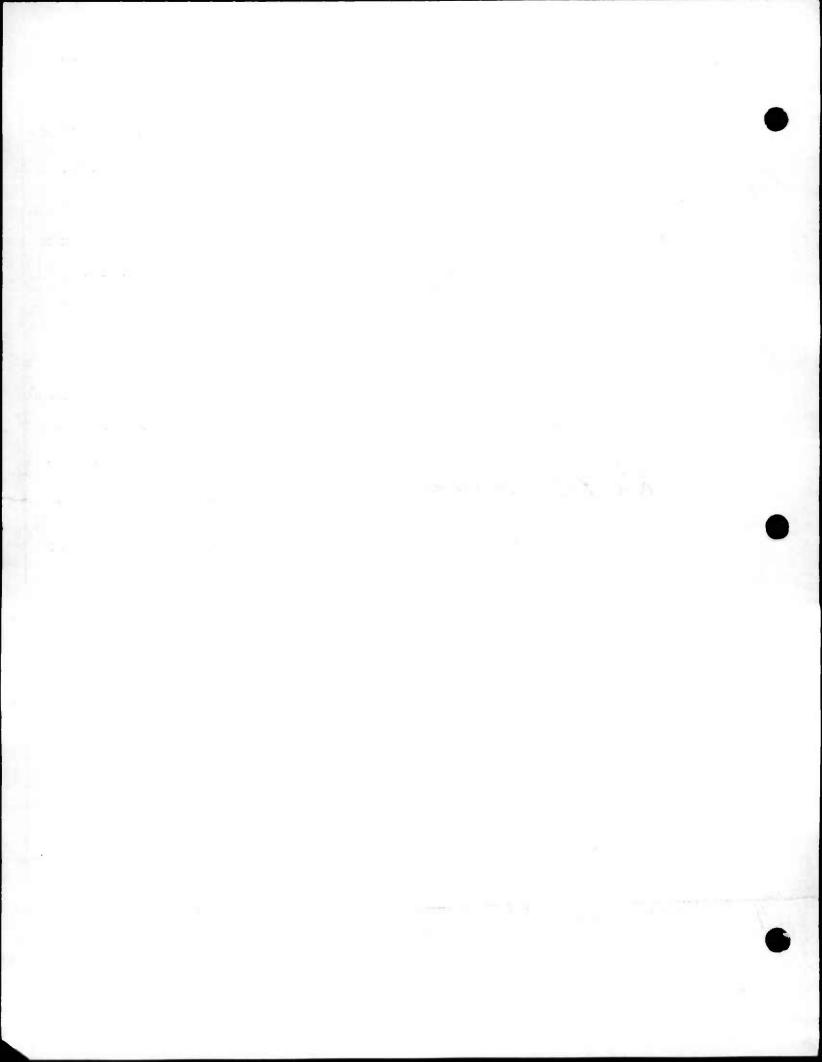
	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH				3. TIME OF DEATH		
	Doris Io	Iola Walters				MON	Ö 8 ^m	195	AR	5:25A M	
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1			IF UNDER 24 HRS.		OF BIRTN		_	ACE (State or Foreign	
	214 - 28 - 8260	1 M 2 XF	51 YRS. MOI	NTHE DAYS	HOURS MIN.	/Mon	th, Day, Year)		ountry)	land	
	9e. FACILITY NAME (If not institution, give stre	et and number)	9h	CITY TOWN O	R I OCATION OF D		. 10,				
E .	Momorpial II-main 1										
5	Memorial Hospital Easton Talbot									t	
DIRECTOR	Maryland Over Anne's Grasonville Grasonville 10d. INSIDE CITY LIMITS? 1 ★ Yes 2 □ NO										
FUNERAL	100. STREET AND NUMBER RT D. 2, Box 472			101.	101. ZIP CODE 21638 109. CITIZEN OF WHAT COUNTRY A						
Ξ	11. MARITAL STATUS	12 WAS DEC	WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No. 14. RACE - American Indian,								
BY FI	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			1 VES 2 NO Specify: 1 YES 2 NO Specify: 1 Specify: 1 Specify:							
								White			
Ë l	(Specify only highest grade completed) (Give kind of work done during most of wo					king 18b. KIND OF BUSINESS/INDUSTRY					
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)			and the second second			Home				
<u>N</u>	17. FATNER'S NAME (First, Middle, Last)	Jilliam Thom		NIPC.							
	WIII THOMAS HELVIN					vie Iola Leary					
B	190. INFORMANT'S NAME (Type/Print) Husband 19b. MAILING ADDRESS (Street and Number or					Leary					
임	E. Bryan Walters	lusband	R D 2	Boy /	172, Gra	Route Num	iber, City or Town	State, Zip Cod	e)	21638	
1	20e. METNOD OF DISPOSITION					SOIIV	1116, 1	laryran	u	21030	
	1 X Buriel 2 Cremation 3 Ramovi	al from Stata 20b.P	LACE AND DATE OF DI	SPOSITION (Ner place)	ne of	DAT		CATION - City			
	21. SIGNATURE OF FUNERAL SERVICE LICEN	Constitute to Elimetry Generatory of other (Specify) Woodlawn Memorial Park 10/11 Easton, Maryland									
	James H. Barton Jr. 22. NAME AND ADDRESS OF FACILITY Barton Funeral Home										
	Honor	(Southon!	do		Box 22			ille. M	D	21617	
	23. PART I. Enter the diseeeas, or con	nplicetione that ceused	he deeth. Do not e	enter the mod	le of dying, auc	h ea car	diec or reapi	ratory arrest.		Approximate	
	shock, or heart fellura. Lis IMMEDIATE CAUSE (Final	it only one cause on aac	h Tine.				·			Intervel Between Onset and Death	
	disease or condition							7			
	a. <u>Apato-real Failure</u> But TO (OR AS A CONSCOUENCE OF): 3 days										
z	Sequentially list conditions, If any, leading to immediate Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):										
일세											
3	cause. Enter UNDERLYING	cause. Enter UNDERLYING									
	CAUSE (Disease or Injury that initieted eventa Due TO (OR AS A CONSEQUENCE OF):								+		
CERTIFICATION	resulting in death) LAST										
5	DATE III ON										
₹	PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given i					n Part I. 24a. WAS AN AUTOPSY PERFORMED?			24b. WERE AUTOPSY FINDINGS		
읦။						1 YES 2 NO			AVAILABLE PRIOR TO COMPLETION OF CAUSE		
MED						OF DEATN?					
<u>.</u>									TES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one)										
S	1 Type 2 DNO HOSPITAL: OTHER:										
Ì	27. MANNER OF DEATH	7 MANNED OF DEATH					ome 5 Residence 8 Other (Specify) NJURY AT 28d, DESCRIBE NOW INJURY OCCURED				
	1 Natural 5 Pending	(Month, Day, Yeer)	INJURY	WOR	WORK?		28d. DESCRIBE NOW INJURY OCCURED				
à l	2 Accident Investigation 3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street,				2 2 110						
	4 Homicide 8 Could not be determined 8 Could not be determined							OCATION (Street and Number or Rural Route Number, ity or Town, State)			
	No. CENTERS										
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, dasth occurred at the time, data end place, and due to the ceuse(e) and menner as stated. MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, deeth occurred at the time, data end place, end due to the ceuse(a) and manner se stated.										
3		on the beets of examination a	nd/or investigation, in	my opinion, de	eth occured at the	time, data	end placa, end	due to the ceu	80(A) Ar	nd manner ee stated.	
出	96. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUMBER			29d. DATE SIGNED (Month, Day, Year)			
0 1 1000m 1. 10 mpg							10-8-91				
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Susan T. Forlifer, M.D., Eas										MD 21601	
	31. DATE FILED (Month, Day, Year)										
	UCT 1 1'91	Ma Davidson-Ra	ndelle								



	1 - FOR STATE REGISTRAR	STATE OF M	MARYLAND /			HEALTH AN		AL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DAT	E OF DEATN		3, 1	TIME OF DEATH
	MILDRED FRA	ANCES	WILLI	AMS			MON		9	WEAR !	4:10 A.
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le:	-	IF UNDER 1 YEAR	IF UNDER 24 H	rs. 7. DATE	E OF BIRTH			CE (State or Foreign
	219-14-6714	1 M 2 F	68	YRS.	MONTHS DAYS	HOURS MI		nth, Day, Year)		Country)	
	9a. FACILITY NAME (If not institution, give s	street and number)			9h CITY TOWN	OR LOCATION C		t 28,		Y OF DEATH	.Va.
DIRECTOR	SACRED HEART HOSE					BERLAND,			ALLEG		•
្ត	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT			I as assess							
2					TOWN OR LOC					10d	INSIDE CITY LIMITS?
	W.Va.	ineral		l Si	hort (1 [YES 2 NO
PA	01 11555 100 100 100					10f. ZIP CODE			10g. CITIZE	N OF WHAT	COUNTRY?
FUNERAL	RD#2 Box 369 R					267	53			U.S.	Α.
5	11. MARITAL STATUS 1 Never Married XX Married	12. WAS DECEDEN FORCES? 1	YES 4	RMED NO	13. WAS D	ECENDENT OF HI specify Cuban, Ma	ISPANIC ORIGI	IN? (Specify Yes	or No- 1		merican Indian
ВУ	3 Widowed 4 Divorced	IF YES, GIVE W	YES YES			SXX NO S		recan, atc.)			hite
ED E		<u> </u>									пте
里	15. DECEDENT'S EDU (Specify only highest grade	completed)	/G	live kind of wo	SUAL OCCUPATION done during it	TION most of working	16	b. KIND OF BU	SINESS/INDUS	STRY	
ا ت	Elementary/Secondary (0-12)	College (1-4 or 5 d	+) life	Do NOT use	retired.)						
BECOMPLET	8				Clerk				Retai	1	
8	17. FATNER'S NAME (First, Middle, Last)					18. MOTHER'S	'S NAME (First,	Middle, Malden	Surname)		
H.	HeHe	nry .	Per	rv Wa	goner	Ca	arrie	F. I	ser		
5	19a. INFORMANT'S NAME (Type/Print)	ALCOHOL:				t and Number or R	Rural Route Nun	nber, City or Tow	n, State, Zip C	ode)	
F	George L.	Willia	ms	RI)#2 Rc	x 369	P.i	daolo	w w	Vo	96759
	20a. METHOD OF DISPOSITION				DISPOSITION		DA	TE 20c, LO	CATION — CI	v or Town.	26753
	KTC BEtal 2 ☐ Cremetion 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	ovel Irom Stata	cemetery, cre	ematory or othe	er place)	rial I	Do -1-				
	21. SIGNATURE OF PUNERAL SERVICE LIC	ENSEE		unser	22. NAME	AND ADDRESS O	OF FACILITY	10/21	/91	Cumb	., Md.
	N 1 11	a.l	ame	.)		Merrit	tt-Ad:	ams F	unera	1 Ho	me
1.	Makey C	. Clac	am	_							
					40	4 Deca	atur :	St. C	ımber	land	Md
	23. PART I. Enter the diseases, or o	complications that	t caused the da	ath. Do no	t antar the m	4 Deca	atur :	St. Ci	umber	land	Approximate
	23. PART I. Enter the disesses, or cashock, or heart feliure. IMMEDIATE CAUSE (Final	complications that List only one cau	t caused the da	aath. Do no	t antar tha m	noda of dying,	such as car	disc or raspi	ratory srres	land	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	complications that List only one cau	t caused the da	aath. Do no	t antar tha m	noda of dying,	such as car	disc or raspi	imber	land	Approximate
	IMMEDIATE CAUSE (Final	complications that List only ona cau a. EN S DUE TO	t caused the da	aath. Do no	t antar tha m	noda of dying,	such as car	disc or raspi	inatory stres	land	Approximate Interval Between
7	IMMEDIATE CAUSE (Final disease or condition	complications that List only one cau a. EN ds	t caused the da	aath. Do no	t antar tha m	noda of dying,	such as car	disc or raspi	umber	land	Approximate Interval Between
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ATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. EN ds	t caused the da	outh. Do no	Hiple	noda of dying,	such as car	disc or raspi	umber	land	Approximate Interval Between
FICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. EN S DUE TO DUE TO	t caused the date on each line 146e (OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CO	OUENCE OF):	High	noda of dying,	such as car	disc or raspi	umber	land	Approximate Interval Between
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30. NAME AND ADDRESS OF PERSON WAS COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
GARY WAGONER M.D. 925 BISHOP WALSH DRIVE CUMBERLADN, MD. 21502 31. DATE FILED (Month, Day, Year)
OCT 2 1 1991

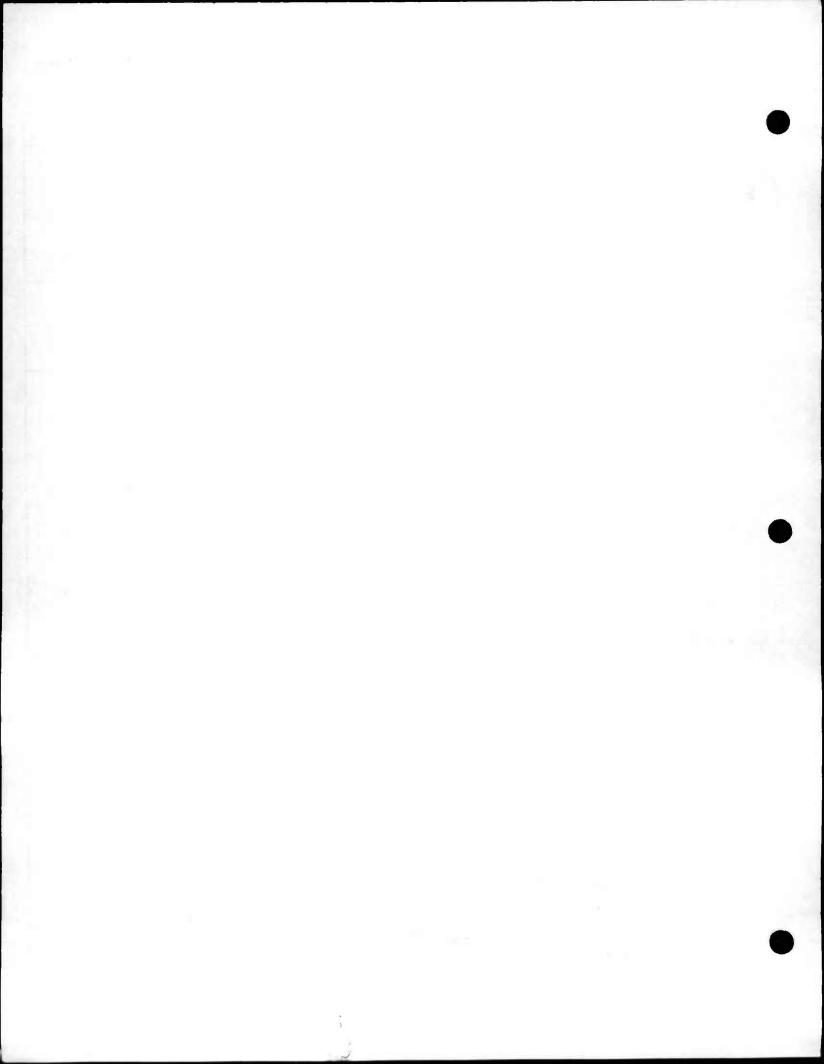
32. REGISTRAR'S SIGNATURE



BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physicia	I in by the funeral director, page 5 should be detached for use as the burial-to or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	2 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicial	2 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-ta Effed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

		FOR	CTATE OF	MARVIA	ID / DEDAG		05.44			_0		91	30128
		1 - STATE REGISTRAR	SIMIE UP	MARYLA	CERTIF	ICATE	OF D	ALIH AN DEATH	D MEN	TAL HYGIEN			
		1. DECEDENT'S NAME (First, Middle, Las	,						2. 0	ATE OF DEATH	· .		3. TIME OF DEATH
		Charles Lewis	Whitting	hill						tober 2	Ö, 19	91	6:54 A
		4. SOCIAL SECURITY NUMBER	5. SEX		rrs. lest birthday)	IF UNDER 1		F UNDER 24 HF	rs. 7. D	ATE OF BIRTH		a, BIRTHI	PLACE (State or Foreign
		517 14 1497	1 🔀 M 2 🗆 F	77	7 YRS.					Month, Day, Ybar) ine 11,1	914	Co	lorado
	Œ	99. FACILITY NAME (If not institution, given 9506 Old Georget						LOCATION O	F DEATH			TY OF DE	
(dispers)	16	RESIDENCE OF DECEDENT	JOWII ROAU			вес	hesd	ıa			Mon	tgom	ery
il. Page	DIRECTOR	Maryland Mont	gomery			thesd		N					10d. INSIDE CITY LIMITS? 1 YES 2 X NO
020 physician. burial-transit permit.	FUNERAL	9506 Old Georget	own Road				101. 21	20814					HAT COUNTRY? States
-0020 ing physicia the burial-tr	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 W Widowed 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE 1	WAR OR DATE	S. ARMED 2 NO	I If y	ee, specif	DENT OF HIS by Cuben, Me	xicen, Pue	IIGIN? (Specify Ye rto Ricen, etc.)	e or No-	14. RACE Black, Specifi	— American Indian, White, etc.
15-(endin as th	ED B	15. DECEDENT'S EC	World W										White
MARYLAND 21215-0020 retained by the hospital or attending physician. 5 should be detached for use as the burial-tran notified at once.	ш	(Specify only highest gra			(Give kind of white. Do NOT use Chief A	vork done dur. e retired.)	ing most o			The Justhe U.S	tice	Depa	rtment of
AND the hospits detached	COMPL	17. FATHER'S NAME (First, Middle, Last)			Dav	YEL	16	a. MOTHER'S	NAME (FI	rat, Middle, Maiden			
YK d by t	BE (Noral Whitt	inghill					Edna		McDonal			
MAR retained 5 should notified	TO E	19e. INFORMANT'S NAME (Type/Print)								Number, City or Tox			
ay be re	-	Kathleen Maria W		111	9506	old G	eorg	etown	Roa	d, Beth	esda,	Mary	land 20814
AOR e 5 m. rector.		20e, METHOD OF DISPOSITION 1		20b. PL cemete Gat	ACE AND DATE OF ACE OF H	her place) eaven	Ceme	etery	-23	Silv	cation - c	ring	, Maryland
BALTIN er death. Pag he funeral di ral.		21. SIGNATURE OF FUNERAL SERVICE	1 Lem	MO	0689	HOM	e/ Be	tnesa	a-cn	evy Cna	se, I	nc.	ey Funeral 7557 and 20814
68760, BA executed within 24 hours after d and completely filled in by the b burial, cremation, or removal.		23. PART LEnter the diseases, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	a. Lur	ng Can	iline.		e mode	of dying, s	such ss (cerdiec or reep	Iratory erre	est,	Approximate interval Between Onset end Death 7 Months
P.O. BOX th certificate be of ending physician i Hygiene prior to or other traum	ERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in deeth) LAST	c		NSEOUENCE OF								
RECORDS, v requires that the dear been signed by the att. n. of Health and Menta shows any Injury,	MEDICAL (PART II. Other algorificent condition Prostate Cano		deeth but i	not resulting i	n the unde	riying ce	Buse given	In Part I	24a, WAS AN PERFOR 1 TYES 2	RMED?		WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? I YES 2 NO
AL has thas the Dept	ICIAN:	25. WAS CASE REFERRED TO MEDICAL					00 P1						
F VITAL SICIAN: The Licertificate has the State De	SIC	EXAMINER? 1 YES 2 XNO	HOSPITAL:	EDIO	1 2 0 001	OTHER:		OF DEATH			_		
표 용 등 등 기	РНУ	27. MANNER OF DEATH	28e. DATE OF	INJURY	28b. TIME	OF 28	c. INJURY	AT		ther (Specify) DESCRIBE HOW I	N ILIBA OCCI	IRED	
ON OO DING PHYS After this death with	B	1 Natural 5 Pending 2 Accident investigation 3 Suicide 8 Could not be	28a PLACE O		At home, farm, s	M 1	WORK?	2 NO					
TISI STIEN STOR: after	ETED	4 Homicide determined	building,	etc. (Specify)	at nome, term, s	reet, tectory,	Office		28t. L	OCATION (Street a Sity or Town, State)	and Number o	r Aurai Ao	ste Number,
로 걸 전 노	COMPL	29e. CERTIFIER (Check only one) 1 🔯 CERTIFYING PHY (Check only one) 2 MEDICAL EXAMIN	SICIAN: To the best of ER: On the bests of ea	my knowledg	e, death occurre	d at the time,	, date end	place, end o	fue to the the time, d	ceuse(e) end mar	nner as state	d. cause(s)	and menner as stated.
to the Hospi to the Funer be filed within	ш	296. SIGNATURE AND TITLE OF CERTIFI					_	c. LICENSE N					Month, Day, Year)
1	TO B	Den	- Ney	7	44						▶ Oct	oher	21 1001
25+1		30. NAME AND ADDRESS OF PERSON W Benjamin Berg, M	D. 6900	SE OF DEATH Georgi	(ITEM 27) (Type,	Print)Wal	ter . W.,	Reed .	Army	Medica.	Cen	er/	ulmonary Clinic
	- 1	31. DATE FILED (Month, Day Year)	/82 DECICEDA		25.0.00								

REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) '91



	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death, Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	OR AT	DIREC	OULS	tem ;
	PITAL	RAL	27	1 11 1
	HOS	FUNE	With	TAN
	의개	O THE	e filed	MPOF
	F	1	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	=
6	1	C	/	١

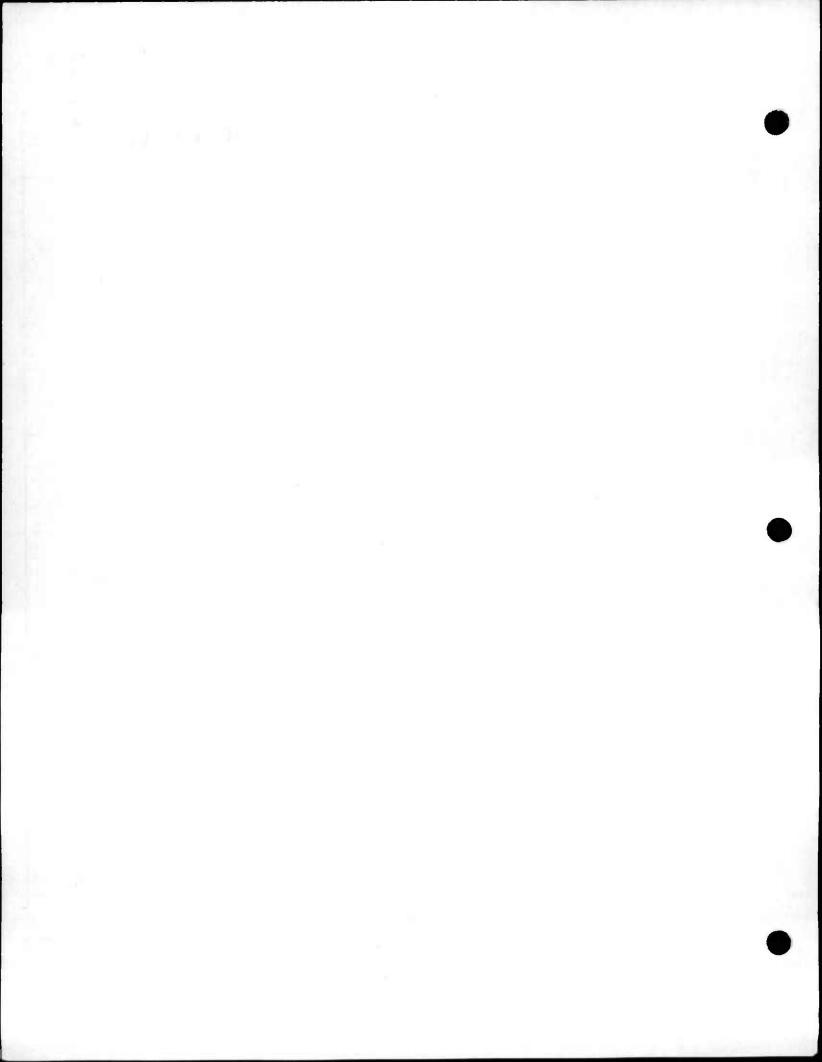
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
CERTIFICATE	EO	F DEAT	TH		REG NO

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	RTMENT OF I	HEALTH AND	MENTAL HYGIEI			00123
	1. DECEDENT'S NAME (First, Middle, Last) Charles	М.		Malburgh		2. DATE OF DEATH OCTOber 1		991	3. TIME OF DEATH 11:45 P.M
	718-12-0513	1XXM 2 □ F 82	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 1 (Month, Day, Year) October 1	909	a, BIRTH	IPLACE (State or Foreign
TOR	9a. FACILITY NAME (II not institution, give stre Suburban Hospital RESIDENCE OF DECEDENT				or Location of D	DEATH		NTY OF D	
DIRECTOR	10e. STATE 10b. COUNTY Maryland Montgo	omery		Y, TOWN OR LOCA					10d. INSIDE CITY LIMITS? 1 YES XX NO
FUNERAL	100. STREET AND NUMBER 4107 Knowles Ave	enue		10	20895		10g. CITI		VHAT COUNTRY? S.A.
BY	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D	2 X XO	if yes, at	CENDENT OF HISPA ecity Cuban, Mexic XX NO Speci	NIC ORIGIN? (Specify Yeen, Puerto Rican, etc.)	e or No—	14. RACE Black Speci	- American Indian, white, atc.
COMPLETED	15. OECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of a life. Do NOT us	USUAL OCCUPATE work done during mo ee retired.) agent/Ma	st of working	16b. KIND OF BU	Rail		
BE CON	17. FATHER'S NAME (First, Middle, Last) John E	G.	Walbur	gh	18. MOTHER'S N.	AME (First, Middle, Maider M	Surmarne)	a	Olsen
TO B	19a. INFORMANT'S NAME (Type/Print) Catherine G. Walbu	ırgh	19b. MAILING 4107	ADDRESS (Street of Knowles	Avenue,	Route Number, City or Tox Kensingto	vn, State, Zip	Code)	nd 20895
	20a METHOD OF DISPOSITION 14 Burlel 2 Cremetton 3 Remov 4 Donation 5 Other (Specify)	at from State cen	PLACE AND DATE (OF DISPOSITION (No.			cation –		wn, State
	21. MCHATUM OF FUNERAL SERVICE LICE			Robe: Beth	Tt A. Pu	mphrey Fun	eral	Home 755	7 Wisconsin
CERTIFICATION	23. PART I. Enter the diseasea, or conchock, or heert fellure. List immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST	DUE TO (OR AS A	ech line.	Hict	lent	Dust	V	eet,	Approximate intervel Between Onset and Death
PHYSICIAN: MEDICAL CE	PART II. Other algnificent conditions	contributing to death b	ut not reaulting i	n the underlying	ceuse given in	Pert I. 24a. WAS AN PERFO	RMED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	ettem 2 🗆 BOA	OTHER:	ACE OF DEATH (Ch				
РНҮ	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIMI	OF 28c. INJ		8 Other (Specify) 28d. DESCRIBE HOW	NJURY OCC	URED	
à l	Netural 5 Pending Accident Investigation Suicide a Could not be	28s. PLACE OF INJURY	At home, ferm, a	M 1 1	ES 2 NO	28f, LOCATION (Street	and Number	or Rural R	oute Number
	4 Homicide determined	building, atc. (Spec				City or lown, State,			
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	N: To the best of my knowl	edge, death occurre and/or investigation	d at the time, data n, in my opinion, d	and place, and due eath occured at the	to the cause(s) and man time, data and place, er	nner se state	id. i cause(s)	and manner as stated.
TO BE (29b. SIGNATURE AND TITLE OF CERTIFIER	Men	lm 19	MD	D 119	WBER 29	29d. DATE	SIGNED	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO C David B. Kessler,				#480, T	akoma Park	, Mar	ylan	d 20912
	David B. Kessler, M.D., 7610 Carroll Avenue, #480, Takoma Park, Maryland 20912 31. DATE FILED (Month, Day, Year) OCT 22 '91 32. DEGISTRAB'S SIGNATURE Funds, Davidson Park, Maryland 20912								

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be find within 72 hours after death with the State Dent of Health and Mental Handane natural community or comment	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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8	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fit he filled within 72 hours after death with the State Dent of Health and Mental Hunlane neigh in hural premarism, or seminal	lem
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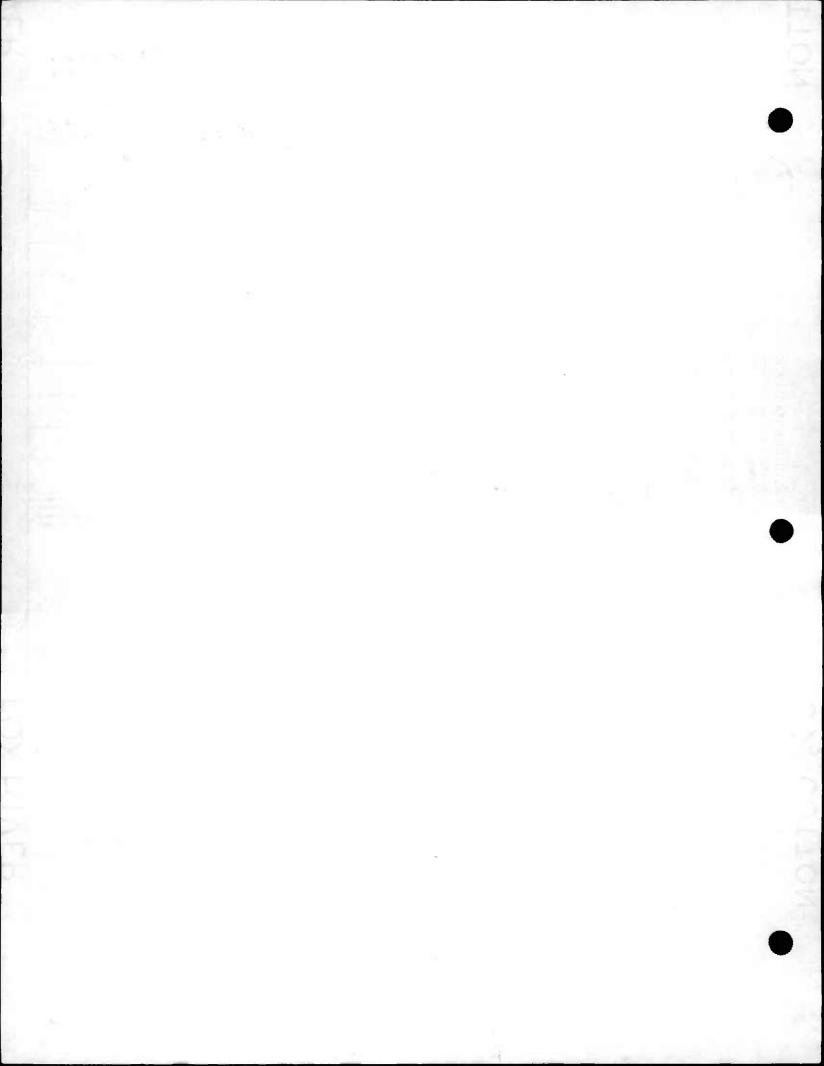
FOR						,	30130
1 - STATE REGISTRAR 1. DECEOENT'S NAME (First, A		CERTIFIC SSELL WE	MENT OF H	DEATH AND	MENTAL HYGIE REG. NO 2. DATE OF GEATH		
	an K RUSSE	1	201		MONTH MONTH	DAY _	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBE			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIFTH	15-9	10:35A
211-01-6861	1 □XM 2 □ F 74		ONTHS DAYS	HOURS MIN.	JUNE 12,1		Country)
9a. FACILITY NAME (If not insti	ution, give street and number)	9	b. CITY, TOWN C	OR LOCATION OF D			PENNSYLVANIA
5 13324 FOXHAL	L DRIVE		WHEAT)N			ONTGOMERY
13324 FOXHAL RESIDENCE OF DECE						M	IN I GOMER I
MADYT AND	Ob. COUNTY		TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
	MONTGOMERY		WHEATON				1 TES 2 HO
1222/ FOYHAT	DDTIE		10f	. ZIP CODE		10g. CITIZE	H OF WHAT COUNTRY?
100. STREET AND NUMBER 13324 FOXHAL 11. MARITAL STATUS		·		20906		USA	
	12. WAS DECEDENT EVER FORCES? 1 7 YE IF YES, GIVE WAR OR	S 2 NO	If yes, sp	ecify Cuban, Maxico	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	s or Ho— 1	4. RACE — American Indian, Black, White, atc.
3 Widowed 4 Divorce	1941–196	DATES A	1 TYES	2 HO Specif	у:		Specify:
15. DECEE (Specify only h Elementary/Secondary (0-1): 17. FATHER'S NAME (First, Middle)	ENT'S EDUCATION	18a. OECEDENT'S US	UAL OCCUPATION)H	18b. KIHO OF BL		HITE
Elementary/Secondary (0-12	ghest grade completed)) College (1-4 or 5 +)	(Give kind of wor	k done during mo etired.)	st of working	1000 1000 00 00	5111E35/111D0	ini
	4	COMMANDER			US NAV	v	
17. FATHER'S NAME (First, Midd	e, Last)			18. MOTHER'S NA	ME (First, Middle, Maide		
ı 📗 ABRAHAM GAR	RETT WEST				GETTMAN		
19a. IHFORMANT'S NAME (Type	(Print)	196. MAILING AL	DRESS (Street a		Route Number, City or Tox	vn, State, Zip C	ode)
KIM WEST		13324 F			WHEATON, M		
20e. METHOD OF DISPOSITION 1 Burial 2 Cremetion	1 2	D. PLACE AND DATE OF	DISPOSITION /Na	me of	OATE 20c 14	CATION CH	by as Town State
4 Donation 5 Other (S	ecito	ARLINGTON	NATIONA	L CEMETI	ERY 10/13 ART.	TNGTON	, VIRGINIA
21. SIGNATUME OF FUNERAL	ERVICE LICENSEE		22. HAME AH	D ADDRESS OF FA	CHITY		
1) (m	1) DKax		FRANCI	S J. COI	LINS FUNE	RAL HO	ME, INC. PR.MD. 20901
IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. OUE TO (OR AS	A CONSEQUENCE OF):	ar	our our	to mia	2.5	Intervel Between Onset and Deat
Sequentielly list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A COHSEQUENCE OF):)			
	conditions contributing to death	but not resulting in t	the underlying	cause given in	Part I. 24s, WAS AF	LAUTOPSV	24b. WERE AUTOPSY FINDINGS
PART II. Other significent					PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
					1 TYES	, ho	OF DEATH?
							1 TYES 2 HO
25. WAS CASE REFERRED TO A	EDICAL		26 PI	ACE OF DEATH (Ch	ack anti anal		
25. WAS CASE REFERRED TO R EXAMINER? 1 VES 2 DO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 ER/Ou		THER:	2/			
27, MAHNER OF DEATH	28a. DATE OF IHJURY		Hursing Home F 28c. IHJU		8 Other (Specify) 28d. DE\$CRIBE HOW	IN HIRV OCCU	250
120 Institution 5 Per	(Month, Day, Year)	IHJUR	M 1 Y	NY?			120
3 D Sudelde	28a. PLACE OF IHJUF	Y — At home, tarm, stre			28t, LOCATION (Street	and Number or	Rumi Pouts Number
	building, atc. (Sp	ecify)			City or Town, State	11011001	Todo Homon,
29a. CERTIFIER (Check only one) 1 CERTIFI	IHG PHYSICIAH: To the bast of my kno	wiedge, death occurred a	n my opinion, de	and place, and due	to the cause(a) and ma	nner as stated	ause(a) and manner as stated.
			T	29c. LICEHSE NUN			IGHED (Month, Day, Year)
4 Homicide S Co	benings.			E-OFLIGE HOW		AND DAIL S	PARTICLE (MEDICAL) TABLE MARCH
29b. SIGNATURE AND TITLE OF	Crew Du	er ve		DOX	241	NY.	-170
296. SIGNATURE AND TITLE OF	Deed	EATH (ITEM 27) (Type, Pri	ne)	D08	,546	40-	19-71
296. SIGNATURE AND TITLE OF	RISOH WHO COMPLETED CAUSE OF O		_	D08	546	76.	17-91
30. HAME AHD AGGRESS OF P.	RSOH WHO COMPLETED CAUSE OF O	2°2	m) -(8 1	DO8	overn	No-	-17-91 2 Beth



DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic	s after death. Page 6 may be retained by the hospital or attending physic
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial. The funeral director, page 5 should be detached for use as the burial completely filled in burial completely filled in the first and the form of the following the	by the funeral director, page 5 should be detached for use as the burial.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	dical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	AILO	F DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last) WILLIAM	WILLIAM	+ TH.	WRIGH	ΗT	2. DATE (of DEATH DAY	91	/EAD	ME OF DEATH
4. SOCIAL SECURITY NUMBER 223-30-3132	5. SEX 6. AG		F UNDER 1 YEAR		(Month,	DE BIRTH Day, Year) 23, 1		BIRTHPLAC Country) VIRGIN	E (State or Foreign
9s. FACILITY NAME (If not institution, give s 17516 PRINCE			o. city, tow	N OR LOCATION OF D			9c. COUNT	y of death NTGOM	7PV
RESIDENCE OF DECEDENT	DD IMITE DIX	1	OH	101			1101	MIGOII	21(1
10s. STATE 10b. COUNT	Y NTGOMERY		NEY	CATION					INSIDE CITY LIMITS? YES 2 NO
100. STREET AND NUMBER 17516 PRINCESS A	ANNE DRIVE			101. ZIP CODE 20832			-	USA	COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YE IF YES, GIVE WAR, OF	ES 2 NO	If yes,	DECENDENT OF HISPA specify Cuben, Mexic (ES 2 ANO Spec	NIC ORIGIN		or No- 14	4. RACE — A Black, Whi Specify:	merican Indian, ts, atc. WHITE
15. DECEDENT'S EDU	1	18a. DECEDENT'S US	ELIAL OCCUPA	ATION	166	KINO OF BUS	INFSS/INDI IS	RTRY	
(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of word life. Do NOT use r	rk done during retired.)	most of working	J		OPKIN	IS UNI	VERSITY
17. FATHER'S NAME (First, Middle, Last)	5+	ENGINEE	ıĸ	18. MOTHER'S N	_			STOS T	AD
WILLIAM HARRISO	ON WRIGHT			JULIA		niccie, maicen s	LEW	ITS	
19s. INFORMANT'S NAME (Type/Print)	MATGIT	19b. MAILING AI	DORESS (Stre	et and Number or Rura		er, City or Town			
SHIRLEY MAE WRIG	GHT (WIFE)		,	ESS ANNE					D 20832
2ès. METHOO OF OISPOSITION 1-1 Buriet 2 Cremetion 3 Fem 4 Donation 5 Other (Specify)	- une source in	20b. PLACE AND OATE Of cemetary, crematory or EVERGREEN	of DISPOSITI	ON (Name	DATE	20c. LOC	CATION — CH	ty or Town, S	tata
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	EVERGREEN	FRA	NCIS J.		IS FUNE	ERAL E	HOME,	INC.
tan	1		500	UNIVERSI	TY BL	VD., W	V., SI	L. SP	., MD 20
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury	b. OUE TO (OR A	IS A CONSEQUENCE OF):							
that initiated events resulting in desth) LAST	d	AS A CONSEQUENCE OF):							
PART II. Other significant condition	ne contributing to deat	h but not resulting in	the underl	ying cause given i	n Part i.	24s. WAS AN PERFOR	MED?	CON OF I	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE JEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL									
EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	S. PLACE OF DEATH (C					
27. MANNER OF DEATN 1 Netural 5 Pending	28a. DATE OF INJUI (Month, Day, Yea	RY 28b. TIME	OF 28c.	Nome 5 D Residence INJURY AT WORK? YES 2 NO	_	r (Specify) SCRIBE HOW IP	VJURY OCCU	JRED	
2 Accident Investigation 3 Suicide S Could not be 4 Homicide determined	28e. PLACE OF INJI building, atc. (3	URY — At home, farm, str Specify)	reet, factory, o	offics		ATION (Street s or Town, State)	nd Number o	r Rural Route	Number,
Company Carry	ER: On the bast of my ki								manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIE OTHER TONION 30. NAME AND ADDRESS OF PERSON WI	eess his /	Ken hull	larhu	29c. LICENSE N	541	2	D /	SIGNED (Mor	191
	nationa		e s	selies.	SPR	en'9	hel	20	906
31. DATE FILED (Morith, Day, Year)	12. REGISTRAR'S S	SIGNATURE MANUAL							



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ź	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ated or item 23 shows any Injury or other traumatic event the medical examiner must be notified
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1. DECEDENT'S NAME (First, Middle, Last)	OF JA					DEATH	2. D/		DAY YEAR			
4. SOCIAL SECURITY NUMBER 239-30-6790	5. SEX	6. AGE (In yrs. I	last birthday) YRS.	IF UNDE	DAYS	IF UNDER 24 H	IN (M	TE OF BIRTN lonth, Day, Year)	NT.	BIRTNPLA Country)	CE (State or Foreign	
9a. FACILITY NAME (If not Institution, give so 10808 ASHFIE) RESIDENCE OF DECEDENT			Y. TOWN O	PHI			PRINCE GEORGE					
10a. STATE 10b. COUNTY	vce be	10c, C		OR LOCAT					100	d. INSIDE CITY LIMITS? YES 2 NO		
10e. STREET AND NUMBER					101.	ZIP CODE	2.4				T COUNTRY?	
1 0 8 0 8	12. WAS DECEDEN	TEVER IN U.S.			If yes, spe		lexican, Pue	IGIN? (Specify Year rto Rican, atc.)		SA I. RACE — Black, W Sr*	American Indian, hita, atc. WHITE	
15. DECEDENT'S EDU (Specify only highest grade Elamentary/Secondary (0-12) 1-12	CATION completed) College (1-4 or 5	16a. (OECEDENT'S (Give kind of life. Do NOT L areho	work done ise retired.)	OCCUPATIO during mos	DN st of working		Gener	siness/indus			
17. FATHER'S NAME (First, Middle, Lest) William T	Wilson							st, Middle, Maiden Martin				
19a. INFORMANT'S NAME (Type/Print) Charlie Wilson								Rd. Be:		DOB)	25411 sW.VA	
20s.,METHOD OF DISPOSITION 1 4 Surial 2 Cremetion 3 Rem 4 Donation 5 Other (Specing)	Over Hom State	of cemeta	iry, cremator	y or giner	piace)			0-19-91				
21. SIGNATURE OF FUNERAL BERVICE LA	Complications the	at caused the	deeth, Do	1 .	name an Ines/ 1800	N.H.	of facility di Fu Ave.,	neral Ho	Sprin	e. M	d. 20904 Approximate	
23. PART I. Enter the diseases, or shock, or heart fellure.	Complications the	at caused the	deeth. Do na.	1 not anta	NAME AN Ines/ 1800 r the mo	Rinal N.H. de of dying	of FACILITY di Fu Ave., , such se	neral Ho	ome Sprin	e. M	d. 20904	
23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentiely list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	a. DUE TO	at caused the	deeth, Do na.	not anta	NAME AN Ines/ 1800 r the mo	Rinal N.H. de of dying	of FACILITY di Fu Ave., , such se	neral Ho	ome Sprin	e. M	d 20904 Approximate interval Between	
23. PART I. Enter the diseases, or shock, or haert fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. DUE TO DUE TO DUE TO DUE TO	It caused the use on each ii	deeth, Do na.	22 H I I I I I I I I I I I I I I I I I I	NAME AN Ines, 1800 r the mo	N.H. de of dying	of Facility di Fu Ave., , such ss	neral Ho Silver cardiec or respi	Ome Sprin Fratory erres	24b. WI	Approximate interval Between Onset end Deatl	
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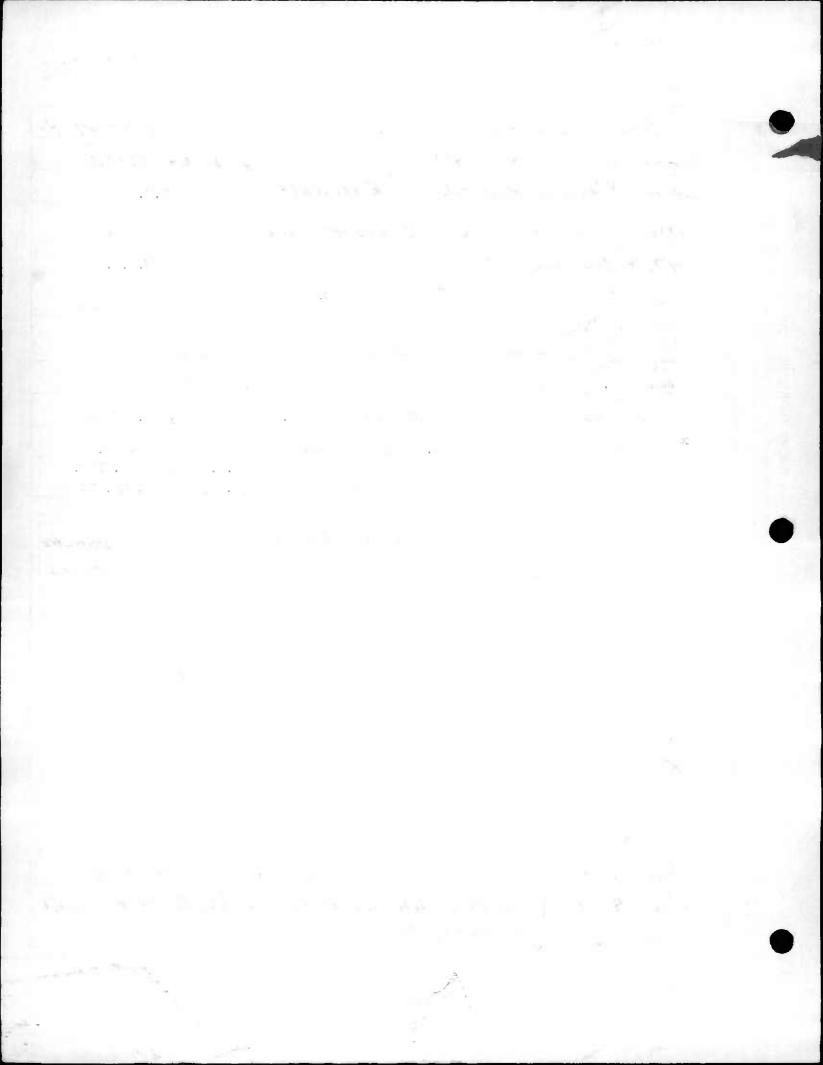
Weensbury Rd Hyattsville MD 20181

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31. DATE FILED (MO

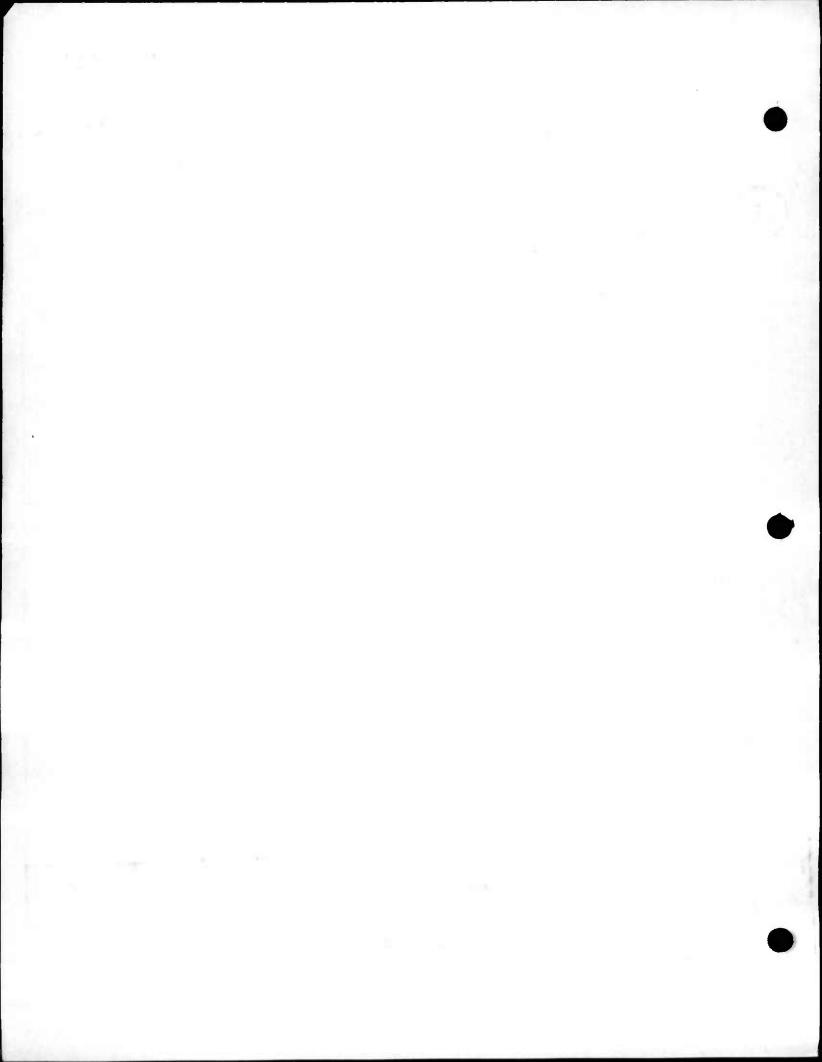
'91

FOR STATE REGISTRAR	STATE OF MARYLA		NT OF HEALTH AND	MENTAL HYGIENE REG. NO.	00.00				
1. DECEDENT'S NAME (First, Middle, La SUE	WOOLARD	Susan F.	Woolard	2. DATE OF DEATH DAY	YEAR 91 10:47 PM				
4. SOCIAL SECURITY NUMBER 218-54-7816 98. FACILITY NAME (If not institution, gi	1 - M 2 X F	YRS. MONTH	PER 1 YEAR F UNDER 24 HRS. DAYS HOURS MIN. TY, TOWN OR LOCATION OF O	7. DATE OF BIRTH (Month, Day, Year) Q - 20-04 EATH 9c. (COUNTY OF DEATH				
RESIDENCE OF DECEDENT 10a. STATE 10b. COL P 10c. STREET AND NUMBER 4704 Gui 11. MARITAL STATUS 1 Never Married 2 Married		10c. CITY, TOW		K	P.G.				
10e. STREET AND NUMBER	IFORD ROAD		101. ZIP CODE 20740		CITIZEN OF WHAT COUNTRY?				
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED 1							
15. DECEDENT'S I (Specify only highest g) Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	EDUCATION rade completed) College (1-4 or 8+)	16s. DECEDENT'S USUAL (Give kind of work do life. Do NOT use retired Homemake	ne during most of working 1.)	16b. KIND OF BUSINESS Home	S/INDUSTRY				
	Davis			AME (First, Middle, Malden Surnal					
19a. INFORMANT'S NAME (Type/Print) Roscoe Wool			SS (Street and Number or Flural	Route Number, City or Town, State College Park,	e, Zip Code)				
20a. METHOD OF DISPOSITION 1 Esurial 2 Cremation 3 F 4 Donation 8 Other (Specify)	temoval from State	PLACE OF DISPOSITION other place) Ft. Linco.	(Name of cemetery, crematory or Ln Cemetery	20c. LOCATIO	N — City or Town, State				
21. SIGNATURE OF FUNERAL SERVICE	hande			W.W.Chamb	pers Co. Inc.				
immediate cause (Fine) disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	disease or condition resulting in death) Due to (or as a consequence or): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events Due to (or as a consequence or): Due to (or as a consequence or): Due to (or as a consequence or):								
PART II. Other algnificant condi	PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO COMP 1 1								
25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 A YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 ER/Outp	other 3 G DOA 4 G							
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	lursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY	/ OCCURED				
	building, etc. (Speci	— At home, farm, streel,	actory, office	28f. LOCATION (Street and Nu City or Town, State)	umber or Rural Route Number,				
000)	HYSICIAN: To the best of my knowle MINER: On the basis of examination				is stated.				
Penland	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Morith, Day, Year) 29d. DATE SIGNED (Morith, Day, Year) 29d. DATE SIGNED (Morith, Day, Year) 29d. DATE SIGNED (Morith, Day, Year) 29d. DATE SIGNED (Morith, Day, Year) 29d. DATE SIGNED (Morith, Day, Year) 29d. DATE SIGNED (Morith, Day, Year) 29d. DATE SIGNED (Morith, Day, Year)								
PANI A. D	E ORE, MI		Queensury	Re PHATA	THE MAZORI				
31. DATE FILED (Month, Day, Year) OCT 16 '91	SZO REGISTRAR'S SIGN.	fondelle							



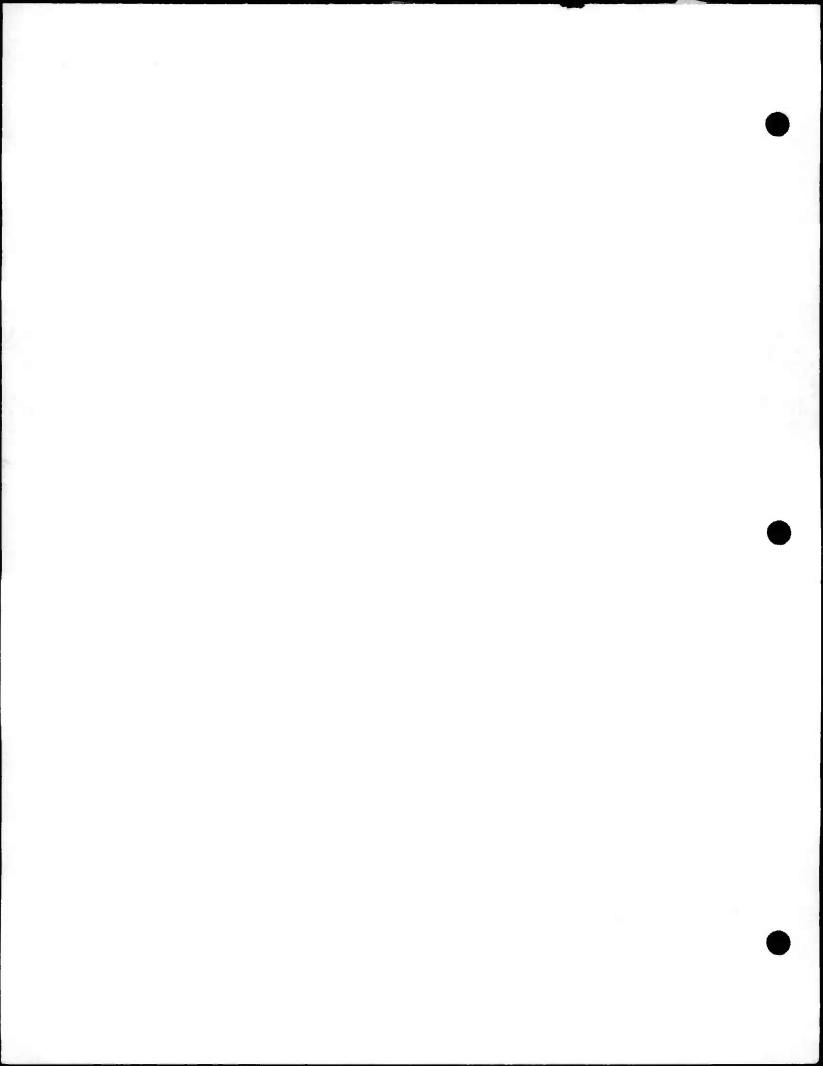
BALTIMORE, MARYLAND 21215-0020	24 hours after death, Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit perm on or removal.	re medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm be filled within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF M	ARYLAND / Ce	DEPAR	ICATI	T OF H	EALTH DE AT	AND N		YGIEN EG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Lest)	Datter	W	254	-				2. DATE OF C		ν	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 181-26-4253	5. SEX 1X M 2 F	8. AGE (In urs. /es	birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF B	(Year)	,	BIRTHP Couptry) WEST	LACE (State or Foreign VIRGINIA
OR	9a. FACILITY NAME (If not institution, give :										АТН		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10a. CTTV WARD CO. LOCATION												
	MA MUNTERMANA C. JURY SOCOL								IDD. INSIDE CITY LIMITS? I YES 2 NO				
FUNERAL	10s. STREET AND NUMBER	N DOW	0			101.	ZIP COOE	<i>a</i> 10			10g. CIT	_	AT COUNTRY?
NE I	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ADI	4F0	12	WHE DEC	20	910	0.0000000000000000000000000000000000000			U.J.1	A
β	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 [IF YES, GIVE WA	YYES 2 N			If yes, spe	cify Cubar 2 X NO	ı, Maxican	IC ORIGIN? (Sp i, Puarto Rican	ecify Yes , etc.)	or No —	Black,	- American Indian, White, atc. HITE
COMPLETED	15. DECEOENT'S EDU (Specify only highest grade	CATION completed)	(GA	e kind of	USUAL O	CCUPATIO during mos	N it of working	g .	16b. KIN	O OF BUS	INESS/INC	USTRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+) 4+		CATT		ΛТМ	INIS	ייי א כוייי	OT	EDUC	ATIO	λī	
S S S	17. FATHER'S NAME (First, Middle, Last)			OAII	UNAL	ADM			ME (First, Middle			IN	
BE	HOMER E.	WE	ST				R.		ATHERI			ALTON	
ဥ	19e. INFORMANT'S NAME (Type/Print) DOROTHY B. WEST	(WIFE)							OUT TYPE				7 4375 00010
	20a. METHOO OF DISPOSITION		20b. PLACEA	NDDATE	OF DISPOS			VE,	OATE T			MARY City or Town	LAND 20910
	1 Donation 5 Other (Specify)		METROP	OLIT	AN C				1	ALEX	ANDR	IA, V	IRGINIA
	21. SIGNATURE OF PUNERAL SERVICE (CR	Z.							NS FUN	ERAL	HOM	E, IN	C. MD 20901
	23. PART I. Enter the disessea, or shock, or heart failure.	complications that	caused the des	th. Do r	ot enter	the mod	le of dylr	ng, auch	as cardisc	or reapir	atory arr	eat,	Approximate
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	s. Ce	rebro	185	cha	<i>~</i> /	Acc	(0)					Interval Between Onset and Desth
,		OUE TO (C	OR AS A CONSECU	JENCE O	7):								
	Sequentially list conditiona, if any, leading to immediate	oue to (C	R AS A CONSEDI	JENCE OF	7).								
CERTIFICATION	ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	cDUE TO (C	OR AS A CONSECU	IENCE OF	n.								
ERT	resulting in death) LAST	d		TENOL OF	,-								
	PART II. Other significant condition	s contributing to d	eath but not re	sulting i	n the un	derivina	Cause of	ven in P	Part I 24a	WAS AN A	UTOBEY	A41. III	ERE AUTOPSY FINDINGS
DICAL						,				PERFORM	ED?	A	AILABLE PRIOR TO OMPLETION OF CAUSE
PHYSICIAN: MEDI									_ ' '	120 2	_ 110		F DEATH?
Y N	25. WAS CASE REFERRED TO MEDICAL												
SICI	EXAMINER?	HOSPITAL:	ER/Outpatient 3 f	DOA.	OTHER	l:			k only one)				
PH PH	27. MANNER OF GEATH	26a. DATE OF IN (Month, Day,	JURY	26b. TIMI	OF	28c. INJU WOR	RY AT	- Y	Other (Spe 28d. OESCRIBI		JURY OCC	URED	
B	1 Naturel 5 Pending 2 Accident Investigation				M	1 🗌 YE	S 2 🗌	NO					
ELED	3 Suicida 8 Could not be detarmined	building, at	INJURY — At hom c. (Specify)	e, farm, a	treat, facto	ory, offica			26f. LOCATION City or Tow	(Street an	d Number	or Rural Roul	te Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC (Check only one) 2 MEGICAL EXAMINED	CIAN: To the beat of m	y knowledge, dast	h occurre	d at the ti	me, data a	nd place,	and due to	o the cause(s)	and mann	er as atate	od.	
D P	29b. SIGNATURE AND TITLE OF CENTIFIED		118	1	2		29c. LICEN						onth. Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETEO CAUSE	OF OEATH (ITEM	27) <i>(Тур</i> е,	Print)		0	1	4		-/	7/	/7/
ti	31. OATE FILED (Month, Day, Year)												
15	OCT 1 7 199	32. REGISTRAR	s signature Davidson-D	and a	0.								
	00111100	11 1		-1100									



DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfer.
be filed writhin /2 hours after death with the state uppl, or health and heal

	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REG. NO.										
	1. OECEOENT'S NAME (First, Middle, Last)	KATHERINE	E. WEN	SINGER		2. OATE OF OEATH	10- å	3. TIME OF DEATH			
	4. BOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In	BIRTHPLACE (State or Foreign Country)								
OR	99. FACILITY NAME (If not institution, give street	and number)			SPRING	ON OF DEATH 9c. COUNTY OF DEATH					
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCAT	ION			10d. INSIDE CITY			
	MARYLAND MONTGO	MERY	SI	LVER S			To see	1 TES 2 NO			
ERAI	100. STREET AND NUMBER 1000 DALEVIEW DRIVE				20901		10g. CITIZEN	OF WHAT COUNTRY?			
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 🔀 Widowed 4 Olivorced	12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1			ENDENT OF HISPAN	IC ORIGIN? (Specify) n, Puerto Ricen, etc.)		RACE — American Indien, Black, Whita, atc. Specify: WHITE			
COMPLETED	15. DECEDENT'S EOUCATI (Specify only highest grade com Elementary/Secondery (0-12) C	ON	18e. DECEDENT'S USU (Give kind of work life. Do NOT use rei	done during mo	N st of working	16b. KIND OF B	USINESS/INDUS				
MPL	12		HOMEMA	KER							
	17. FATHER'S NAME (First, Middle, Last) UNKNOWN				UNKNOWN	ME (First, Middle, Maid	en Surname)				
TO BE	19e. INFORMANT'S NAME (Type/Print)			DRESS (Street a		Route Number, City or T	own, State, Zip Co	^{ode)} 20044			
	EDWARD DUNKELBERGER		1201 PE	NNSYLV	ANIA AVE		WASHIN	NGTON D C			
	1 🖾 Burial 2 🗆 Cremation 3 🗆 Removal 4 🗆 Donelion 5 🗀 Other (Specify)	from State AR	other plece) LINGTON N	ATIONA	L CEMETE	RY ARI		VIRGINIA			
	21. SIGNATURE OF EUNERAL SERVICE LICENS	EE /		22 NAME AP	AME AND ACCRESS OF FACILITY ANCIS J. COLLINS FUNERAL HOME, INC.						
	Sugar VH	wa R		500 บ	NIVERSIT	Y BLVD.,W	. SIL.S	SPR.,MD.20901			
	23. PART i. Enter the diaceses, or com shock, or heert fallure. List	plicatione thet caused tonly one cause on ea	the death. Do not on the children.	enter the mo	de of dying, suci	n es cardiac or res	piratory arrest	interval Between			
	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	Neu	to rease	and for	Lilia			20 min			
	resulting in deeth) P a	DUE TO (OR AS A	CONSEQUENCE OF):	The state of	follun	, 1					
ON ON	Sequentially list conditions, If any, leading to immediate	DOE TO (OR AS A	CONSEQUENCE OF):	nary	emboli	am.		20 min .			
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	Due to (OR AS A	consequence of):	mbos	6			uncertura			
	PART ii. Other significent conditions c	ontributing to death by	et not requising in t	ha undarbila		Dord I Dan MBC	AN AUTOROV	Total Medic Altropoly Emphase			
DICAL	- Street significant conditions c	ontributing to death bu	it not resulting in t	ne underlyin	g cause given in	PERF 1 TYES	ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
: MEDI		-				_		1 TYES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. P	ACE OF DEATH (Ch	eck only one)					
YSIC	1 TYES 2 1 NO 1	OSPITAL: Inpetient 2 ER/Outpe	itient 3 DOA 4			8 Other (Specify)					
	27. MANNER OF OEATH 1 Natural 5 Pending	(Month, Day, Year)	28b. TIME O	W	URY AT DRK? YES 2 NO	28d. DESCRIBE HO	V INJURY OCCUI	RED			
тер ву	2 Accident Investigation 3 Buicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Specific	At home, farm, atree			281. LOCATION (Stre City or Town, Str		Rural Route Number,			
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSICIA (Check only one) 2 MEDICAL EXAMINER: 0										
296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER						29d. DATE S	TE SIGNED (Month, Day, Year)				
10	30. NAME AND ADDRESS OF PERSON WHAT RICHARD M. HUFFM.	AN, M.D.	4710 WAY		Ave.	PAKKETT	PARK, I	ND. 20896			
	31. DATE FILED (Month, Day, Year) OCT 1 7 1991	32. REGISTRAR'S SIGNA Julia Davidso	ATURE gandell								



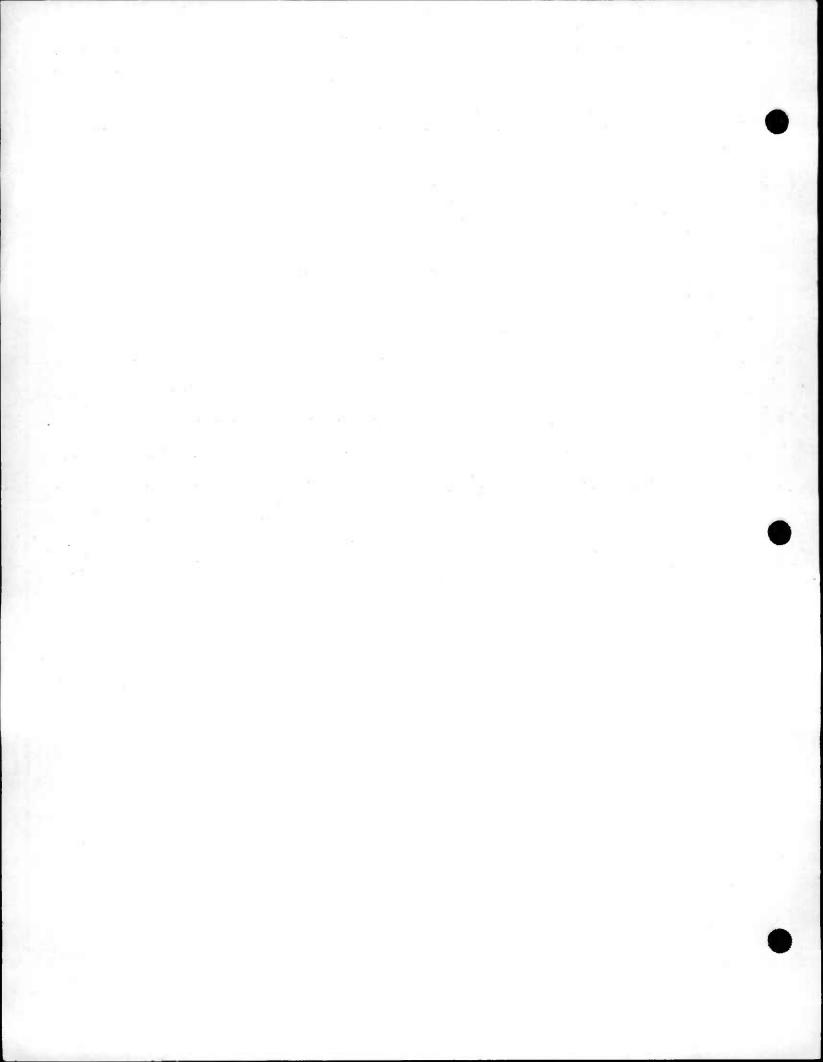
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach in the first page 15 should be detach in the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burish, cremation, or removal.	in 24 hours after death. Page 6 may be retained by the hos ely filled in by the funeral director, page 5 should be detach
the contract. It waste to be marked, or name to show any might of once manifold catally the medical catalline	, the inedical examines must be nothed at once.

	1 - STATE REGISTRAR		STATE OF N	/ MARYLAND Ce	DEPAR	TMEN	T OF H	EALTH DEAT	AND I	MENTAL HYGIEN REG. NO					
	1. DECEDENT'S NAME (First	t, Middle, Lest)	Wilbur	Wilson W	VILES	3		DEA	-	2. DATE OF DEATH			3. TIME OF DEATH		
		our	W.	Wile	S						8-	YEAR 97	м		
	4. SOCIAL SECURITY NUMBER 214 00 06 27		5. SEX	8. AGE (In yrs. las		IF UNDE	DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH	PLACE (State or Foreign		
	214-09-8627		1 X M 2 🗆 F	89	YRS.					12-24-0			Maryland		
α		9a. FACILITY NAME (# not Institution, give street and number) Washington County Hospital						R LOCATIO		ATH	9c. COUN				
70	RESIDENCE OF DECEDENT			T		1	ager	stow	m		Was	hing	ton		
REC	10a. STATE 10b. COUNTY				10c. CIT	Y, TOWN	OR LOCAT	ION			-		10d. INSIDE CITY		
0	Maryland Washington				Ha	agers	town	1					LIMITS?		
FUNERAL DIRECTOR	10e. STREET AND NUMBER		_				101.	ZIP CODE			10g. CITIZ		VHAT COUNTRY?		
INE	26 Randolph	Avenu		T PURP IN ILO AP		1		217			<u> </u>	USA			
В	1 Never Married 2 3 Widowed 4 Divo		FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARI YES 2 NAR OR DATES	MED (O	- 1	WAS DECI	cify Cuba	F HISPAN n, Maxicas Specify	IIC ORIGIN? (Specify Yann, Puarto Rican, atc.)	or No-	Speci Whi	— American Indian, c, Whita, atc.		
COMPLETED	15, DEC	EDENT'S EDUC	CATION	16a. DE	CEDENT'S	USUAL O	CCUPATIO	N .		16b, KIND OF BU	SINESS/INDI		LE		
Ē	Elementary/Secondary (0		College (1-4 or 5	·) ///fe.	Do NOT u	se retired.)		st of workin	g						
₩.	12		0	C	arpe	enter				const	ructi	on			
8	17. FATHER'S NAME (First, M Martin Luth		99							ME (First, Middle, Maiden		. 1 1			
H	19a. INFORMANT'S NAME (1			Tan	Summer										
2	Joanne F. R	yan		196	LOS E	Birch	S (Street as	11 R	or Rural F	Hagerstow	n, State, Zip	. 21	.740		
	20a, METHOD OF DISPOSIT	n 3 🗆 Ramo	val from Stala	20b. PLACE A cemetery, crer	MD DATE	OF DISPOS	SITION (Nai	me of			CATION — C				
	4 ☐ Donation 5 ☐ Other 21. SIGNATURE OF FUNERA		ENSEF	Rest	Have					10/31 Ha	gerst	own,	Maryland		
	500	do	M	Jenne	ef					T'HOME Blvd Has	erst	own .	Md. 21740		
	23. PART I. Enter tha d	Iseasea, or co	omplications that	t caused tha dar	ath. Do r	not anter	tha moo	da Öf-leyli	ng, suct	as cardiac or resp	satory aire	Myll,	M Chaproximate U		
	iMMEDIATE CAUSE (Fir disease or condition resulting in death)		lst only one cau										Intarval Batwean Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):														
PHYSICIAN: MEDICAL	PART II. Other algnifica	-	antibuting to		M-		S CV		íven in i	Part I. 24s. WAS AN PERFOR	IMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
AN	25. WAS CASE REFERRED TO	MEDICAL I													
S	EXAMINER?		HOSPITAL:			OTHER	₹:			ck only one)					
H	27. MANNER OF DEATH		1 Inpatient 2 28a. DATE OF		28b. TIM		26c. INJU		aldence (26d. DESCRIBE HOW I	W. W. C. C. C.				
ВУР		Pending Investigation	(Month, De	ty, Year)		URY	WOF		NO	200. DESCRIBE HOW I	NJUNY UCCI	JHED			
	• 🗆 • • • • • • • • • • • • • • • • • •	Could not be	26a, PLACE OF	F INJURY — At hon	ne, larm, e	rtreel, fact				281. LOCATION (Street a	and Number o	or Rural R	oute Number,		
IE		detarmined	bullding,	atc. (Specify)						City or Town, State)					
COMPLETED	29a. CERTIFIER (Check only	IFYING PHYSIC	IAN: To the best of	my knowledge, dea	rth occurre	d at the t	ime, data a	and place,	and dua	o the cause(a) and mar	nor as state	d.			
OM	one) 2 MEDI	CAL EXAMINER	: On the basis of ax	amination and/or in	rveatigatio	n, in my o	pinion, de	ath occure	d at the t	ime, date and place, an	d dua lo the	cause(a)	and manner as stated.		
BE C	296. SIGNATURE AND TITLE							29c. LICE					(Month, Day, Year)		
10 B		1	M MS	/			+	DIA	020)	D 10	/28	191		
-	30. NAME AND ADDRESS OF	SANG	1 1	E OF DEATH (ITEM	27) (7/100	Print)	43	K	27.06	HOWN 1	14	21	240		
	31. DATE FILED (Month, Day,	Heady .		R'S SIGNATURE	1 YE	4	vec	1,4	ich	SNIYIV	10/2	-	170		
H	001 29 '91	1	Funaflew	dson-Rand	482	/									

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIENE		
1. DECEDENT'S NAME (First, Middle, Lest) Samuel Raymond Winte		l Raymond	WINTER	S	2. DATE OF DEATH MONTH Oct., 23, 19	3. TIME OF DEATH 8:04 PM M	
4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIR	THPLACE (State or Foreign
214-09-4118	1 📉 M 2 🗆 F	91 YRS.	MONTHS DAYS	HOURS MIN.	3-6-1900	Ma	ryland
9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY OF	
Avalon Home, INC.			Hagers	town,		Washing	gton
RESIDENCE OF DECEDENT							
10a. STATE 10b. COUNT		10c. CITY	, TOWN OR LOCAT	TION			10d. INSIDE CITY LIMITS?
	Washington		Hagerst				1 X YES 2 NO
10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
219 Winter Stree	t			21740		USA	
11. MARITAL STATUS			NIC ORIGIN? (Specify Year) in, Puerto Rican, etc.)	or No- 14. RA	ICE - American Indian, ack, White, etc.		
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	ATES A		2 XX Specifi			ecify:
21			1				White
15. DECEDENT'S EDI (Specify only highest grad	JCATION is completed)	16a. DECEDENT'S (Give kind of w life, Do NOT usi	rork done during mo	ON ast of working	16b. KIND OF BUSI	INESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +)						
4		Truck	Driver	Y		ck Comp	oany
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden S	iumame)	
James E. W	inters				nnie C. Kli		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street i	and Number or Rural	Route Number, City or Town	, State, Zip Code)	
Harry Winter	S	419 S.	Potoma	c Street	Hagersto	wn, Mar	ryland 21740
20a. METHOD OF DISPOSITION 1 1 Burial 2 Cremetion 3 Ram	movel from State	b. PLACE OF DISPOS other place)	ITION (Name of ce.	metery, crematory or	20c. LOC	ATION — City or	Town, State
4 Donation 5 Other (Specify)		Rose Hill	Cemete	ry	Hage	rstown	Maryland
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE		22. NAME A	ND ADDRESS OF FA	CILITY Minnich	Funera	l Home
* Roleant	RQQ						wn, Md. 21740
IMMEDIATE CAUSE (Final disease or condition resulting in death)	S. DUE TO (OR AS	A CONSEQUENCE OF	CHF 1:				Onset and Death
	b.		1300	2			7
Sequantielly list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF	7):				
cause. Enter UNDERLYING CAUSE (Disease or injury	с,						
that initiated events	DUE TO (OR AS	A CONSEQUENCE OF	F):				
resulting in daeth) LAST	d						
PART II. Other significent condition	ons contributing to death i	but not resulting i	n the underlyin	a ceuse alven in	Part I. 24a, WAS AN A	ALITOPSV S	24b. WERE AUTOPSY FINDINGS
	Dry Archite	-	-		PERFORI		AVAILABLE PRIOR TO COMPLETION OF CAUSE
			<u> </u>	ula ,	1 TYES 2		OF DEATH?
che rene	in-spine	>					1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (C)	neck only one)		
1 TES 2 AND	1 Inpatient 2 ER/Out	patient 3 DOA		ne 5 🗆 Residence	6 Other (Specify)		
27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	26b. TIMI	E OF 28c. IN.	JURY AT ORK?	28d. DEŞCRIBE HOW IN	JURY OCCURED	
1 Natural 5 Pending 2 Accident Investigation				YES 2 NO			
3 Suicide 6 Could not be	26s. PLACE OF INJUR's building, atc. (Spe	Y — At home, ferm, a	street, factory, offic	ca .	28f. LOCATION (Street a City or Town, State)	nd Number or Rur	al Route Number,
4 Homicide determined					,,		
29a. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of my know	wledge, death occurre	ed at the time rist	and place, and du	to the cause(a) and man	ner as stated.	
anal and	NER: On the besis of examination						ee(a) and manner as stated.
		-					
29b. SIGNATURE AND TITLE OF CERTIFI	salt mo			29c. LICENSE NU		29d, DATE SIGN	HED (Month, Day, Year)
				D(801	7	(3,	W.51
Va S Cut Dat	ta 334 M	111 5	. Haa	erston	un, MD	21	140
31. DATE PHOTYMORN Day (bar)	32 MEDISTRATS SIGN	NATURE DONAL DO					



1	-	STAT		AR
1	1. D	ECEDEN	VT'S	NA
٠		-		

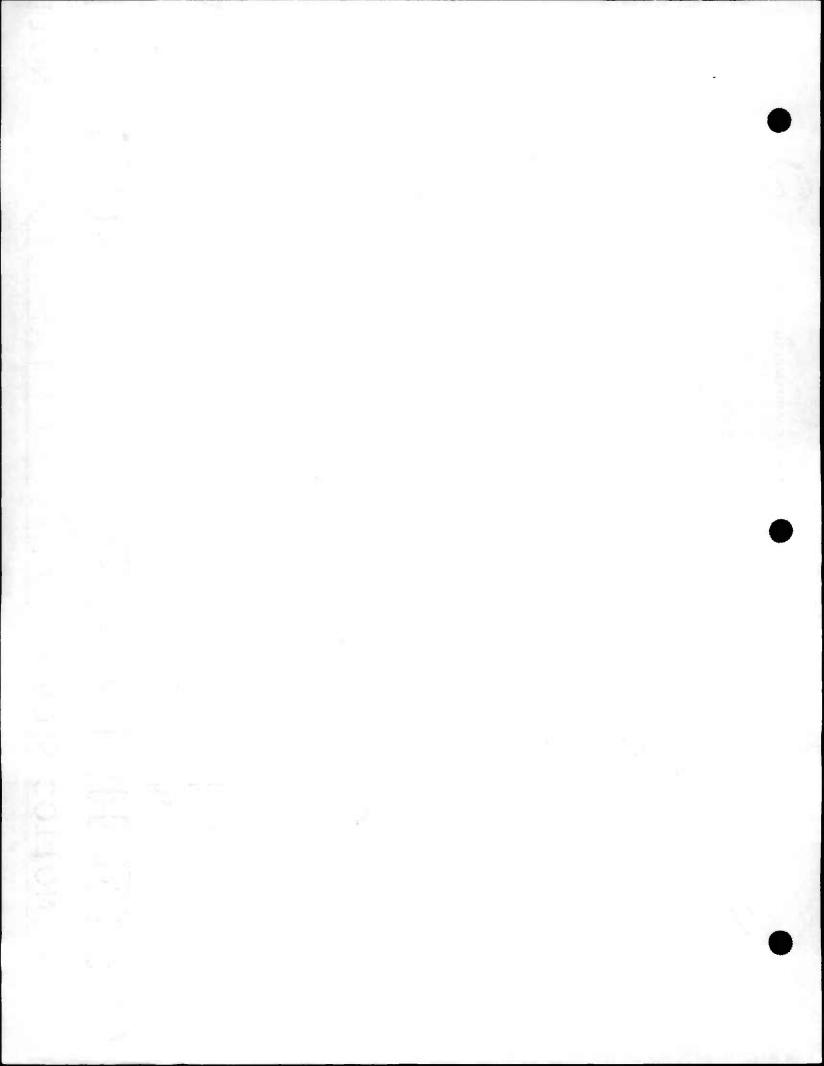
	REGISTRAR		CERTIF	ICATE OF	DEATH	REG.	NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT	Н		3. TIME OF DEATH	
	GLADYS C.	WATKL	214			MONTH	16	YEAR	0926 M	
	4. SOCIAL SECURITY NUMBER 5. S		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			IPLACE (State or Foreign	
	579-14-3120	M 2 X F	78 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Yes	ar)	Count	y)	
	9a. FACILITY NAME (If not institution, give street at	,	10			9-23-				
Œ		No number)			b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DE					
DIRECTOR	Suburban Hospital		Bethe	Bethesda Montgomery						
2	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION				10d. INSIDE CITY	
<u> </u>	Maryland Montgom	eru		Wheaton	, ion		100			
7	10e. STREET AND NUMBER	CIY							1 YES 2 X NO	
A A				10	f. ZIP CODE		1.0		VHAT COUNTRY?	
岁	4086 Adams Court				20902			ted S	States	
FUNERAL		11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. AI 1 Never Married 2 Married FORCES? 1 YES 2 X				NC ORIGIN? (Specifin, Puerto Rican, etc.	y Yea or No	14. RACE	— American Indian,	
BY		F YES, GIVE WAR OR D		1 D YES	2XXNO Specif	y:	.)	Speci	tv:	
									White	
Щ	15. DECEDENT'S EDUCATION (Specify only highest grade comple	eted)	16a. OECEDENT'S (Give kind of a	USUAL OCCUPATI work done during made retired.)	ON ost of working	16b, KIND OF	BUSINESS/II	NDUSTRY		
끧		lege (1-4 or 5+)								
×	12		HOII	nemaker			Own	Home	9	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Me	iden Surname)			
BE	Charles A. Wedler				Lula l	M. Riley				
5	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	AOORESS (Street	and Number or Rural I	Route Number, City or	Town, State, 2	(ip Code)		
-	Ronald R. Watkins		4086 A	dams Ct	., Wheat	on, Maryl	Land	20902		
	20a METHOO OF DISPOSITION 1-Secretarial 2 Cremation 3 Removal fr	20b	PLACEANDDATE	OF DISPOSITION (N	ame of	OATE 200	LOCATION -	- City or To	wn. State	
	4 Donation 5 Other (Specify)		etery, crematory or or		Oct.					
	21. SIGNATURE OF SUNERAL SERVICE LICENSE	7		22. NAME A	ND AODRESS OF FA	CILITY				
	> 1/2:1 5° 1/2			Rober	t A. Pump	phrey Fur	neral	Home/	Bethesda	
	Tuy Cyu		0877	Bethe	sda, Mar	vland 20)814-3	501	.n Avenue	
	Robert A. Pumphrey Funeral Home/Bethesda Chevy Chase, Inc., 7557 Wisconsin Avenue Bethesda, Maryland 20814-3501 23. PART i. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, auch as cerdiec or respiratory arrest, Approximates									
	IMMEDIATE CAUSE (Finel								intervsi Bstween Onset end Death	
	disease or condition resulting in dseth)	Pulmon	us Fi	bossis	1010	PATHIC			2	
- 11		DUE TO (OR AS A	CONSEQUENCE OF	F):	1,000	PITTIFIC			930	
z		CONONAM DUE TO (OR AS A	Aprison	Delan	0				İ	
CERTIFICATION	Sequentisity ilst conditions, If any, leeding to immediate	DUE TO (OR AS A	CONSEQUENCE OF	1:						
S	cause. Enter UNDERLYING CAUSE (Disesse or Injury		El MELL							
E	that initiated events		CONSEQUENCE OF						1	
ᇤ	resulting in deeth) LAST									
EDICAL	PART II. Other significant conditions con	tributing to deeth be	ut not resulting i	n the underlyin	g ceuse given in		AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS	
음							S 2XXXII	-	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
									OF DEATH?	
=						_			1 TYES 2 THO	
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL			28. PI	ACE OF DEATH (Che	ack only one)				
Sic	EXAMINER? 1 VES 2XXXVV 1 XX	SPITAL:	etlant 2 🗆 DOA	OTHER:						
¥		28a. OATE OF INJURY	28b. TIMI		e 5 🗆 Residence					
	1 Natural 5 Pending	(Month, Day, Year)	INJ	URY WO	RK?	28d. OESCRIBE HO	W INJURY O	CURED		
B	2 Accident Investigation	28. 81 405 05 141 11100	411		ES 2 NO					
8	3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY building, etc. (Speci	At nome, farm, s	treet, factory, offic	' [28f. LOCATION (Str. City or Town, St	eet and Numbe late)	er or Rural R	oute Number,	
ᄪ										
립	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: 1	the best of my knowle	edge, death occurre	d at the time, date	and place, and dua	to the cause(a) and	manner as at	rted.		
COMPLETED	MEOICAL EXAMINER: On t	he basis of examination	and/or investigation	n, in my opinion, d	eath occured at the	time, data and placa	, and dua to t	he couse(a)	and menner se stated.	
	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM				(Month, Day, Year)	
BE	// Wallowse				3261		D		16-91	
24	30. NAME AND ADDRESS OF PERSON WHO COM	PLETED CAUSE OF OE/	TH (ITEM 27) (Type.	Print)						
ł	(thomas). M.	Mama	2 57.6	2 0/	de De c	PA D	11 1	0	DP.	
	31 DATE FILED (Month, Day, Year)	P. BEGISTBAR'S SIGNA	T. JOU	2 09161	454. 6	conesas	rua	0	00//	
	OCT 18 '91	P. REGISTRAR'S SIGNA	Mandell							
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TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HI		MENTAL HYGII			
1. DECEDENT'S NAME (First, Middle, Last) ARNETT	м.		WIDEN	ER	2. DATE OF DEATH MONTH October		1991 3. TIME OF DEATN 8:15 P M	
4. SOCIAL SECURITY NUMBER	7		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7, DATE OF BIRTH		6. BIRTNPLACE (State or Foreign	
212-32-8340	1 💢 M 2 🗆 F	97 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year Aug. 26,		MARULAND	
Se. FACILITY NAME (If not institution, give	atreet end number)		9b. CITY, TOWN OF	LOCATION OF D		9c. COUN	TY OF DEATN	
Memorial Hospital	l & Medical (Center	Cumber	land		A11	egany	
10e. STATE 10b. COUNT	Υ	10c. CITY,	TOWN OR LOCATI	ON			10d. INSIDE CITY LIMITS?	
	EGANY	CUN	BERLAN	D			1 TYES 2 NO	
10e. STREET AND NUMBER				ZIP CODE		10g. CITIZ	ZEN OF WHAT COUNTRY?	
235 PACA STREE	12. WAS DECEDENT EVER I			21502			S.A.	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	If yes, spe		NIC ORIGIN? (Specify in, Puerto Rican, atc.) y:	Yes or No-	14. RACE — American Indian, Black, White, atc. Specify: WHITE			
15. DECEDENT'S EDU (Specify only highest grade		16e. DECEDENT'S U	ISUAL OCCUPATIO	N t of working	16b, KINO OF	BUSINESS/IND	USTRY	
Elementary/Secondery (0-12)	College (1-4 or 5+)		ork done during mos retired.)	or working	WHOL	ESALE		
UNKNOWN		SELF-EM	PLOYED		WIIOL	LOALL		
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Mai	den Surneme)		
CHARLES WIDENER NANCY SHUCK								
19a. INFORMANT'S NAME (Type/Print)					Route Number, City or			
BRUCE IRONS							M D 21502	
20e. METHOD OF DISPOSITION 1 💢 Buriel 2 🗆 Cremetion 3 🗆 Ren 4 🗆 Donetion 5 🗀 Other (Specify)		b. PLACE AND DATE	BURTAI	PARK	10-21-91		City or Town, State RLAND, MD	
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME AN	ADDRESS OF FA	CILITY	TEDAI	HOME, P.A.	
	pchurcl		202 G1	REENE S	ST., СИМЕ	BERLAN	D,MD 21502	
23. PART I. Entar the diseases, or shock, or haert failure.	complications that cause List only one cause on a	d the death. Do no each lina.	ot enter the mod	le of dying, suc	ch aa cardiac or n	eapiratory arr	intarval Between	
IMMEDIATE CAUSE (Final disease or condition resulting in death)	Cul	me	an	WX			Onset and Death	
	QUE TO LOR AS	A COMSEQUENCE OF):				()	
Sequentially list conditions,	" 100 M	00					- Ann	
If any, laeding to immediate	DUE TO (OR AS	A CONSEQUENCE OF)):				(1)	
CAUSE (Disease or injury	C							
that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF)):					
	d					- 1		
PART ii. Other significant conditio	na contributing to death	but not resulting in	n tha underlying	cause given in		Y ZEOTUA NA	24b. WERE AUTOPSY FINDINGS	
					t [] YE	в от т	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
						X	OF DEATH?	
					_			
25. WAS CASE REFERRED TO MEDICAL	Ι.		26. PL	ACE OF DEATH (C	heck only one)			
EXAMINER?	HOSPITAL:	toetlent 3 DOA	OTHER:	5 Residence	8 Other (Specify)			
27. MANNER OF DEATN	28e. DATE OF INJURY	28b. TIME	OF 28c. INJ	JRY AT	28d. DESCRIBE H		CURED	
Natural 6 Pending	(Month, Day, Year)	INJU		RK? ES 2 NO				
Accident investigation 3 Suicide 6 Could not be	28e. PLACE OF INJUR	Y — Al home, farm, st	treet, factory, office		26f. LOCATION (St	reet end Number	or Rural Route Number,	
4 Homicide determined	building, atc. (Spe	ecity)			City or Town, S	itate)		
29a. CERTIFIER CERTIFYING PAYS	SICIAN: To the best of my know	wledge death course	d at the time date	and place, and du	a to the sever(s) and	11000		
(ontoin only)							e cause(e) end manner ee stated.	
29b. SIGNATURE AND TITLE OF CERTIFIE	EN			200 LICENSE NU	MBER	29d. DAT	E SIGNED (Month) Day, Year)	
Om,	p> 0			CICI	5/1/	> (OLLIC	
Dr. Fiscus	no completed cause of d Memorial Ho	eath (ITEM 27) (Type, ospital Me	edical B	uilding	, Cumberl	and, M	D 21502	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE Prode 00					13.27	



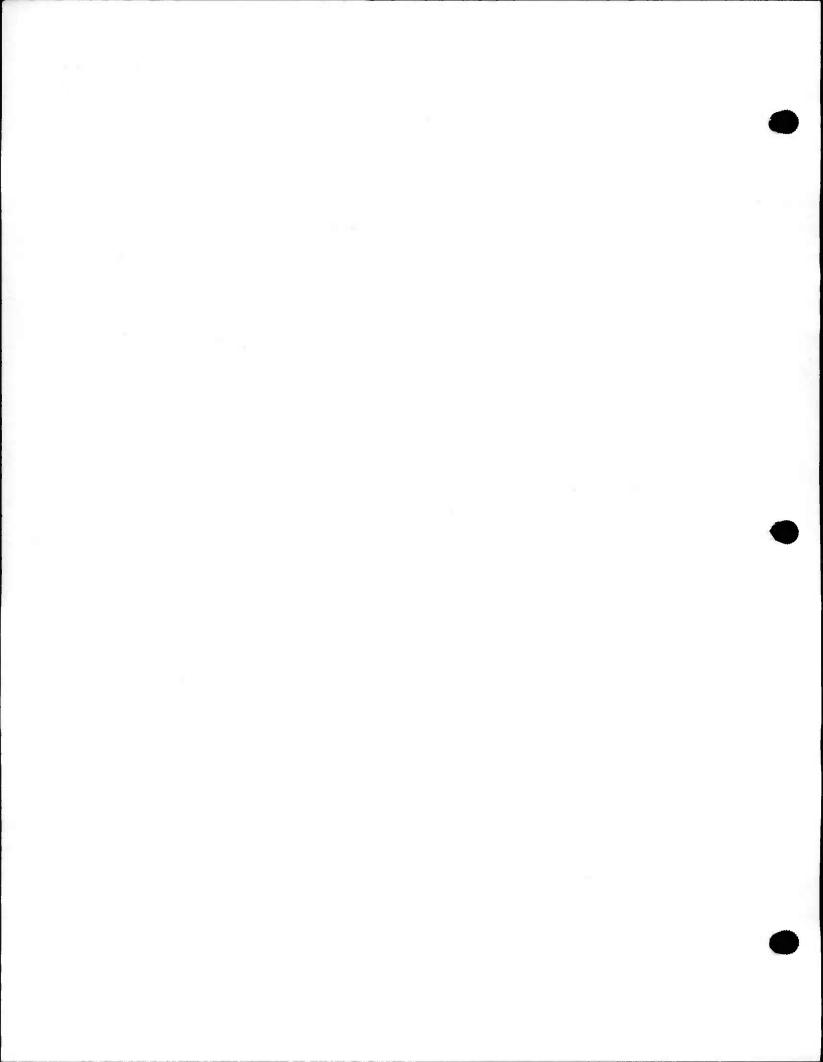
TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

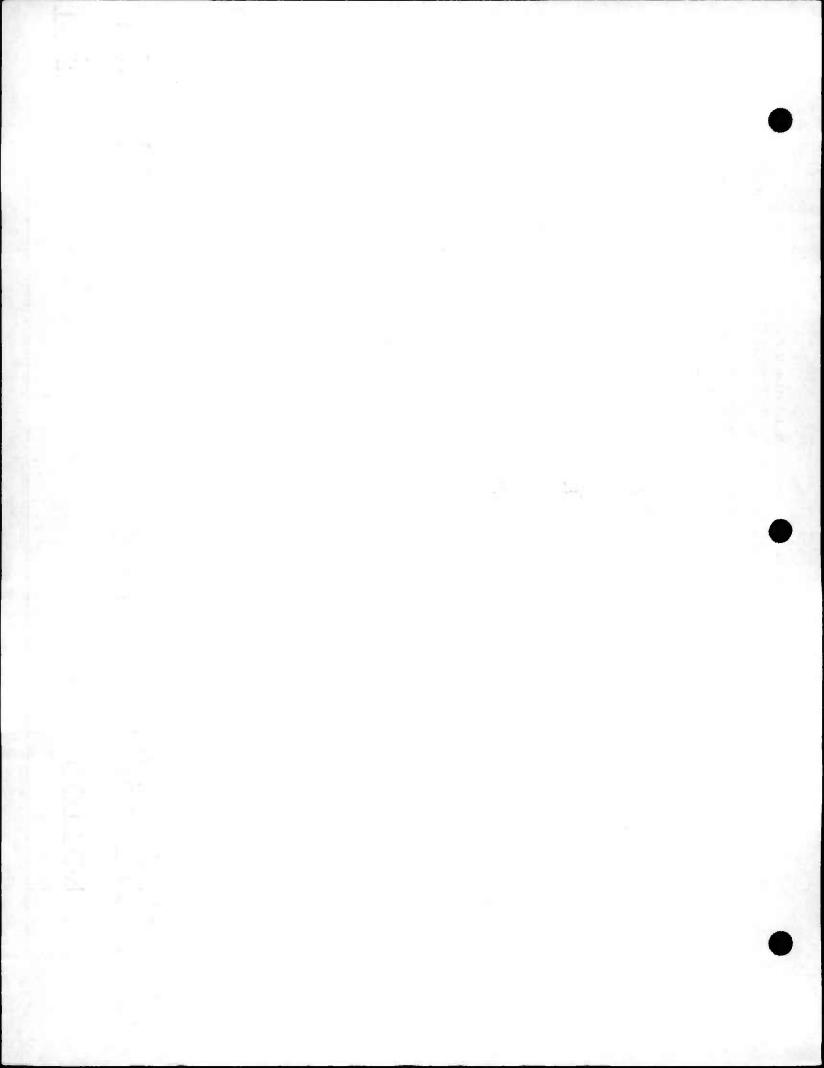
	REGISTRAR	CERTIFIC	CATE OF	DEATH	REG. I	10.		
	1. DECEDENT'S NAME (First, Middle, Last) William Norris Youmans	3			2. DATE OF DEATH MONTH October	1 <mark>4, 19</mark>	91 3. TIME OF DEATH 4:03 P M	
	4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In 213-10-5942 1 💢 M 2 🗆 F 8.		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Ybar Dec. 4, 1	8. BIRTHPLACE (State or Foreign Country) Georgia		
TOR 10	9a. FACILITY NAME (If not institution, give street and number) Meridian Nursing Center, Corsica Hills RESIDENCE OF DECEDENT		Centre	OR LOCATION OF DE	EATH		nty of death en Anne's	
ပ	10a, STATE 10b, COUNTY	10. 0774	TOWN 00 100	T.O.			10d. INSIDE CITY	
DIRECTOR	Maryland Queen Anne's		entrev	ille		1Xt		
FUNERAL	Walnut Street, R.D. 4, Box 726	j	10	21617		10g. CITIZEN OF WHAT COUNTS United States		
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT, EVER IN LETTER OF	2 NO	ti yes, s	CENDENT OF HISPAN pecify Cuban, Mexica S 2 X NO Specify	n, Puerto Ricen, atc.)	C ORIGIN? (Specify Yee or No— Puerto Ricen, atc.) 14. RACE—Black, W. Specify: Whit		
COMPLETED	(Spacify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	life. Do NOT use	rk done during n retired.)		Reside		/Commercial	
9	11	Electr	rician		Const	cuction	n	
	17. FATHER'S NAME (First, Middle, Lest) William Norris Youmans			16. MOTHER'S NA Mamie	ME (First, Middle, Mai	scarb	orough	
B	19a. INFORMANT'S NAME (Type/Print) Wife	405 MAR 1910 A	DDDEED (Dr	and Number or Rural	Courts Marshar Officer	T 04-4- 71-	0.41	
임	Rhida E. Youmans	Walnut	St.,	R.D. 4,Bc	The second secon		ille, MD 21617	
	1 N Buriel 2 Cremation 3 Removal from State	PLACE OF DISPOSIT Other place) Cchester		al Park			city or Town, State ge, Maryland	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Barton Funeral Home								
	Level H. Berger	13	Ρ.	0. Box 22	2, Centr	eville	, MD 21617	
	23. PART (. Epfer the diseases, or complications that caused shock, or heart failure. List only one cause on each immediate CAUSE (Finel disease or condition	ch line.		ode of dying, suc	1	epiratory en	Approximete intervel Between Oneet end Deeth	
	resulting in death) a		· ·	, , , ,	70,		3 96 7	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF):						
TIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST	CONSEQUENCE OF):	:					
H	d.							
	PART II. Other algnificant conditions contributing to death but	t not resulting in	the underlyi	ng ceuse given in	Part I. 24a. WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS	
EDICAL						FORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
Σ					_ '''	2 2 300	DF DEATH? 1 YES 2 NO	
ä								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? . 1 VES 2 NO 1 Inpettent 2 ER/Outpet		OTHER:	PLACE OF DEATH (Ch				
2			/ 4	ma 5 Residence			001050	
2 Accident Investigation M 1 YES 2 NO 2 Accident Investigation Investigati							CURED	
							r or Rural Route Number,	
ا ت	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge)	dge, death occurred	at the time, da	te end place, end due	to the cause(e) end	menner ee sta	rted.	
COMPLET	(Check only 1 CARTIFFING PHISCAR. TO the basis of examination							
띪	296. SIGNATURE AND TITLE OF CERTIFIER	Th.	h	D 12	345	29d, DAT	TE SIGNED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAT John R. Smith, Jr., M.D., Cent		200 m	and 2161	.7			
	31. DATE FILED (Month, Day, Your) 32. REGISTRAR'S SIGNATURE This Davidson-Randell							



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		SIAIE UF I			ICATE O			MENTAL HYG			
1. OECEDENT'S NAME (First	, Middle, Last)							2. DATE OF DEA	THDAY	- YEAR	3. TIME OF DEATH
Paul	Dallm	,						October	12,		9:05 P m
4. SOCIAL SECURITY NUMBER		5. SEX	8. AGE (In yrs. les		MONTHS DA	AR IF UNDE	R 24 HRS.	7. DATE OF BIRT (Month, Day, Ye Oct · 13	H Par)	Coun	HPLACE (State or Foreign
212 - 10 - 7		1 M 2 - F	77	YRS.							ryland
9e. FACILITY NAME (If not institution, give street end number) Meridian Nursing Center, Corsica Hills						wn on Local		DEATH		ueen	Anne's
RESIDENCE OF DEC	SIDENCE OF DECEDENT STATE 10b. COUNTY 10c. C					OCATION					10d. INSIDE CITY
Maryland	Ann	e Arundel	L	Pas	sa d e na						LIMITS?
100. STREET AND NUMBER 1661 Fairvie		ch Road				101. ZIP CO	о е 1122				what country? States
11. MARITAL STATUS 1					If ye		en, Mexic	NIC ORIGIN? (Speci en, Puerlo Ricen, at		Spe	CE — American Indian, ck, White, etc. cdy: White
	EDENT'S EDU		(G	ilve kind of	USUAL OCCU		king	16b. KINO (F BUSINES	S/INOUSTRY	
Elementary/Secondary (College (1-4 or 5	+) life	. Do NOT u	itter				Plumb	ing	
17. FATHER'S NAME (First, A George Wil	fiddle, Last) 11iam	Youngman	า				THER'S N Ruth	AME (First, Middle, N Ella	teiden Suma Dallm		
19e. INFORMANT'S NAME (Type/Print)	Son	19	b. MAILING	ADDRESS (Si	treet and Numb	er or Rural	Route Number, City	or Town, Sta	te, Zip Code)	
Paul D. You	ıngman	, Jr.	1	661 I	Fairvi	ew Bea	ch R	oad, Pas	edena	, MD	21122
20e. METHOD OF DISPOSIT 1 M Burlel 2 Cremeti 4 Donation 5 Othe	on 3 🗆 Ren	noval from State			E OF OISPOSI y or other place Faitl		terv	10/15 B		ON — City or	
21. SIGNATURE OF FUNERA	James				22. NAI	ME AND ADDR Barton	Fun		e		
IMMEDIATE CAUSE (FI disease or condition resulting in deeth) Sequentielly list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Olsease or in) that initieted events resulting in death) LA:	tions, ediata //ING	C	O (OR AS A CONSE		ĺ	tcol	Bliol	ged ism	wy		Onset and Death SI-HRA
PART II. Other elgnific	ent condition	ona contributing to	o death but not	resulting	In the unda	rlying cause	given i	P	AS AN AUTO	?	No. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED	TO MEDICAL			-		26. PLACE OF	DEATH (C	Check only one)			
EXAMINER? 1 YES 2 NO		HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER:		· ·	6 Other (Speci	fv)	7.5	
27. MANNER OF DEATH	Pending	28e. DATE O (Month,		28b. TII	ME OF 26	c. INJURY AT WORK?		26d. DESCRIBE		RY OCCURED	
2 Accident 3 Suicide 6 4 Homicide	Could not be determined	26e. PLACE	OF INJURY — At h	ome, farm,				261, LOCATION (City or Town		lumber or Rure	ni Route Number,
295 SIGNATURE AND TUTL 30. NAME ARD MIGRESS OF	E OF CERTIFI	PHO COMPLETED CA	examination end/or	Investigati	lon, in my opin	29c. L		ne time, date end pl	ece, end du	e to the ceus	ED (Month, Day, Year)
Ralph E. Li		32. REGISTI	Grasonvi			and 2	1638				
.30	T15'0	11 4	Lulia Savid	son-R	Indell						



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the house TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified.
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	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
		LEE	YOUNG,	Sr.	SR,	2. DATE OF DEATH DO		3. TIME OF OEATN		
	4. SOCIAL SECURITY NUMBER 215-34-6740	1 1 M 2 F	AGE (In yrs. lest birthday) 59 YRS.	. 7. DATE OF BIRTIN (Month, Day, Year) DEC 3/	8. BIRTNPLACE (State or Foreign Country) Land					
TOR	Southern Maryland			96. CITY, TOWN	OR LOCATION OF	DEATH	Pr. Geo			
DIRECTOR	10a. STATE 10b. COUNTY	Georges		y, town on Local Brandywi			10d. INSIDE CITY LIMITS?			
FUNERAL	100. STREET AND NUMBER 16110 Brandywine	Road		11	20613		109. CITIZEN OI	1 TYES 2 NO		
B⊀	11. MARITAL STATUS 1 Never Married 2 Merried 3X Widowed 4 Divorced	12. WAS DECEOENT EX FORCES? 1 (X) IF YES, GIVE WAR KOTEAT	YES 2 NO OR DATES	If yea, s	CENOENT OF HISP Decity Cuban, Mexi 3 2 NO Spe	ANIC ORIGIN? (Specify Year lean, Puarto Rican, atc.) cify:	Sp	CE — American Indian, ack, White, atc. ecity: Jhite		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)		usual occupativork done during me retired.)	ON ost of working	186. KIND OF BUS				
BE COM	17. FATHER'S NAME (First, Middle, Last) ROY YOUNG					NAME (First, Middle, Maiden Nellie B. Wi	Surname)			
10	Harry L. Young, J.	r.	196. MAILING 23 MC	ADDRESS (Street hr Oak	and Number or Run	al Route Number, City or Town Ighesville,	n, State, Zip Code) Md. 206	537		
	20a. METHOD OF DISPOSITION 1 Description Burlet 2 Cremation 3 Remo	1	20b. PLACE AND DATE COMMETTER, CREMETERY, CREMETERY OF STREET	on Ceme	tery	10-26 Clir	cation — city or nton, Mc	· ·		
	Michael Blanke		M00857	Huntt	Funeral Roy 154		Md 204	(n/L_n) 56		
CERTIFICATION	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory street, approximate interval Batween Onset and Dasth Approximate interval Batween Onset and Dasth DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Proceedings of the contribution of						AUTOPSY 2/ MED?	Nb. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Outnetiers 2 DOS	OTHER:	ACE OF OEATH (C					
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJU (Month, Day, Ye	JRY 28b, TIME	OF 28c, IN.	URY AT	8 Other (Specify) 28d. OEŞCRIBE NOW IN	JURY OCCURED			
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined City or Town, State) 4 Nomicide Nomicide Nomicide Could not be determined City or Town, State) 8 PLACE OF INJURY — At home, farm, atreat, tectory, office City or Town, State) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICI	AN: To the beat of my i	nowledge, death occurre	d at the time, date	and place, and du	is to the cause(s) and man	ner as stated.	(a) and manner as sisted		
H	296. SIGNATURE AND TITLE OF CERTIFIER	ell-	ms		29c. LICENSE N	JMBER	29d. DATE SIGNE	(Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	OEATN (ITEM 27) (Type.	Print)	TON I	R LARL	D MID	20772		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) 31. DATE FILED (Month, Day, Ybar) 32. REGISTRAR'S SIGNATURE 4this Junior Renders.									

· Political and

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per befilled within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremanion, or memoral	filled in by the funeral director, page 5 should be detached for use as the bunal-transit p.n. or removal
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	le medical examiner must be notified at once.

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	REGISTRAR	CERTIFIC	CATE OF DEATH	REG. NO).					
1400	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3, TIME OF DEATH				
1 3	Margaret Ann YATES				17 1991	10:48 A M				
		AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		HPLACE (State or Foreign				
1	494-32-2248 1 DM 2 XF	61 YRS. M	ONTHE DAYS HOURS MIN.	(Month, Day, Year)	Coun	nsylvania				
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN OR LOCATION OF D		9c, COUNTY OF					
E C	Doctors Community Hospital		Lanham			George				
5	RESIDENCE OF DECEDENT									
DIRECTOR	10a. STATE 10b. COUNTY		TOWN OR LOCATION			10d. INSIDE CITY				
<u>a</u>	MD Prince Heo	rate's B	erwyn Heigh	and.		LIMITS?				
AL	10e. STREET AND NUMBER		10f. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?				
FUNERAL	5811 Swarthmore Dr.		20740		U.S.	Δ				
5	11. MARITAL STATUS 12. WAS DECEDENT E	VER IN U.S. ARMED	13. WAS DECENDENT OF HISPAI	NIC ORIGIN? (Specify Ye	n or No. 14 BAC	F - American Indian				
ВУ	1 Never Merried 2 Married FORCES? 1 IF YES, GIVE WAR		If yes, specify Cuben, Maxica 1 YES 2 NO Specif	n, Puarto Rican, atc.)	Blac	ck, White, etc.				
	3 Widowed 4 Divorced			,	1	white				
岜	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18e. DECEDENT'S US	SUAL OCCUPATION rk done during most of working	16b. KIND OF BU	ISINESS/INDUSTRY					
9	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use i	retired.)							
<u>F</u>	12	Homema	aker	Но	me					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NA	ME (First, Middle, Malder	Surname)					
BE (Edward L. Walls		Lil	lie	McKelvev					
10 B	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING A	DDRESS (Street and Number or Rural							
=	William A. Yates		Swarthmore Dr			Md, 20740				
	20a. METHOD OF DISPOSITION	20b. PLACE AND DATE OF			CATION — City or T					
	1 Burial 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify)	Chambers	r place)	10/21 Ri						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE # 670		22. NAME AND ADDRESS OF FA	CILITY IJ IJ Ch	verdare,	Mu.				
	1 < 1 TO 10	/								
	Commas O. (nami	ers	5801 Clevelar	nd Ave.,Ri	verdale,	Md. 20737				
	23. PART i. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardisc or reapiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Wyo condition in fanction									
CERTIFICATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST a. Wyo candial in panetion DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	PART II. Other significant conditions contributing to the	AUTOPSY 246 RMED?	D. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO							
Ž.	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Ch	ack only one)						
PHYSICIAN:	EXAMINER? 1 YES 2 NO 1 Inputiant 2 X EF		THER:							
높▮	27. MANNER OF DEATH 26s. DATE OF INJ	URY 28b. TIME C	□ Nursing Home 5 □ Residence DF 28c, INJURY AT	8 Other (Specify) 28d. DESCRIBE HOW I	IN KIEW OCCUPES					
	1 Natural 5 Pending (Month, Day,	(6ar) INJUR		200. DESCRIBE NOW I	HJUHY OCCURED					
B	2 Accident Investigation 3 Suicide 6 Could get b 26e. PLACE OF IN	JURY — At home, farm, atre								
요	4 Homicide 6 Could not be building, etc.	(Specify)	ret, factory, offica	261. LOCATION (Street City or Town, State)	and Number or Rural	Route Number,				
<u>ا</u> إ	29e. CERTIFIER									
COMPLETED	(Check only 1 CEHTIFYING PHYSICIAN: To the beat of my	knowledge, death occurred	at the time, data and place, and dua	to the cause(s) end mai	nner as atated.					
8	MEDICAL EXAMINER: On the beels of exam	menon and/or investigation,	in my opinion, death occured at the	time, date and place, an	id due to the cause(s) end manner se stated.				
8	29b. SIGNATURE AND TITLE OF CERTIFIER	Deputy Med	LCAP 29c. LICENSE NUN	IBER	29d. DATE SIGNED	(Month, Day, Year)				
6	Tank a rellore ho	Cramin	er 10181	12	トループ	91				
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE (OF DEATH (ITEM 27) (Type, Pri	int)							
	MANIA, DEVOREND 42	03 Queens	ion Rd Hyd	TEUI 1/4	· Med 2	20781				
	31. DATE FILED (Month, Day, Year) OCT 9 1 1991 Suite Devices	SIGNATURE								
	111.1 6 1 1331 4	The same								

31-21-5 Strate W . 1. 1 10 Y 125

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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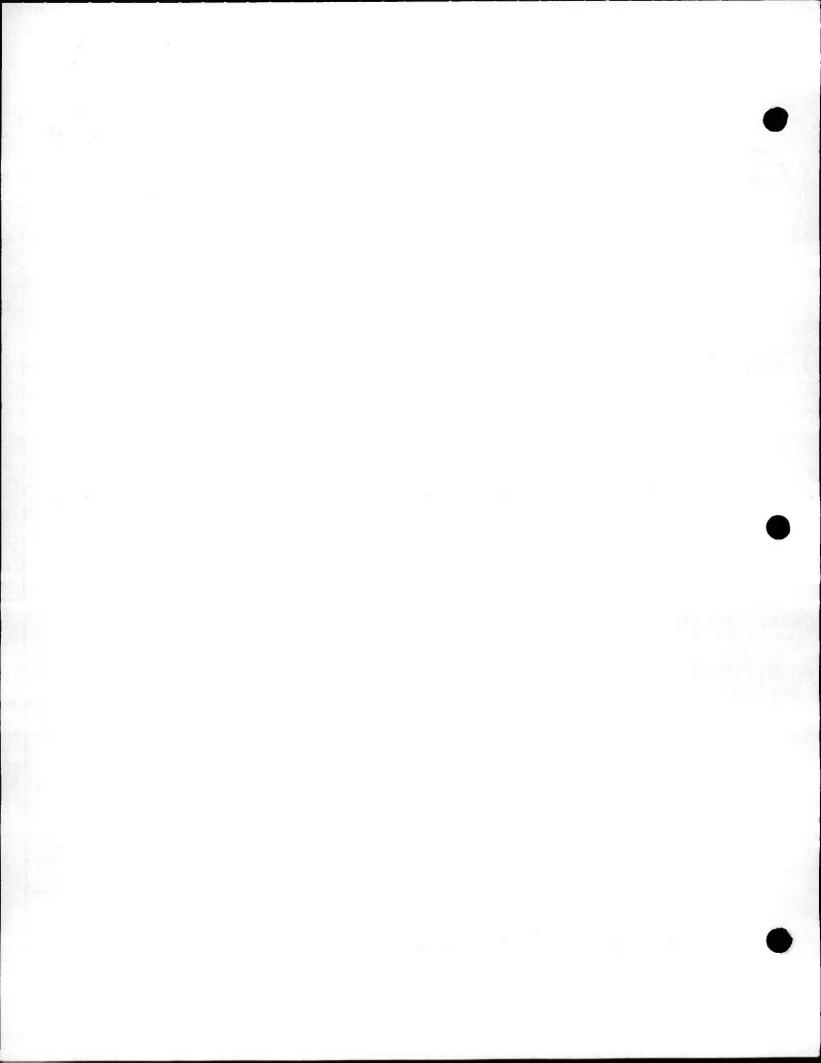
IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO.	_		
3	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
	Leo Isaac You			MONTH DA		21:03 M			
	4. SOCIAL SECURITY NUMBER 5. S	SEX 6. AGE (I		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6. BIF	RTHPLACE (State or Foreign	
	220-09-9327	XM 2 🗆 F	80 YRS.	NTHS DAYS	HOURS MIN.	(Month, Day, Year) March 17,191	Coe	untry)	
	9a. FACILITY NAME (If not institution, give street e	and number)		CITY, TOWN O	A LOCATION OF DE		9c. COUNTY OF	shington Co., Md.	
5	Washington County	Hospital	1	Hagers					
5	Washington County	TOOPICAL		nagers	LOWII		Washin	gron	
분	10e. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?	
ā	Maryland Washing	ton	Ha	gersto	wn			1 X YES 2 NO	
₹.	10e. STREET AND NUMBER			10f. ZIP CODE			10g. CITIZEN O	F WHAT COUNTRY?	
FUNERAL DIRECTOR	750 Dual Highway			21740			USA		
5		WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DECI	ENDENT OF HISPAN	IC ORIGIN? (Specify Yes	or No- 14. RA	ACE American Indian.	
BY		F YES, GIVE WAR OR DA			2 NO Specify	n, Puerto Rican, etc.)		eck, White, etc.	
								White	
	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	N leted)	(Give kind of work life. Do NOT use re	JAL OCCUPATIO done during mos	N it of working	16b. KIND OF BUS	SINESS/INDUSTRY	,	
7	Elamentary/Secondary (0-12) Co	llege (1-4 or 5+)		ured.)					
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)		Welder				Railroad	d	
						AE (First, Middle, Meiden	Surneme)		
Harry E. Younker Florence E. Myers 196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)									
	Patsy I. Moats					oad Hanco			
	20a, METHOD OF DISPOSITION 1 ABurlel 2 Cremetion 3 Removal t	rom Stata ceme	PLACE AND DATE OF D etery, cremetory or other CONEDL'IDE	ISPOSITION (Nei plece)		DATE 20c. LO			
- 1	4 Donation 5 Other (Specify)	51	onebriage			22/91 Han	cock, M	1.	
		H		22. NAME AN	D ADDRESS OF FAC	CILITY			
	Kuelm	1 O len	711	Grove I	.H.141 Wes	st Main St. H	lancock. M	ti. 21750	
	23. PART I. Enter the diseases, or composition of the shock, or heart fellure. List	lications that caused	ths desth. Do not	enter ths mod	is of dying, such	ss cardisc or respi	ratory srrest,	Approximats	
	IMMEDIATE CAUSE (Finsi	omy one cause on es	ich line.					intsrvsi Bstween Onsst and Dssth	
	disssss or condition resulting in death)		CHI	2				2/ 4	
	s	DUE TO (OR AS A	CONSEQUENCE OF):					3205	
Z	C &		chanz	Ren	me Ferri	lune		mater	
CERTIFICATION	Sequentially list conditions, if any, isading to immediats	DUE TO (OR AS A	CONSEQUENCE OF):						
2	cause. Enter UNDERLYING CAUSE (Disesse or injury								
Ë	that initiated avants resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE DF):						
#	d.								
	PART ii. Other significant conditions con	ntributing to death bu	rt not resulting in ti	he undarivino	causa given in F	Pert i 24a WAS AN	ALITODEY 2	4b. WERE AUTOPSY FINDINGS	
EDICAL	PERFORMED? AVAILA								
			Man . I	ch al	hiles.	1 [] YES 2	□ NO	OF DEATH?	
Σ						_		1 TYES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL								
를 기	EXAMINER? HO	SPITAL:		Z6. PL/	ACE OF DEATH (Chec	ck only one)			
PHYSICIAN	27. MANNER OF DEATH	Inpetient 2 ER/Outpe			5 Residence 8				
	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME DI	WOF	IK?	28d. DEŞCRIBE HOW IN	IJURY OCCURED		
B	2 Accident Investigation	28a. PLACE OF INJURY	At home form the		ES 2 NO				
COMPLETED	3 Suicida 6 Could not be 4 Homicide datarmined	building, etc. (Specif	(y)	t, tactory, office		281. LOCATION (Street e City or Town, State)	nd Number or Rure	al Route Number,	
<u>-</u>	29a. CERTIFIER								
를	(Check only CERTIFYING PHYSICIAN:								
8	2 MEDICAL EXAMINER: On	the basis of axaminstion	and/or investigation, in	my opinion, de	ath occured at the t	ime, date end place, end	d due to the ceus	e(a) end menner as stetad.	
H	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUMI		29d. DATE SIGNI	ED (Month, Day, Yeer)	
2	Von table, n				D1801	~)	10.2	14,91	
- 17					-				
-	30. NAME AND ADDRESS OF PERSON WHO COM	APLETED CAUSE OF DEA	TH (ITEM 27) (Type, Prin	()	1		2	1	
	VASANT DATTA,	MPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Prin	S- H	ACERST	own, mo	21740		
	31. DATE FILED (Month, Day, Year)	12. REGISTRAR'S SIGNA Ma Davidson—1	TURE	ST H	ACERST	own, ms	21740		

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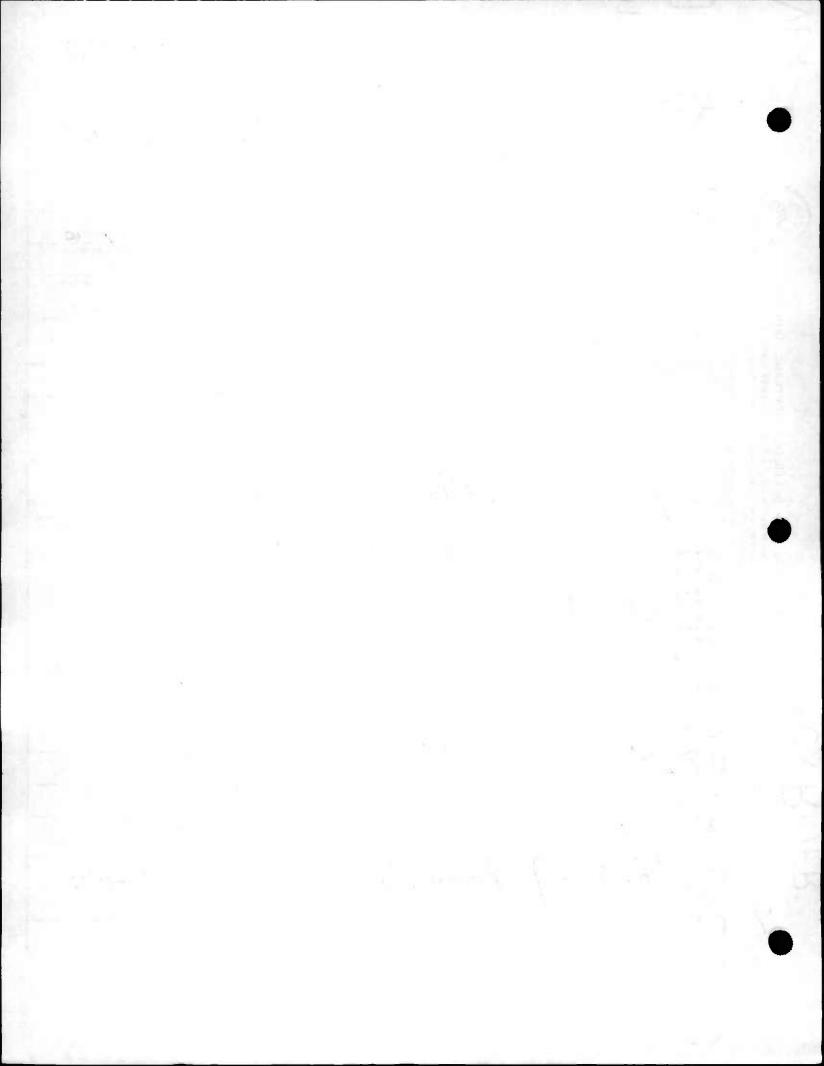
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

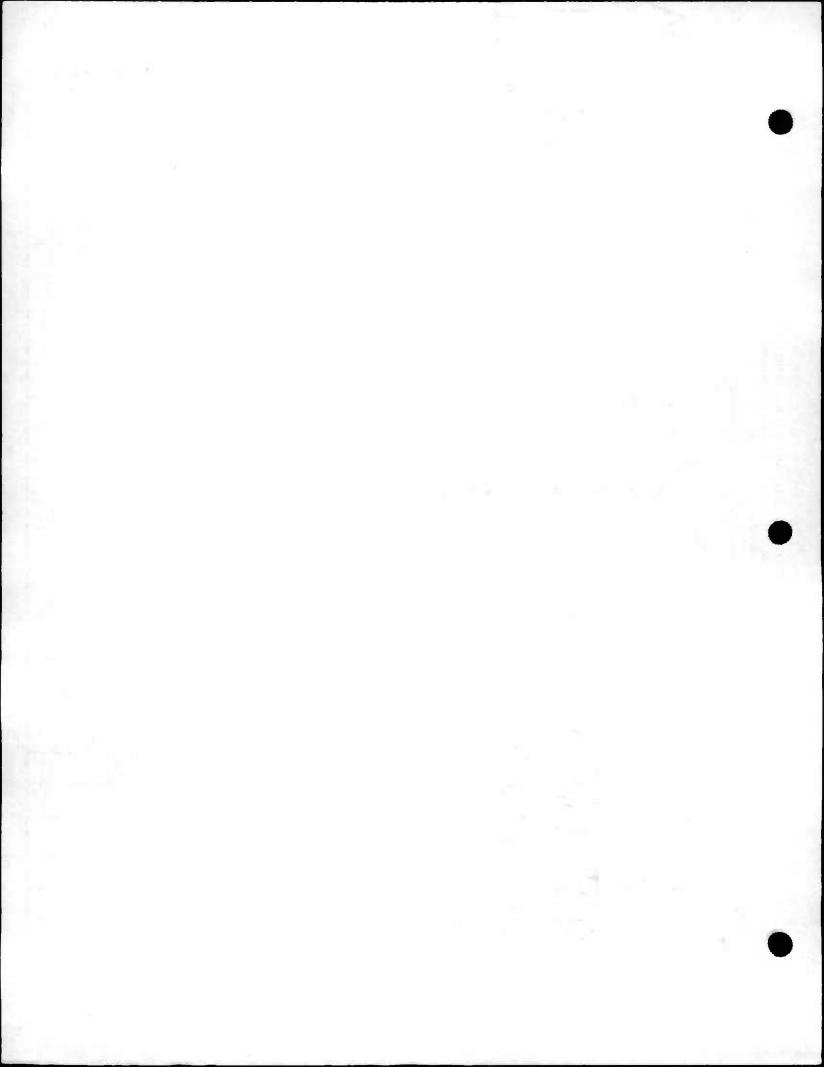
1. DECEOENT'S NAME (First, Middle, Last WTLLIAM	BRADFO	Maria de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de	DER	DEATH		AY YE		
4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	OCTOBER 2 7. OATE OF BIRTH (Month, Day, Year)	8. 6	11:43 A BIRTHPLACE (State or Foreign Country)	
220-05-6197	XX M 2	83 YRS.	MONTHS DAYS	HOURS MIN.	05-29	-1908	MD	
9e. FACILITY NAME (If not institution, give	etreet end number)		City Committee C	R LOCATION OF D	EATH	9c. COUNTY		
Memorial Hospi	Memorial Hospital (DOA)			BERLAND		ALL	EGANY	
10e. STATE 10b. COUN	TY	10c. CF	TY, TOWN OR LOCA	TION			10d. INSIDE CITY	
				and,		1)20		
100. STREET AND NUMBER 220 Somervi	lle Avenue		10	2150	2		OF WHAT COUNTRY?	
1 Never Merried 1 Never Merried 3 Widowed 4 Divorced	12. WAS DECEOENT EV FORCES? 1 1		If yes, sp		NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	- 10	RACE — American Indien, Black, White, etc. Specify: White	
15. DECEDENT'S ED (Specify only highest gree	UCATION le completed)	(Give kind of	S USUAL OCCUPATI work done during me	ON est of working	16b. KIND OF BU	SINESS/INDUST		
Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIa. Do NOT a	achinist	helper		SX Con	oRailroad	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Malder			
Lewis Yaide	r			Mi	nnie A. Di	bert.		
19e. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Street		Route Number, City or Tox		ie)	
Mrs. Margie	F. Yaider	22	20 Somers	ville Ave	enue Cumbe	rland.	MD 21502	
2 SWETHOR OF DISPOSITION 11 Burlei 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	20b. PLACE AND OAT	TE OF OISPOSITION	(Name	OATE 20c. LC	OCATION — City		
21. SIGNATURE OF FUNERAL SERVICE I	ICENSEF	MC. F	Ierman Ce	NO AGORESS OF F		cumber	iaid, ND	
Agnes >	dear	111:	5	carpelli	Funeral H			
resulting in death)	a. Concord	AS A CONSEQUENCE	OF):	A COO				
Sequantially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	c	AS A CONSEQUENCE	•					
resulting in death) LAST	d				Seat Les mais			
PART II. Other algolificant condition	ons contributing to des	tin out not reauting	in the underlyir	g cause givan ir		RMED?	24b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL	1		26, F	LACE OF DEATH (C	heck only one)			
EXAMINER? 1 YES 2 NO	HOSPITAL:	/Outpatient 3 N DOA	OTHER:	ne 5 🗆 Residence	6 Other (Specify)			
27. MANNER OF DEATH 1 2 Natural 5 Pending	28e. DATE OF INJ (Month, Day, Y	URY 28b. TI	ME OF 26c. IN	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED	
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	, street, factory, offi	De .	261. LOCATION (Street City or Town, State	(Street and Number or Rural Route Number, n, State)				
and any	/SICIAN: To the best of my NER: On the basis of exami						ause(a) and manner as stete	
296. SIGNATURE AND TITLE OF CERTIF	IER		0	29c, LICENSE NU	IMBER	29d. DATE SI	GNED (Month, Day, Year)	
Moleurhans	1. 1/2	oulsh,	X	D14865		10	-21-91	
DR. ROBUSTIANO				MEDICAL	BDG./CUMB	ERLAND,	MD. 21502	
31. DATE FILED (Month, Day, Year)	Sula Davidson							





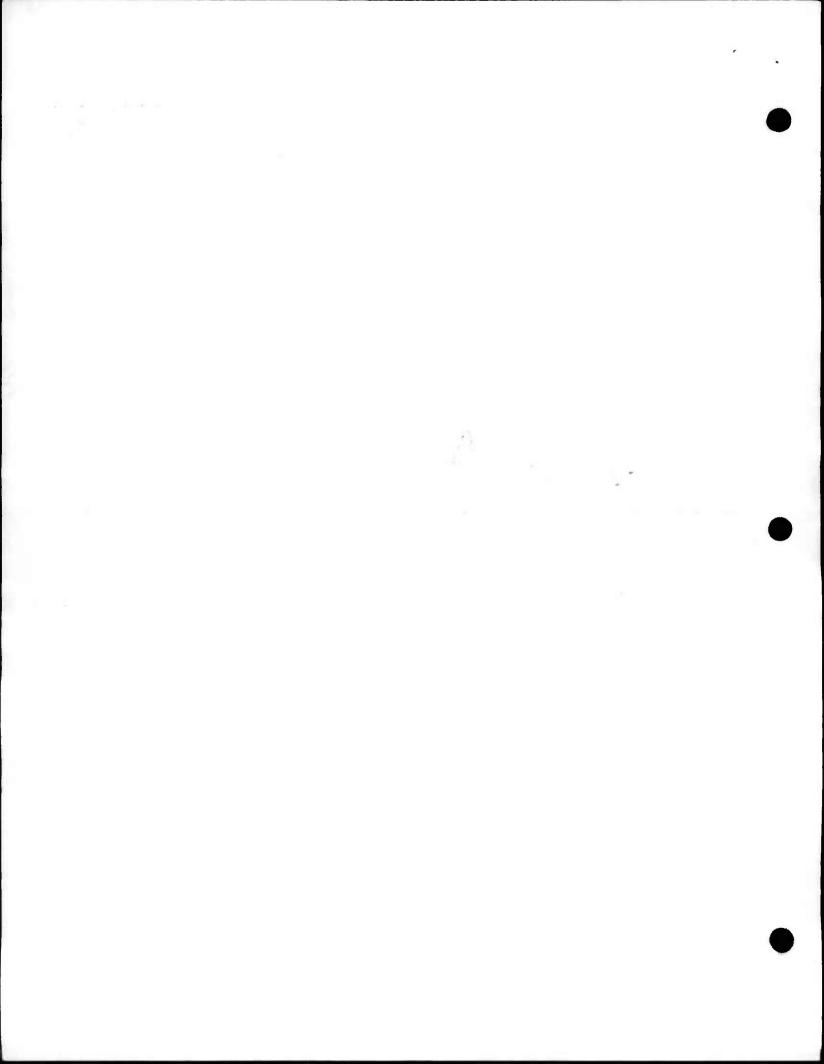
11	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE C		v	VEAR	3. TIME OF DEATH
•	GERTRUDE	Laverne		YOS	T		Octo	ber 2	0, 1	991	3:25 F
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. le		F UNDER 1 YEAR		7. DATE O	F BIRTH Day, Year)		8. BIRTH Country	PLACE (State or Foreig
1	175-30-0028	1 □ M 2 🏋 F	71	YRS.	ONTHS DAYS	HOURS MIN.	Nov		19		yland'
	9e. FACILITY NAME (If not institution, give s	street and number)		9	b. CITY, TOWN	OR LOCATION OF D	EATH		111	NTY OF D	EATH
5	Memorial Hospita	1			Cumber	land			A11	egan	У
5 F	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY	Y		10c CITY 1	TOWN OR LOC	ATION					10d, INSIDE CITY
DIMECTOR		.egany			umber						LIMITS?
	10e. STREET AND NUMBER	. cyany				Of, ZIP CODE			10g. CITI	ZEN OF W	VHAT COUNTRY?
FUNERAL	220 Somerv	7110 7370	nuc			21502					
ž ŀ	11. MARITAL STATUS	12. WAS DECEDENT EV	VER IN U.S. A		13. WAS DE	ECENDENT OF HISPA	NIC ORIGIN	(Specify Yes	or No—	US A	- American Indian,
BY FL	1 Never Merried 2 Married 3/2/Widowed 4 Divorced	FORCES? 1 []	YES 2		If yes, s	specify Cuben, Mexic S 2 NO Speci	an, Puerto R	icen, etc.)		Speci	c, White, etc.
	15. DECEDENT'S EDU (Specify only highest grade	ICATION	16a, D	ECEDENT'S US	SUAL OCCUPAT	TION	16b.	KIND OF BUS	SINESS/IND	USTRY	
ا ب	Elementary/Secondary (0-12)	College (1-4 or 5+)	- iii	le. Do NOT use i	retired.)	nust or working					
	6		ho	omemal	ker			owr	hor	me	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First, M	iddle, Maiden	Surneme)		
BE	Hercules P	. Northc				Mary					
0	19e. INFORMANT'S NAME (Type/Print)	_				t end Number or Rural					01500
-	John E. Yost	Jr.				Street		-			
	20s. METHOD OF DISPOSITION 1)□ Burlel 2 □ Cremation 3 □ Rem	oval from State	20b. PLAC of cemetar	E AND DATE O	of DISPOSITIO	N (Name	DATE	20c. LO	CATION —	City or To	own, State
-	4 Donation 5 Other (Specify)		Suns	set Me				2\$/9]	Cui	mpe1	cland, MI
- 1	21-HONATURE OF FUNERAL SERVICE LA	CENSEE 1 4 1				AND ADDRESS OF F					
		1111	1		Haf	ar Chan	01 0	f the	Ui	110	Mortner
	23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition				130		nal 1	High	vav.	LaVa	Approximate interval Bate Onset and D
	ahock, or heart failure. IMMEDIATE CAUSE (Final	a. Acute	pn each Iln		1 130 t enter the n	2 Natio	nal 1	High	vav.	LaVa	Mortuar Te, MD21 Approximate interval Bette Onset and D Zday
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached any action of the funeral director, page 5 should be detached any action of the funeral funeral formal page.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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뿚	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune anather of the theorem of the fune and the fune of the fun	POR
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	FOR 1 - STATE REGISTRAR	STATE OF MA					ALTH AND N	MENTA	L HYGIENE		, .	
	1. DECEDENT'S NAME (First, Middle, Last)	L. 7	Zile.					MONT	24	4	EAR C	TIME OF PEATH
	4. SOCIAL SECURITY NUMBER 220–20–8953	5. SEX 1 M 2 K F	6. AGE (In yrs. last 95	YRS.	MONTHS 6		HOURS MIN.	(Monti	of BIRTN h, Day, Year) . 13,18	396	country) Mary	ACE (State of Foreign Land
OR	99. FACILITY NAME (If not institution, give Golden Age Guest				96. CITY, 1		esville	ATH		9c. COUNTY	arro	
SIREC	nesidence of decedent 100, STATE 106, COUNT Maryland (Carroll		10c. CIT	Y, TOWN OR	LOCATION	on sville					d. INSIDE CITY LIMITS? YES 2 - NO
FUNERAL DIRECTOR	100. STREET AND NUMBER 1442 Buckhorn Ro	ad.				101.	ZIP CODE 21784	1				T COUNTRY?
BY FUNE	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 🔯 N		H	yes, spec	NDENT OF HISPAN city Cuban, Mexica 2 NO Specify	n, Puerto		or No— 14	. RACE — Black, W Specify:	American Indian, this, atc. White
COMPLETED	15. OECEOENT'S EOI (Specify only highest grad Elementery/Secondery (0-12) 9 VIS.	College (1-4 or 5+)	(Gi	ve kind of Do NOT u	usual occ work done du se retired.)	iring mosi	t of working	166	. KINO OF BUS	INESS/INOUS	TRY	
E COMP	17. FATHER'S NAME (First, Middle, Last) Franklin D. Zep						18. MOTHER'S NA Fannie			Sumame)		
TO BE	19a. INFORMANT'S NAME (Type/Print) Zoland Z. Zile,	Jr.	71	6 U	nionto	nwc	Road W		inster	, Mar	lanc	
	20s. METHOD OF DISPOSITION 1 ③Buriel 2 ☐ Cremetion 3 ☐ Rer 4 ☐ Donellon 5 ☐ Other (Specify)		other pla	sce)	Cemet	tery				Eield,		yland
	21. SIGNATURE OF FUNERAL SERVICE L	Danie!			Bı	urri	er Fune. eld, Ma	ral :		21784		
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CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury that initiated events resulting in death) LAST	c. DUE TO (OR AS A CONSECUTION	DUENCE C	OF):							
PHYSICIAN: MEDICAL C	PART II. Other significant condition	na contributing to e	deeth but not r	reaulting	In the unc	derlying	cause given in	Part I.	24a, WAS AN PERFOR 1 YES 2	MED?	o o	PERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE IF DEATH? YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	. □ DOA	OTHER	t:	ACE OF DEATH (Ch	111-25-5				
	27. MANNER OF DEATH 1 Netural 5 Pending	26a. DATE OF (Month, Da	INJURY	26b. TI		28c. INJU	JRY AT		SCRIBE NOW I	NJURY OCCU	RED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide detarmined	28a. PLACE OF	F INJURY — At ho	ome, ferm,	atreel, facto				CATION (Street a y or Town, State)	and Number of	Rural Rou	ite Number,
COMPLETED	(Crieck Only	SICIAN: To the best of ax										and menner as stated,
BE	296. SIGHATURE AND TITLE OF ARTIFIC	iune sur)				29c, LICENSE NU	MBER 06		29d. DATE	SIGNED (A	Jonth, Oby, Year)
5	30. NAME AND ADDRESS OF PERSON W	Rd E	Ideuk	M 27) (7)70	e, Print)	d	21784				7	
	31. DATE FILEO (Month, Day, Year)		R'S SIGNATURE	. 92	,		,					



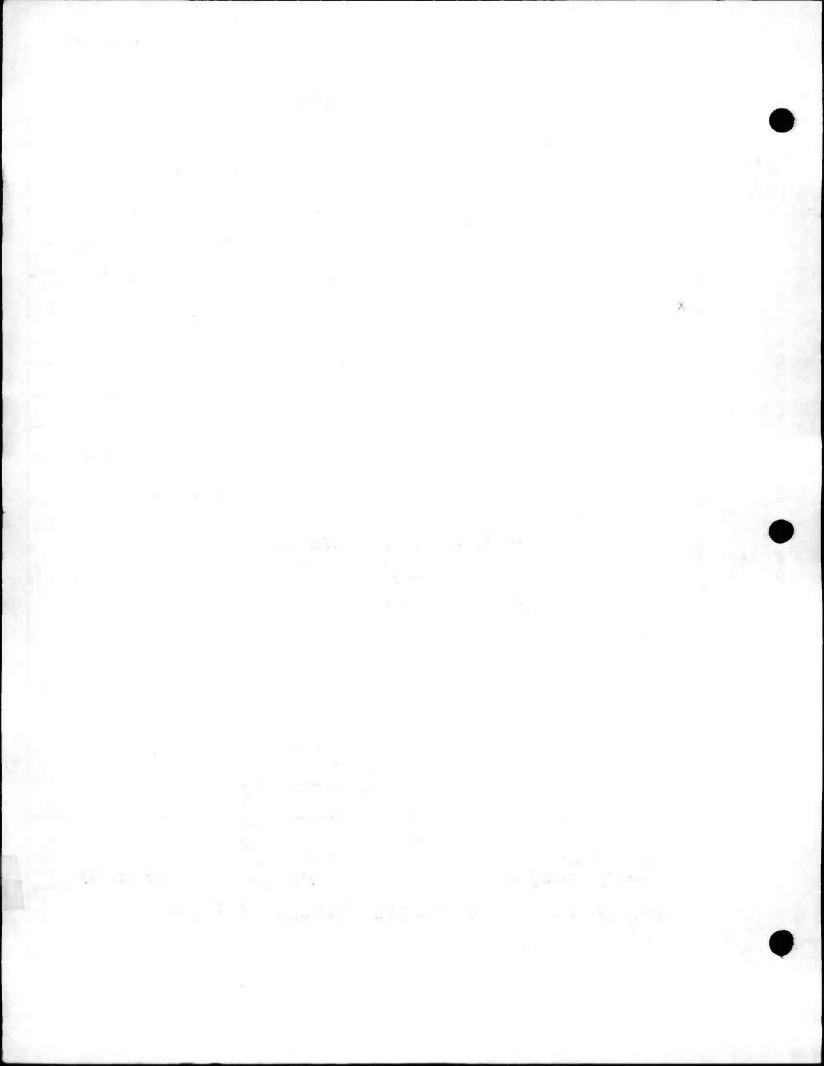
TO BE COMPLETED BY FUNERAL DIRECTOR

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

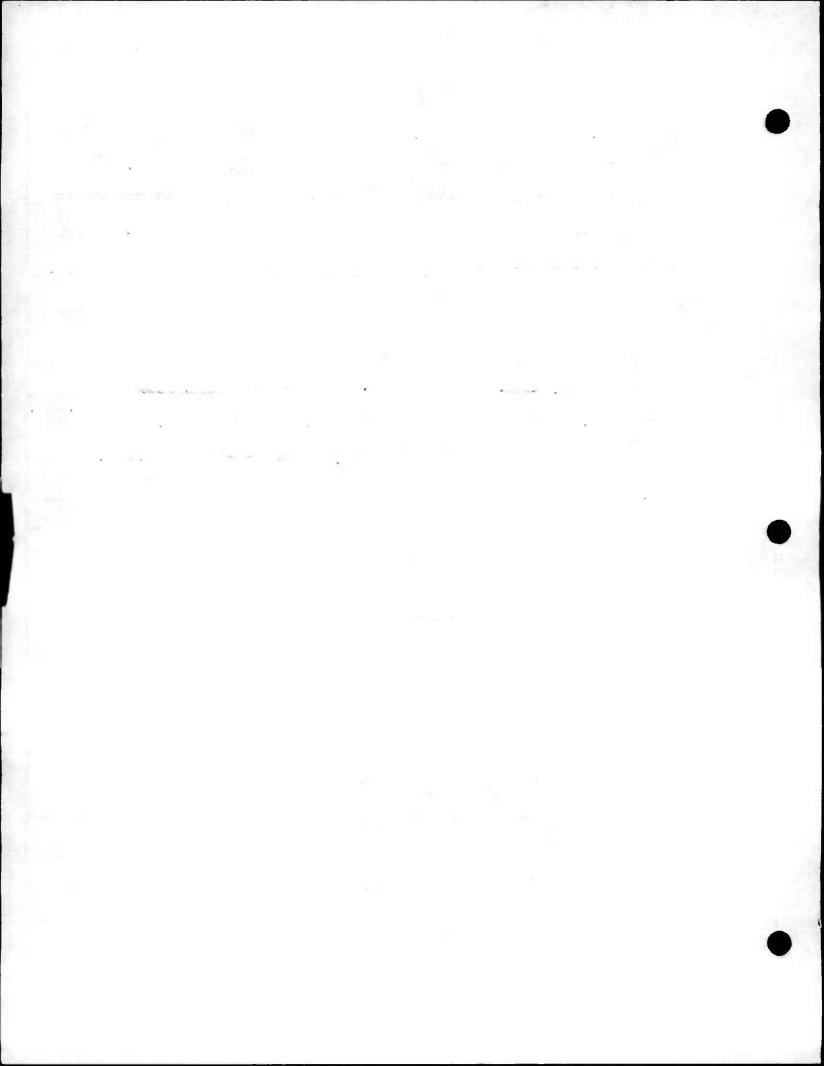
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

FOR 1 - STATE REGISTRAR	STATE OF MARYLA			HEALTH AND	MENTA	REG. NO.			
DECEDENT'S NAME (First, Middle, Last)		OLITINI	OAIL OI	DEATH	2. DATE	OF DEATH	YE	3. TIME OF DEAT	Н
TATIANA ZAJA					OCT		991	6:00	РМ
4. SOCIAL SECURITY NUMBER		n yrs. last birthday)	IF UNDER 1 YEAR			OF BIRTH n, Day, Year)		BIRTHPLACE (State or Fo. Country)	eign
577-50-7798	1 □ M 2 □ F 88	YRS.	remails are:			23,190		KRAINE	
Se. FACILITY NAME (If not institution, give at	reet and number)		9b. CITY, TOWN	OR LOCATION OF E	DEATH		9c. COUNTY	OF DEATH	
KENSINGTON GARDE	ENS NURSING H	OME	KENSI	NGTON			MON'	TGOMERY	
10e. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOC	CATION				10d. INSIDE CITY LIMITS?	
	ONTGOMERY			SPRING				1 🗌 YES 2 🗍	NO
10e. STREET AND NUMBER				101. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?	
9501 BLACK OAK CO				20910			USA		
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes,	ECENDENT OF HISP/ apacify Cuban, Maxic ES 2 NO Spec	en, Puerto			RACE — American India Black, White, etc. Specify: JHTTF.	n,
15. DECEDENT'S EDUC		16a. DECEDENT'S	USUAL OCCUPA	TION	166	. KIND OF BUS			
(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 +)	(Give kind of w	rork done during e retired.)	most of working					
12	conege (I-V of 5 T)	н	OMEMAK	FR					
17. FATHER'S NAME (First, Middle, Last)			OHIBBIAN	16. MOTHER'S N	IAME (First,	Middle, Malden S	Surname)		
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	et end Number or Rura	i Route Num	ber, City or Town	, State, Zip Coo	de)	
WLADYSLAW ZAJAC	(SON)	1352 L	OCUST	ROAD, N.W	J. WAS	SHINGTO	N. D.	C. 20012	
20g. METHOD OF DISPOSITION		. PLACE AND DATE	OF DISPOSITION		DAT			or Town, State	
1 X Buriel 2 Cremation 3 Remo	oval from State of C	COCK CREE	or other place) K CEME	TERY	10/2	22 WASH	INGTO	N, D.C	
21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME	AND ADDRESS OF F	FACILITY				
► (5)(1. 1/)(5/10/			CIS J. CC				ME, INC. PR.,MD.209	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	Sisheter	CONSEQUENCE OF CONSEQUENCE OF tus un	tus	ailure				, la	
that initiated events resulting in desth) LAST	DUE TO (OR AS A	CONSEQUENCE OF	F):						
PART ii. Other significant condition	s contributing to deeth b	ut not resulting i	in the underly	ring cause given i	n Part i.	24a. WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY F AVAILABLE PRIOR COMPLETION OF O OF DEATH?	TO
								1 YES 2	NO
				_					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (Check only o	ne)			
1 YES 2 NO	1 Inpetient 2 ER/Outp			lome 5 🗆 Residence		***			
27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM INJ	IURY	INJURY AT WORK?	28d. DE	SCRIBE HOW II	NJURY OCCUP	RED	
2 Accident Investigation				YES 2 NO	0000				
3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, s	street, factory, o	ffice	City	cation (Street a or Town, State)	and Number or	Rural Route Number,	
anal and	CIAN: To the best of my know								deted
- C WEDIOLE EVAMINE			, my opinioi			- era piece, an			
AND CICHATURE AND THE - AT ADDRESS	n .			29c. LICENSE N	UMBER		29d. DATE S	IGNED (Month, Day, Year)	
296. SIGNATURE AND TITLE OF CRETTIFIE	10			2 - 2				1, 0,	
Langer Jon	es, tra	APLI (IPPLI AT T	Outen	D03	111			- 21-91	
Jary W. Jon. 30. NAME AND ADDRESS OF DERSON WH	es, tra		Print) 85 L	Do3		207	10	- 21-91	



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hou	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact be flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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	23. PART I. Enter the diseases, or	a. PNEUN DUE TO (OR C. DUE TO (OR DUE TO (OR DUE TO (OR	AS A CONSEQUENCE OF	5151 Ball of enter the mode	L Balt timore of dylng, such	imore Md. as cerdlec or	21229	24b. V	Approximate Interval Between Onset and Deat Vere Autopsy Findings Wallable Prior to Completion of Cause of Death?
	23. PART I. Enter the diseases, or shock, or heert fellure immediate CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. PNEUN DUE TO (OR C. DUE TO (OR DUE TO (OR DUE TO (OR	AS A CONSEQUENCE OF	5151 Ball of enter the mode	L Balt timore of dylng, such	imore Md. aa cerdlec or	21229 respiratory arm	est,	Approximate Interval Between Onset and Deat
	23. PART I. Enter the diseases, or shock, or heert fellure IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if erry, leeding to immediate	Schwab r complications that cer b. List only one cause of PNGUN DUE TO (OR	AS A CONSEQUENCE OF	5151 Ball of enter the mode	l Balt	imore Md.	21229		Approximate Interval Between
	23. PART I. Enter the diseases, or shock, or heart fellure IMMEDIATE CAUSE (Finel disease or condition	Schwah r complications that cer b. List only one cause of	non each line.	5153 Bald ot enter the mode	l Balt	imore Md.	21229		Approximate Interval Between
		Schwab	used the death. Do no	5151 Ball	l Balt	imore Md.	21229		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 5151 Baltimore National Pike								
1	1 Burial 2 Commation 3 Red 4 Donation 5 Other (Specify)		of cemetary, crematory of Metro Cre	ematory	Inc.1	1-6-91			
L	an electrical and a second and a second	ominick		lside C	tWes	terlee		2A	#21228
1	Joseph B 19a. INFORMANT'S NAME (Type/Print)	Kamp Bre		ADDRESS (Street and It	Marga Jumber or Rural Ri		or Town, State, Zip		
1	17. FATNER'S NAME (First, Middle, Last)	N/A	Theater		ET . MOTHER'S NAM	Unic			_
F	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of we				OF BUSINESS/INDI	USTRY	
L	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 1 Y IF YES, GIVE WAR O	ER IN U.S. ARMED YES NO OR DATE	13. WAS DECEND If yes, specify 1 YES 2	Cuban, Mexican	, Puarto Rican, el	tc.)	Specify:	-American Indian, White,
1	10. STREET AND NUMBER BELY	edere & 6	reensprin		(-2-2-S	2121	10g. CITIZ	ZEN OF WN.	AT COUNTRY?
1	10a. STATE	Dana		timore				\ \ .	LIMITS?
	RESIDENCE OF DECEDENT	w.i.cc	eriatric len	en Baltin	note,	177	8	Ulmai	
9	9a. FACILITY NAME (If not institution, give	street and number)	0.0	9b. CITY, TOWN OR L	OCATION OF DEA	9/12/	9c. COUN	TY OF DEA	TN N/A
1	4. SOCIAL SECURITY NUMBER	- \ /	000		UNDER 24 HRS.	7. DATE OF BIRT (Month, Day, Ye	H	6. BIRTHPL Country)	ACE (State or Foreign
0	219-18-7139	1 🗆 M 2 🗸 F	88 YRS.	MONTHS DAYS HO	URS MIN.	9/12/	103	8. BIRTHPL Country)	m



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

I hours after death. Page 5 may be retained by the hospital or attending physician,	led in by the funeral director, page 5 should be detached for use as the builat-transit nermit Pages 1.2 a chaula	, or removal,	mades avamines must be notified at secon
IN THE HUSPILIAL OR AT LEMBING PHYSICIAN: THE TAW TEQUIFES THAT THE GEATH CEPTINGATE BE EXECT	TO THE FUNERAL DIRECTOR: Mer this certificate has been signed by the attending physician and	be filed within 72 hours wher death with the State Dept. of Health and Mental Hygiene prior to bur	IMPORTANT If item 28 is marked or item 23 shows any injury or other traumatic awant the medical avantage must be

	FOR CTATE OF	MADVI AND	/ DEDA	THENT O	F 11541711 4410			30150
	REGISTRAR	MARTLAND	ERTIF	ICATE (F HEALIH AND OF DEATH	MENTAL HYGIE REG. N		
	1. DECEDENT'S NAME (First, Middle, Last)		4	LPIA)E	2. DATE OF DEATH	31	3. TIME OF DEATH 12: 464
	4. SOCIAL SECURITY NUMBER 5. SEX 1 □ M 2 Ø F	6. AGE (In yrs. 1	yrs.	MONTHS DA		7. DATE OF BIRTH (Monti), Day, Year (2/22	37	B. BIRTHPLACE (State or Foreign Country) ENGLAND
DIRECTOR	SINAL HOSPITAL			96. CITY, TO	TIMOR		Sc. COUNT	Y OF DEATH
EC	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR L	DCATION			10d. INSIDE CITY
	MARYLAND BALTIMORE			E	BALTIMORE			LIMITS?
FUNERAL	10e. STREET AND NUMBER				10f. ZIP CODE			N OF WHAT COUNTRY?
NE	6706 CHIPPEWA DR.				21209)		JSA
ВУ		IT EVER IN U.S. A YES 2 (X WAR OR DATES	RMED NO	If yes	DECENDENT OF HISP s, specify Cuben, Mexi YES 2 NO Spec	ANIC ORIGIN? (Specify Y.can, Puerto Rican, etc.)	ns or No — 1	4. RACE — American Indian, Black, White, atc. SpowHTTE
TEC	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of	USUAL OCCUI	PATION a most of working	16b. KIND OF B	USINESS/INDUS	STRY
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5	+)	HOUI	ESWIFE	•	Į.	AT HOME	3
BE CO	17. FATHER'S NAME (First, Middle, Lost) HIRSCH HENRY				RACH		HAMS	
2	19a. INFORMANT'S NAME (Type/Print)	1				I Route Number, City or To	wn, State, Zip C	ode)
	ROBERT ALPINE	1			PEWA DR.	BALTIMORE		1209
	20s. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	ARLII	IGION		JK AMUNO)	11/1/91	BALTIMO	DRE, MD
	Day Way Lucensee	vis		60	LO REISTER	NSON & BROS RSTOWN RD.	BALTO	0.,MD 21215
NO	Sequentially list conditions & PER	OR AS A CONSI	EQUENCE OF	F):	mode of dying, su	ch aa cardisc or res	piratory srres	t, Approximate Intervel Betwee Onset and Deat
CERTIFICATION	If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury	(OR AS A CONSE	CA	RCIN	omA			
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to	death but not	resulting	In the underi	ying ceuse given in	Pert I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
Z Z	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			20	B. PLACE OF DEATH (C	heck only one)		
YSI	1 YES 2 NO 1 Impetient 2	ER/Outpetlant	3 🗆 DOA	OTHER:	Home 5 - Residence	6 Other (Specify)		
ВУ РН	27. MANNER OF DÉATH 1 Netural 5 Pending 2 Accident Investigation		26b. TIM INJ	URY	INJURY AT WORK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCUP	RED
ETED	3 Suicide 6 Could not be determined 28e, PLACE 0 building.	F INJURY — At hatc. (Specify)	ome, farm, s	street, factory, o	offica	28f, LOCATION (Street City or Town, State	and Number or	Rural Route Number,
COMPLE	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beels of a	my knowledge, d	eath occume	n, in my opinio	data and place, and du	e to the cause(e) and me e time, deta and pieca, a	nner as ateled.	suse(s) and manner as stated.
#	296. SIGNATURE AND TITLE OF CERTIFIER NATION NE	D.			29c. LICENSE NU			agleo (Moral, Day, Year)
2	SE HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	SE OF DEATH (ITE	M 27) (Type,	HOSP.	BALT	· ND	19	2471
		R'S SIGNATURE			18 . / - (
	NOV 05 1991 Julia Savid	ion-Aande	82					
								DHMH-16 Rev 1

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ificate
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	curebras on attending physician. The law requires that the death certificate be executed within 2. Yours after

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zithours after death. Page 6 may be retained by the hospital or attending physician.	UNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the batte begin, or relatified in whether insurance print to medical examiner must be netified at once. IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.
TO THE HOSPITAL OR ATTENDING PHYS	TO THE FUNERAL DIRECTOR: After this	WPORTANT: It Item 28 is market

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPAI CERTIF					REG. NO.	The		
7	1. DECEDENT'S NAME (First, Middle, Leet) George Berna	ard Brooks	Cr					2. DATE OF DEATH DAY		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		In yrs. last birthday)	IF UNDER 1	1 YEAR	IF UNDER 24	HRS.	7. DATE OF BIRTH			IPLACE (State or Foreign
	220-07-3282	1 ₩ 2 □ F 7	5 YRS.	MONTHS			MIN.	(Month, Day, Year) 5-07-19	916	Counti	w rvland
	Se. FACILITY NAME (If not institution, give a					LOCATION		тн	9c. COL	JNTY OF D	EATH
6	2701 Westwood A	venue		Ва	alti	more	5				
ត្ត	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	v	100 01	TY, TOWN OF	D I OCATIO	N.					10d. INSIDE CITY
FUNERAL DIRECTOR	Md.			ltimo						200	LIMITS?
7	10e. STREET AND NUMBER		₁ Du	I CIMIC		ZIP CODE			10g. CIT	TIZEN OF V	VHAT COUNTRY?
ER/	2701 Westwood	Avenue				2121	6			US	7)
3	11. MARITAL STATUS	12. WAS DECEDENT EYER IN FORCES? 1 X YES	U.S. ARMED			NDENT OF	HISPANI	C ORIGIN? (Specify Yea	or No-		E — Americen Indian, c, White, etc.
BY FI	1 Never Merried 2 Merried 3 Nidowed 4 Divorced	FORCES? 1 X YES IF YES, GIVE WAR OR DA 1942 - 19	ATES			NO		, Puerto Rican, etc.)		Spec	
	15, DECEDENT'S EDU	CATION	16a. DECEDENT'S	S USUAL OC	CUPATION	•		16b. KIND OF BUS	INESS/IN	DUSTRY	DIGCK
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT	work done di use retired.)	luring most	of working					
2	12 th	Conlege (1-4 of 5 4)	Engine	per				Med	char	ica:	1
8	17. FATHER'S NAME (First, Middle, Last)		biigiii			16. MOTHE	R'S NAM	IE (First, Middle, Maiden :			
BE C	John A. Brooks							aret Your			
	19e. INFORMANT'S NAME (Type/Print)		19b, MAILIN	O ADDRESS	(Street and			oute Number, City or Town		(ip Code)	
2	Joann Poole		2701	West	woo	d Av	enu	e Balto.	, N	1d.	21216
	20s. METHOD OF DISPOSITION 1 ⚠ Buriel 2 ☐ Cremation 3 ☐ Rem	20b	. PLACE OF DISPO	OSITION (Nam	me of ceme	etery, cremat	ory or	20c. LO		- City or To	
	4 Donation 5 Other (Specify)	Ne	ew Catl						ltc)., [Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		22. N	NAME AND	ADDRESS	OF FAC	Derric	k C	. J	one F.H.
	1/2/02/201	(- Jen		46	511	Park	Не				to., Md.15
	ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	a. Due to (on as a	CONSEQUENCE	P	Di	ül	ine	2			Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, iseding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	CONSEQUENCE			<u>C(</u>	of	3D			
	resulting in death) LAST	d	V-SECTION TO SEC		0000000000	^	5 10 5				
PHYSICIAN: MEDICAL	PART II. Other eignificant condition	has contributing to death a	Karel	the uni	derlying	Ceuse giv		DEDEOG	MED?	Y 241	NOTE: AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	MOODITAL.				ACE OF DEA	TH (Che	ck only one)			
SIC	1 WES 2 NO	HOSPITAL: 1 Inpatient 2 I ER/Outs	patient 3 🗆 DOA	4 Nurs		5 Mesi	dence	5 (Other (Specify)			
PHY	27. MANNER OF DEATH 1 Netural 5 Pending	28e, DATE OF INJURY (Month, Day, Year)	28b, Ti	IME OF NJURY	28c. INJU WOF	RK?		26d. DESCRIBE HOW I	NJURY O	CCURED	
ED BY	2 Accident Investigation 3 Suicide 5 Could not be	25e. PLACE OF INJURY building, etc. (Spec	f — At home, farm	, street, fecto		ES 2 🗌	NO	251. LOCATION (Street a City or Town, State)	and Numb	per or Rural	Route Number,
ETE	4 Homicide determined										
COMPLET	cool	ER: On the basic of examination									e) and menner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE	reduta	(P)	4 CH	-07	29c. LICEN	D	0792	29d. D/	ATE SIONE	14/9/
_	30, NAME AND ADDRESS OF PERSON WE	Charles	87	06, Print)	12	18					/
	31. DATE FILED (Month, Day, Year) NOV 0.5 1991	32. REGISTRAR'S SIGN		-							

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOUNTAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

DATE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be discount after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MIPORITAL: It hem 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		NT OF HEALTH A		L HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	Bowles	Susie E	.Bowles	2. DATE MONT	OF DEATH	Q YEA	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER			NDER 1 YEAR IF UNDER 24	/44	OF BIRTH		RTHPLACE (State or Foreign
	216-07-5407	<u> </u>	6 YRS. MONT	- I	5	-27-05	M	aryland
TOR	98. FACILITY NAME (If not institution, give a Pout inverse Crue) RESIDENCE OF DECEDENT		tospital f	CITY, TOWN OR LOCATION Roundalls to	OF DEATH	90.	BOUH	HWAONE
DIRECTOR	Maryland			o.City,Md				10d. INSIDE CITY LIMITS? YAYES 2 NO
	10e. STREET AND NUMBER			101. ZIP CODE		10g	CITIZEN C	F WHAT COUNTRY?
FUNERAL		Riverside	Ave.	212	30			SA
BY FU!	11. MARITAL STATUS 1 Never Merried 2 Merried Never Merried 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF I If yes, specify Cuben, 1 ☐ YES ②☐NO	Mexican, Puerto			ACE — American Indian, Black, White, etc. pecify: White
윤	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S USUA (Give kind of work of	L OCCUPATION lone during most of working	16	b. KIND OF BUSINES	S/INDUSTR	Y
COMPLETED	Elementery/Secondary (0-12) 8th.Grade	College (1-4 or 6+)	Secolia	one during most of working Operator G Machine		Linen T	hre	ad Co.
OM	17. FATHER'S NAME (First, Middle, Last)		DEGOTIN			Middle, Maiden Suma	-	
BEC		Alex	Ridge11	Ma	4		Be11	
٩	19a. INFORMANT'S NAME (Type/Print) Mary Gloria G	1100		RESS (Street and Number or				
	20a. METHOD OF DISPOSITION	20b.	PLACE AND DATE OF		AVE . I			
	Description 2 □ Cremation 3 □ Rem 4 □ Donation 5 □ Other (Specify) □	Но	emetary, crematory or ot 17 Cross	Cemetery	- 1	A.A.Co	.Md	•
	21. SIGNATURE OF FUNERAL SERVICE LI	a. Nas	100	22. NAME AND ADDRESS MCCully		al Home,		to.Md.21230 E.Fort Ave
	23. PART i. Entar the diseases, or shock, or heart failure.	complications that coysed List only one cause on es	the death. Do not a	ntar tha moda of dying	g, auch as ca	rdiac or reapiretor	y arreat,	Approximate interval Between
	IMMEDIATE CAUSE (Finel disease or condition reaulting in death)	. Sensi	CONSEQUENCE OF):					Onset and Death
,	_	DUE TO (OW AS A	CONSECUENCE OF):					
ATIO	Sequantially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):					
CERTIFICATION	CAUSE (Disesse or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
S	PART ii. Other significant conditio	ns contributing to death be	ut not resulting in th	a underfying cause giv	ven in Part I.	24a, WAS AN AUTO	PSY T	24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL						PERFORMED		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	T		26. PLACE OF DEA	ATH (Check only	one)		
SIC	EXAMINER?	HOSPITAL:	etlent 3 DOA 4	HER: Nursing Home 5 - Resi				
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	26c. INJURY AT WORK? M 1 YES 2		EŞCRIBE HOW INJUR	Y OCCURE	0
	3 Suicide a Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spee	— At home, farm, street	, factory, office	261. LO	CATION (Street end N y or Town, State)	umber or Re	ural Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS	CIAN. To the best of my known	/	the time, date and place, e my opinion, death occured				use(e) end manner ee stated.
BE C	29b. SIGNATURE AND TITUE OF CERTIFIE	B Allha	1		ISE NUMBER	290	, DATE SIG	NED (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	ATH (ITEM NO (Type, Prin		ज्ञवपव		11-	2-91
	5401 Old Co	wx Road	Radela	Ustown	New	Janel	2	1133
	31. DALELINED (4017), 04991	guite mantina	OFFICE DO		•	0	/	_

A 35.16 greenes of the section of the sectio 밁

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

4 hours after death. Page 6 may be retained by the hospil	illed in by the funeral director, page 5 should be detached n. or removal.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospit	TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or empay.	The state of the s

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) (LOUIS BERNSTEIN) 2. DATE OF DEATH 3. TIME OF DEATH PASY P 9 S E 85 OU IN 00 4. SOCIAL SECURITY NUMBER 6. AGE (in yrs. last birthday) JULY 10, 1904 IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 578-52-7351 DAYS HOURS 1 K M 2 F 87 CTTHUANIA YRS 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 7201 BROOK CREST WAY, APT. T-4 DIRECTOR BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY IBc. CITY, TOWH OR LOCATION 10d. INSIDE CITY MD YES 2 NO BALTIMORE 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7201 BROOK CREST WAY, APT. T-4 21208 USA 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 222NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married FORCES? If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 22 ANO Specify: IF YES, GIVE WAR OR OATES BY 3 Widowed 4 Divorced Spec#WHITE COMPLETED 15. OECEDENT'S EQUICATION 16e. OECEOENT'S USUAL OCCUPATION (Specify only highe 16b, KINO OF BUSINESS/INDUSTRY CCUPATION during most of working (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) 8 BUTCHER FOOD 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Sumerne) PATACH BERNSTEIN BE SADIE LEVINSON 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 MRS BEATRICE BERNSTEIN 7201 BROOK CREST WAY, APT. T-4 BALTIMORE, MD 21208 20e. METHOD OF DISPOSITION

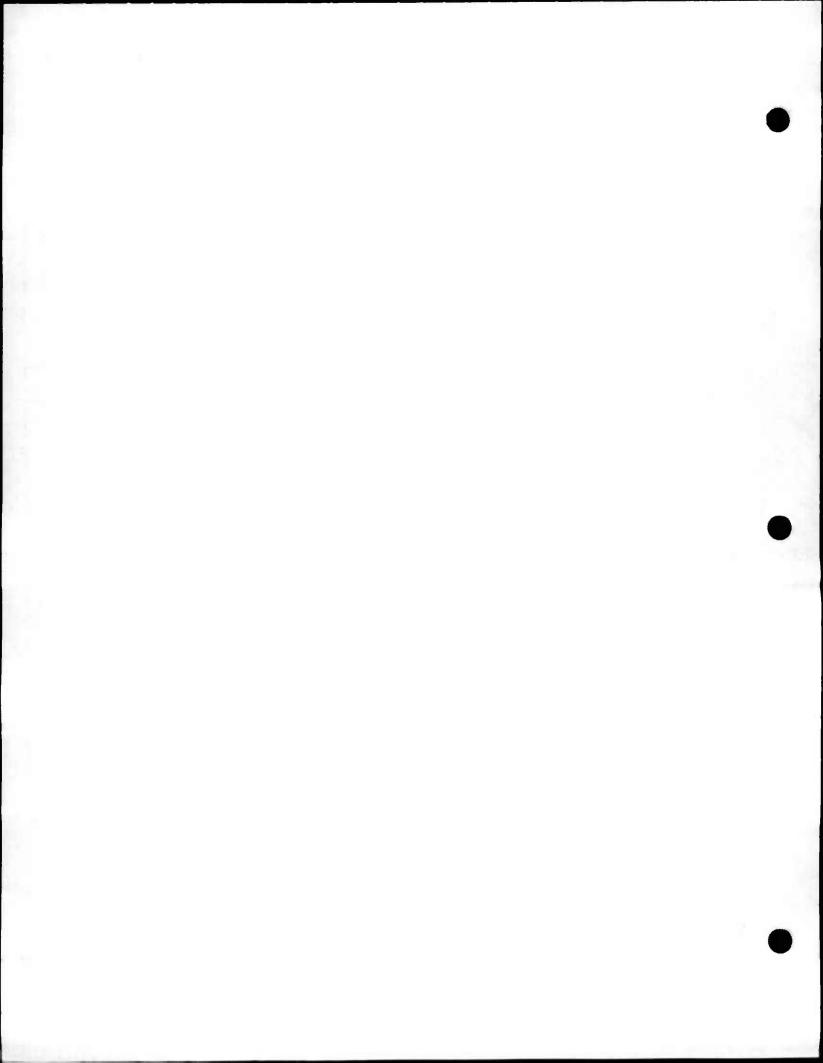
1 X Yurlet 2 Cremation 3 Removal from State 20b. PLACEAND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE ory, ATTZ or CHATM 11+3-91 4 Donetton 5 Other (Specify) BALTIMORE, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD 21215 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each ilne. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition_ resuiting in death) DUE TO (OR AS A CONSEQUENCE OF) PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS. AVAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMEO? 1 TYES 2 T NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 \(\text{Nursing Home} \) 5 \(\text{Residence} \) 8 \(\text{Other (Specify)} \) 1 TYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO Natural 5 Pending Investigation BΥ 1 YES 2 NO Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, stc. (Specify) ETED 3 Suicide 8 Could not be 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner ee stated. COMPL 2 MEDICAL EXAMINER: On the basic of exemination investigation, in my opinion, death occured at the time, date end piece, end due to the ceuse(e) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d, DATE SIGNED (Month. 2 AGORESS OF PERSON WHO COMPLETED CALE

(Month, Day, Year)

1991

32. REGISTRAR'S SIGNATURE

ha Davidson



YEAR

3. TIME OF DEATH

2. DATE OF DEATH DAY

BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

CLARCY

BOX 68760. P.0.

HDSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS,

4. SOCIAL SECURITY NUMBER BUSH 11 91 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 - M 2 - F 219-28-9414 60 10 - 22 permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1301 HILLSIDE ROAD STEVENSON RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 18c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO STEVENSON FUNERAL 10a. STREET AND NUMBER 109. CITIZEN OF WHAT COUNTRY? 10t, ZIP CODE this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

Ked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notitied at once. 1301 HILLSIDE ROAD 21153

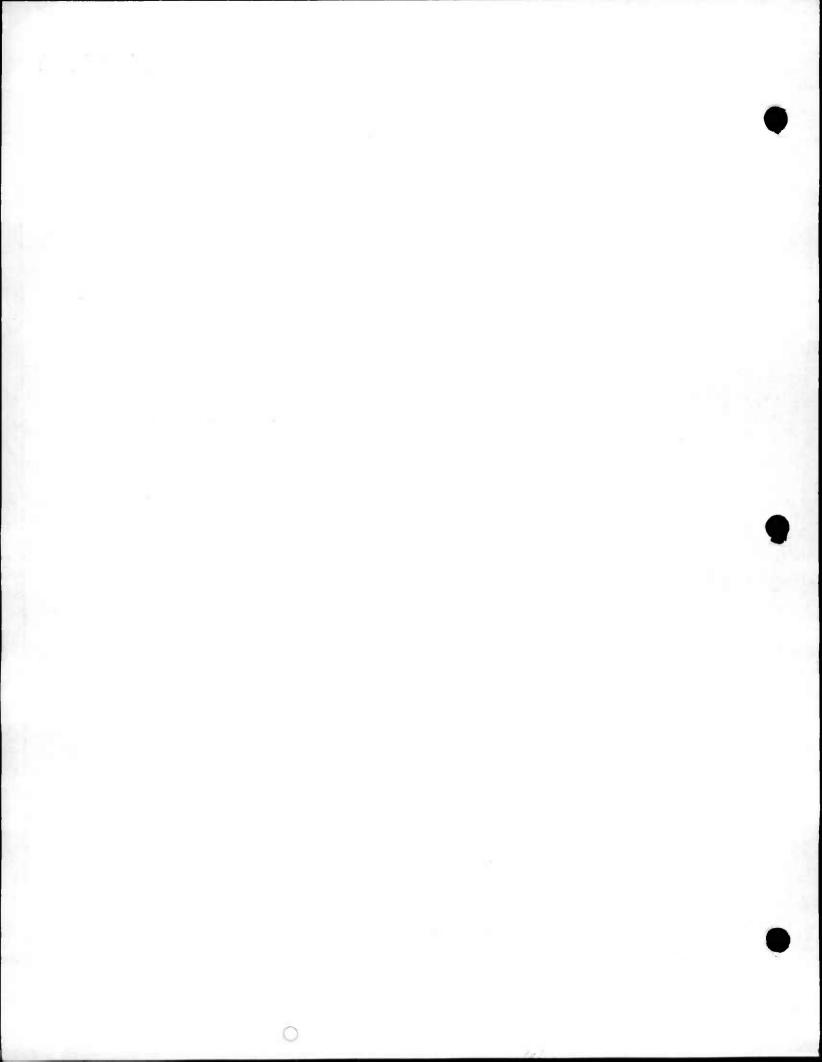
13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yea, specify Cuban, Maxican, Puarto Rican, etc.)
1 YES 2 N NO Specify: hours after death. Page 6 may be retained by the hospital or attending physician. 14. RACE — American Indian, Black, White, atc. 11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMEO FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR OATES 1 Never Married 2 💢 Married BY Specify: BLACK 3 Widowed 4 Divorced COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 12TH HOUSEHOLD TECHNICIAN 17. FATHER'S NAME (First, Middle, Last) 1a. MOTHER'S NAME (First, Middle, Malden Surname) THOMAS ROBERTSON EASLENE WITHERSPOON 19e, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 3957 GREENMOUNT AVE. 2ND FL./BALTO., MD 21218 DENISE COX 20s. METHOD OF DISPOSITION
1 VI Burlal 2 Cremetion 3 Removal from State
4 Donetion 5 Disposition 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE CED'AR HILL CEMETERY ANNE ARUNDEL CO, MD Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM.C. MARCH F.H. 1101 E. NORTH AVE. 23. PART I. Enter the diseases, or complicatione that ceused the death. Do not enter the mode of dying, euch as cardiec or respiratory arrest, Approximeta ahock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final **Onset and Death** diseese or condition COLON CANCER Metastatic 1 Year resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequantially list conditiona, OUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other eignificant conditions contributing to death but not reaulting in the underlying cause given in Pert I. PHYSICIAN: MEDICAL 24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 4 ☐ Nursing Home 5 PResidence 8 ☐ Other (Specify) 27. MANNER OF DEATH 26s. OATE OF INJURY (Month, Day, Year) 28b. TIME OF marked, 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investigation М 1 YES 2 NO BY After t 2 Accident 28e. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify) TO THE FUNERAL DIRECTOR: A be filed within 72 hours after de IMPORTANT: It item 28 is 3 Suicide -50 ETED 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide 29s. CERTIFIER
(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. COMPLI 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) 포포 D41360 11-4-91 223 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) PhD, MD Rx3-127 ONCOLOSY Center, 600 N. Wolfest Baltiniens NOGA NOV 05 1991 Day CASA THE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

BUSH



OHMH-16 Rev 1/89

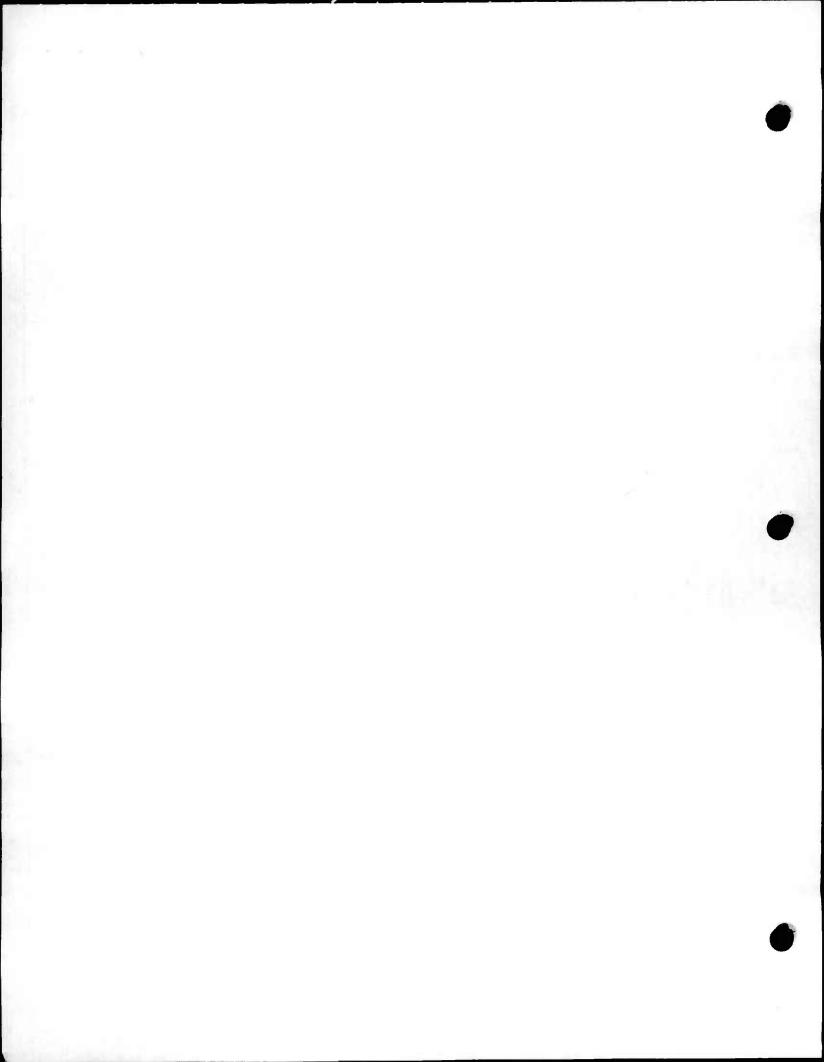


DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
e,
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: it flem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG NO

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAI	RTMENT	OF H	EALTH AND DEATH	MENT	AL HYGIE			
	1. OECEDENT'S NAME (First, Middle, Lest)	ROSE FRII		NNETT			MON	E OF DEATH	DAY	YEAR	3. TIME OF DEATH 9 P. M
	4. SOCIAL SECURITY NUMBER 106-36-9385	1 🗌 M 2 💢 F	(In yrs. last birthday) 91 YRS.	IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DAT	E OF BIRTH		S. BIRTH Country	PLACE (State or Foreign RUSSIA
TOR	9a. FACILITY NAME (If not institution, give MERIDIAN HEALTH RESIDENCE OF DECEDENT					KLANDVI			9c. COUN		TIMORE
DIRECTOR	MARYLAND 10b. COUNT	BALTIMORE	10c. CI	TY, TOWN OF		ON CIMORE			-		10d. INSIDE CITY LIMITS? 1 YES 2 YNO
FUNERAL	5 SADDLE CT.				10f.	ZIP COOE	#2	21208	10g. CITIZ		THAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR DO	2 NO	11	yes, spe	NDENT OF HISPA cify Cuban, Mexic 2 NO Speci	an, Puarto	IN? (Specify You Rican, atc.)	on No-	14. RACE Black Specif	- American Indian, , White, atc.
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5+)	18a. DECEDENT'S (Give kind of life. Do NOT u	work done du se retired.)	CUPATION uring mos	N t of working	16	b. KIND OF BU	EANER		INIDOV
BE COM	17. FATHER'S NAME (First, Middle, Last) AARON TAR	R	2 1102 11	222011		18. MOTHER'S N.	AME (First,		n Surname)	OWSK	
10 B	19a. INFORMANT'S NAME (Type/Print) MRS. CHARLOTTE	ZEITLIN	196. MAILING 5 S	ADDLE	(Street an	d Number or Rural BALTIM	Route Nui		wn, State, Zip (21208	Code)	
	20a. METHOO OF DISPOSITION 1 Burial 2 Cremation 3 X Rem 4 Donation 5 Other (Specify)	cem	PLACEAND DATE etery, crematory or c	ther plece)	ION (Nen	10/31	∘ [∧] 1/91		ocation — c		
	21. SIGNATURE OF FUNERAL SERVICE LI	Devã			SC	ACCRESS OF FA L LEVIN REISTER	SON	& BROS	5., INC	С.	
CERTIFICATION	IMMEDIATE CAUSE (Finel	e. DN 120 M DUE TO (OR AS A	CONSEQUENCE O	F):	he mod	a of dying, suc	th as cer	rdiac or resp	iratory erre	st,	Approximete intervel Between Onset and Death 24 HRS
PHYSICIAN: MEDICAL CI	PART II. Other significant condition	is contributing to deeth bu	ut not recuiting	in the unde	erlying	ceuse given in	Part I.	24a. WAS AN PERFO 1 YES	RMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SICIAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpi	Minor 3 DOA	OTHER:		CE OF DEATH (Ch					
ву рну	27. MANNER OF DEATH 1 Return 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 25	8c. INJUI	S Pasidence RY AT K? S 2 NO		SCRIBE HOW	INJURY OCCU	RED	
	2 Accident Investigation 3 Suicide 8 Could not be determined	28s. PLACE OF INJURY building, atc. (Speci	— At home, farm, a				28f. LOC City	CATION (Street or Town, State,	and Number or	Rural Ro	ute Number,
COMPLETED	29a. CERTIFIER Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my knowle R: On the basis of examination	edge, death occurre	nd at the time	e, deta a	nd place, and due th occured at the	to the ca	use(a) and ma	nner as stated	cause(a)	and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIES	MD.				Do 50	ABER .		29d. DATE S	SIGNEO (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type,	Print) ST.	CA						071218
	NOV 05 1991	32. REGISTRAR'S SIGNA	TURE							74	47 77 12



DHMH-16 Rev 1/89

al examiner must be notified at once. TO BE COMF	De filed within 72 hours after death with the State Dept. or Health and Nethal hybere prior to burlay, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
the funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
BALTIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AN		AL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last))			2. DAT	E OF DEATH		3. TIME OF DEATH
	Nathan B	ofuck			MON (C		O Y	TI IND DM
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday) IF U	NOER 1 YEAR IF UNDER 24 H	rrs. 7. DAT	E OF BIRTH	6.	BIRTHPLACE (State or Foreign
	374-07-0753	3 1 (₹M 2 □ F	85 YRS. MONT	HS DAYS HOURS M	IN. (Mo	nth, Day, Year)	1905	country) Tes 11
	9e. FACILITY NAME (If not institution, give			CITY, TOWN OR LOCATION		1/	9c. COUNTY	
E C	Habraw Home	of Grander 1.		ROCKVIRE				to ourero
DIRECTOR	RESIDENCE OF DECEDENT		Joe strong 18	TOCKUIZZ	eil		1 065 00	19002010
HE	10e. STATE 10b. COUN		10c. CITY, TO	YN OR LOCATION				10d. INSIDE CITY LIMITS?
		ntgomery	Rock	ville				1 XYES 2 NO
IA	10e. STREET AND NUMBER			101. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
l ij	6121 Montrose	Rd.		20852	2		USA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER II FORCES? 1 YES	N U.S. ARMED	13. WAS DECENOENT OF H	ISPANIC ORIG	IN? (Specify Yes	or No- 14.	RACE — American Indian, Black, White, etc.
ВУ	1 Never Merried 2\(\bar\) Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D		1 TES 2 XNO			- 17	Specify:
	15. DECEDENT'S ED	HIGATION	to DECEDENTIA HOLI		L			Caucasian
빝	(Specify only highest grad	de completed)	(Give kind of work of life. Do NOT use retir	one during most of working	1	86. KIND OF BUS	SINESS/INDUS	THY
12	Elementary/Secondary (0-12)	College (1-4 or 5+)				Driver		24
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	4	Account			Privat , Middle, Malden		
		a le						
띪	Benjamin Botu 190. INFORMANT'S NAME (Type/Print)	CK	Top MAN INC ADD	RESS (Street and Number or		Mirsky		4.5
임		1-						
	Dr. Henry Bot							le, Va.22003
	1 Buriel 2 Cremation 3 Red 4 Donation 5 Other (Specify)	movel from State K	ing playid	Memorial	Gdns	. Fal	Lls Cl	or Town, State nurch, Va.
	21. SIGNATURE/OF FUHERAL SERVICEL			22. NAME AND ADDRESS (
	IN MOVE			Ives Pear		Funera	al Hor	nes
	7 M OGOTT	0		Falls (Inurc	n, Va	1. 220	046
	23. PART . Enter the diseases, or	complications that cause b. Liet only one cause on a	d the death. Do not e	nter the mode of dying,	auch aa ca	irdisc or reepi	ratory arrest	
	IMMEDIATE CAUSE (Finel	A I	acii iiie.	,				Oneat and Daath
	disease or condition reaulting in death)	. Pulmoni	an empo	Um				immediate
		DUE TO (OR AS	A CONSEQUENCE OF):				· - ·	11/11/10/10/10
z		b. / mmobilit	7					
유	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	CONSEQUENCE OF):				<u> </u>	
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	C						
ᄩ	that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):					
CERTIFICATION	resulting in death) EAST	d						
	PART II. Other significent condition	one contributing to death it	out not resulting in the	e underlying ceuse give	en in Part I.	24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
CAL	Malnumtion	_				PERFOR		AVAILABLE PRIOR TO COMPLETION DF CAUSE
	To de la constante de la const					1 TYES 2	MO NO	OF DEATH?
2								1 TYES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEAT	H (Check out)			
S	EXAMINER?	HOSPITAL:		HER:				
1×8	27. MANNER OF DEATH	1 Inpatient 2 ER/Out	28b. TIME OF	Nursing Home 5 Resid	-	her (Specify) ESCRIBE HOW I	ALBUMY COOKE	NED.
РНУ	1 Netural 5 Pending	(Month, Day, Year)	INJURY	WORK?		EŞCHIBE NOW I	NJUHY OCCUP	HED.
BY	2 Accident Investigation		Y — At home, farm, etraet	M 1 YES 2 N		OCATION /Prost	and Mumbus as	Complete Months
유	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Spe	cify)	, lactory, office		ty or Town, State)		Rural Route Number,
COMPLET	29e. CERTIFIER							
P.	(Check only XIX CENTIFYING PHY	SICIAN: To the best of my know						
Ö	2 MEDICAL EXAMI	NER: On the beele of examination	on end/or investigation, in	my opinion, death occured	at the time, de	ite end place, ar	d due to the o	euse(e) end menner ee atated.
BE C	29b. SIGNATURE AND TITLE OF CERTIF	2		29c. LICENS	E NUMBER		29d. DATE S	IGNED (Morith, Day, Year)
10	preut 4. L	ugul		0316	540		10	131/91
=	30. NAME AND ADDRESS OF PERSON W		EATH (ITEM 27) (Type, Print	0 1 11	4/4	200==		
	Brent Berger	11125 KOCKVI	ILL MIKE #/	03 Rockville	MD >	0852		
(I	31. DATE FILED (Month, Day, Yeak)	32. REGISTRAR'S SIGN	NATURE NA					
4	NOV 05 1991	Lann manieton -	Jan Jan					

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 6 may be retained by the hospital or attending physician.

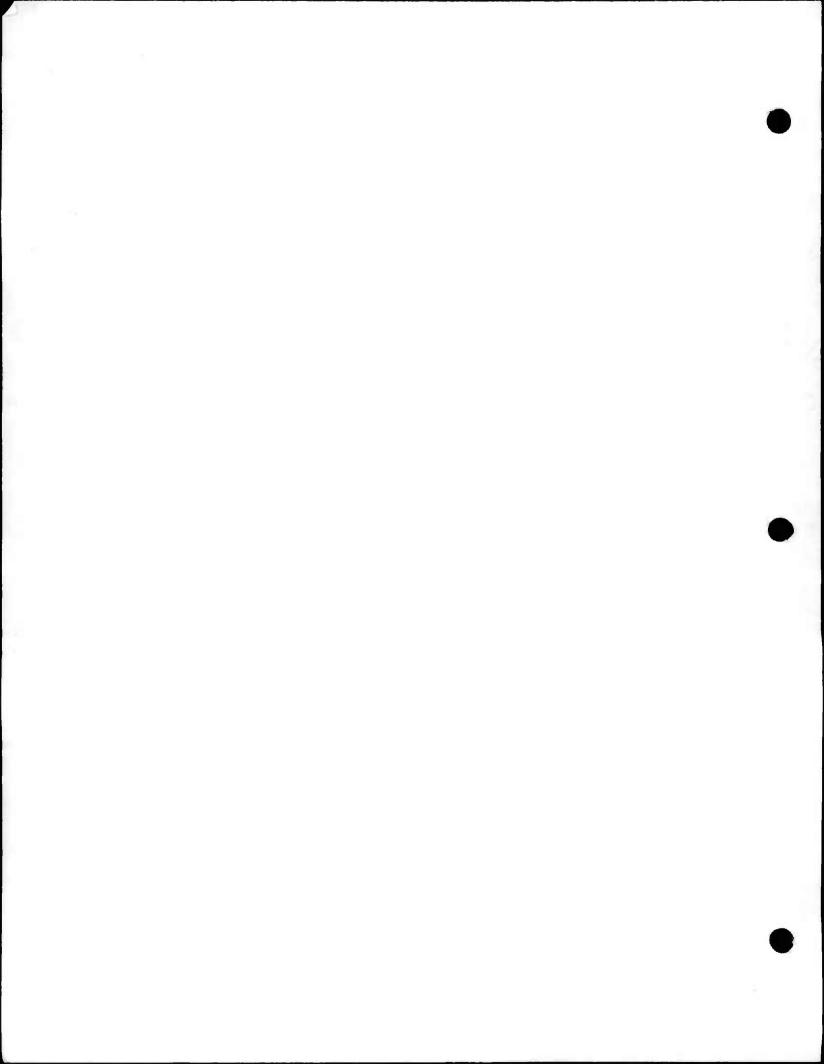
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FOR 1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

_								DEA			HEG. NO.			
	1. DECEDENT'S NAME (First,	Middle, Last)	1							2. DATE (OF DEATH DA	NY.	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMB	. DOI	den							10	2-9	, ,	11	12:37P M
	236-01-05		5. SEX	6. AGE (In yrs	YRS.	MONTHS	DAYS	HOURS	MIN,	/	Day, Year)		8. BIRTI	7
	9a. FACILITY NAME (If not ins		treet and number)	16		9b. CIT	r, town	OR LOCATI	ON OF DE	7	02/14	9c. COU	NTY OF C	DEATH
ا ج	Deaton Ho:	1				R	a/+	Limon	. 1	UD		R	14:0	and County
5	RESIDENCE OF DEC	EDENT							٠, ٢	-		100	1 (11)	none County
	10a. STATE	10b. COUNTY	1	0 1	10c. CIT	TY, TOWN	OR LOC	ATION						10d. INSIDE CITY LIMITS?
5	MD	15	altimore	Count	4 5	Soult	imo		10					1 VES 2 NO
FUNERAL DIRECTOR	10e. STREET AND NUMBER	0	0.	1	J		1	IO1. ZIP COD	E			10g. CIT		WHAT COUNTRY?
	4208	Bon		ad				212					us	
2	11. MARITAL STATUS 1 Never Married 2	Married		YES 2	ARMED NO	13.		ECENOENT (specify Cubi			? (Specity Yaa lican, atc.)	or No—	14. RAC Blac	E — American Indian, ik, White, atc.
5	3 Widowed 4 Divo		IF YES, GIVE V	MAR OR DATES			1 🗌 YE	S 2 NO	Specif	y:			Spec	olly:
	15. DECI	EDENT'S EDU	CATION	18a	DECEDENT'S	S USUAL C	CCUPAT	TION		18b.	KIND OF BUS	SINESS/IN	DUSTRY	lack
اة	(Specify only Elementary/Secondary (0	highest grade	completed) College (1-4 or 5	+)	(Give kind of Ille. Do NOT u	work done use retired.)	during n	nost of worki	ng					
	NOT KNOWN)	-/		"	abon	2.0								
COMPLEIED	17. FATHER'S NAME (First, MI	iddle, Last)						16. MOT	HER'S NA	ME (First, N	fiddle, Malden	Surname)		
	Samuel.	Bolda	n					,	Anni	e Wo	Iker			
	19a. INFORMANT'S NAME (7)	ype/Print)			19b. MAILIN	G ADDRES	S (Street	t and Numbe	r or Aural	Route Numb	er, City or Tow	n, State, Zi	ip Code)	
2	Thelma Mo	Hs	POA		4200	Bai	ner	Road	Ba	HO N	10 21	216		
	20a, METHOO OF OISPOSITI 1 Burial 2 Crematio 4 Donation 5 Other	n 3 🗆 Ram	oval from Stata	20b. PLA	ACE OF DISPO				natory or	-K	20c. LO	CATION -	City or T	own, Stata
	21. SIGNATURE OF FUNERAL		CENSEE	*		-	NAME	AND ADORE	SS OF FA	CILITY	Nus	W C		100010,1001
	Mal	27	Narch			1	10	rch	- F	HU4	100 T	ub	ela.	ch Ave
٦	23. PART I. Enter the di		complications the			not ente	r the m	node of dy	ing, suc	h es card	lec or respi	iratory a	rrest,	Approximate interval Between
-	IMMEDIATE CAUSE (Fin		A A	/	P	0		0.0						Onset and Desth
	disease or condition resulting in death)	→	Men	oscle	roter	CAL	de	Vas	rela	- 6	Juses	e-c		year
- [DUE TO	(OR AS A CO	SEQUENCE (OF):	- /	0.	-		-2-	1		1111111
۱ ۶	Sequantielly list conditi	lone T	arela	0/21	calo	aca	and	Dent-	9	Con	er.c	cen	47	10 mary
CENTIFICATION	If any, leeding to immed cause. Enter UNDERLYI	diate	1) DUE TO	(OR AS A CO	SEQUENCE O	OF):	h	20 /	Papel	Ce_				11 mario
3	CAUSE (Diseese or inju		C. DUE TO	(OR AS A COI	SECUENCE	OE)	//		1					77/13
	that initiated eventa resulting in death) LAS	т	552 10	(011 10 11 001	IOLOGEIIOL (J. J.								j
5			d											
	PART II. Other significa	nt condition	ns contributing to	deeth but n	ot resulting	In the u	nderly	ing ceuse	given in	Part I.	24a. WAS AN PERFOR		24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
FDICAL	roson	mg les	Kegi	uf_						[1 [] YES 2			COMPLETION OF CAUSE OF DEATH?
			V		_									1 - YES 2 - NO
BY PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		PLACE OF	DEATH (C	heck only on	e)			
2	1 TYES 2 NO		1 Inpatient 2			4 □ Nu	irsing Ho	ome 5 🗆 R	aaidenca	8 🗆 Othe	r (Specify)			
	27. MANNER OF DEATH	Donation	28a. DATE Of (Month,)	F INJURY Day, Year)	28b. TJ	ME OF	V	NJURY AT WORK?		28d. DE\$	CRIBE HOW I	INJURY O	CCUREO	
ā		Pending Investigation				М		YES 2	_ NO					
COMPLEIED		Could not be determined	28a. PLACE (building	OF INJURY — A , atc. (Specify)	it home, farm,	, street, fa	ctory, of	fica			ATION (Street or Town, State)		er or Rural	Route Number,
ן אָ	29a. CERTIFIER 1 CERT	TIFYING PHYS	ICIAN: To the best o	f my knowledge	a. danth occur	rred at the	time, da	eta and plac	and du	a to the cau	se(a) and ma	nner aa st	ated.	
\$	occi													(a) and manner as stated.
	29b. SIGNATURE AND TITLE	OF CERTIFIE	R /	_				29c LIC	ENSE NU	WRER		294 DA	TE SIGNE	O (Month, Day, Year)
8	Tolom	lo 2		0 15	7 , D.			1)0		360				9-91
2	30. NAME AND ADDRESS OF		10 COMPLETED CAL	SE OF DEATH		oe, Print)	/	1			ha. 1.d.	/-	/ -	1230
	Deat	0 12		tall	6/1	2 0	47	rte	57	. , /.	13/7.	11 0	2	1270
	31. OATE FILEO (Month, Day,	1991		AR'S SIGNATUI	RE									
- 1	C U V U V I	1331	Tuna Da	HARAMA A	and Do									





DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 mours after death. Page 6 may be retained by the hospital or attending physician.

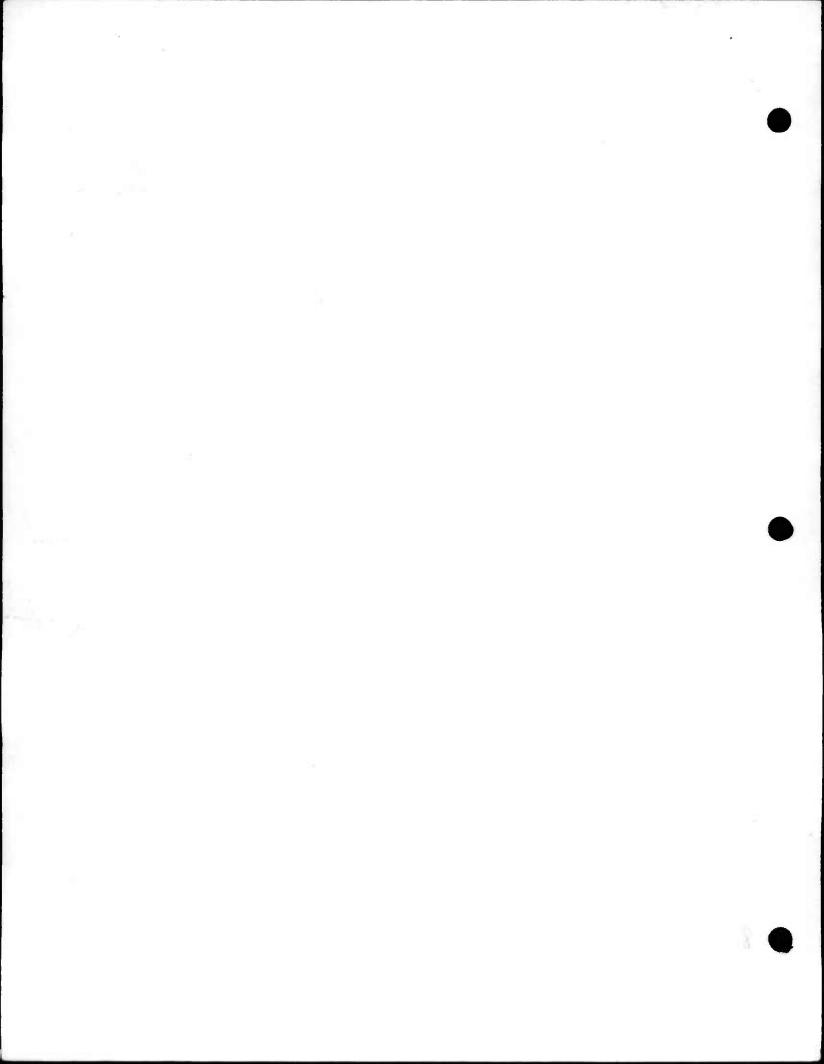
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

8

STATE OF MA	ARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIE	N
	C	ERTIFICATE	OI	F DEAT	H		REG. N	10.

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTME CERTIFICA			IENTAL HYGIEN REG. NO.		
1. DECEOENT'S NAME (First, Middle, L	est)	Cox			2. DATE OF DEATH DATE OF DAT	AY YEAR	
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. last birthday) IF UI YRS. MONT	HS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Co	RTNPLACE (State or Foreign suntry) aryland
9a. FACILITY NAME (If not institution, g	SPITAL C	ENTE? 96.6	PSO!	TIMUP	e City	9c. COUNTY O	F DEATH
10a. STATE 10b. CO	F 1 27	10c, CITY, TOV	VN OR LOCATI	on some t	PASA	DEN	10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER	PEL DR	-IVE	101.	ZIP CODE 2/12"	2	10g. CITIZEN	S A
11. MARITAL STATUS 1 Naver Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 NO	Il yes, spe		C ORIGIN? (Specify Yes, Puarto Rican, atc.)	E	ACE — American Indian, Black, White, atc. Specify: White
15. DECEDENT'S (Specify only highest s Elementary/Secondary (0-12)	EDUCATION grade completed) College (1-4 or 5 +)	16a. DECEDENT'S USUA (Give kind of work d life. Do NOT use retin	L OCCUPATIO one during mos ed.)	N t of working	16b. KIND OF BU	SINESS/INDUSTR	Y
4th.Grade		Superv	isor		В.&.	O Rail	Lroad
17. FATNER'S NAME (First, Middle, Last		_			ME (First, Middle, Maiden		
Hen	ry	COX	BERR (Charles	Lula	loute Number, City or Tow		Reed
Joyce A. Hunt					.Balto.M		
20a. METNOD OF DISPOSITION	20	b. PLACE OF DISPOSITION				CATION — City of	
XXBurtel 2 Cremetion 3 4 Donation 5 Cremetion (Specify)		Glen Have	n Mem	orial P	ark G1	en Bur	cnie, Md.
21. SIGNATURE OF PUNITRAL SERVICE		2/5	22. NAME AN	D ADDRESS OF FAC	Ba1	to.Md.	
23. PART I. Enter the diseases,	or complications that gauar	id the death. Do not a					Approximsta
shock, or heart fell IMMEDIATE CAUSE (Final disease or condition resulting in death)	ura. List only ona cause on a	Resp	N'Vaci	son fo	Rilupp		Interval Between Onset and Dea
resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF):	11.51	· · ·	- 00		1 in each
Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING	bDUE TO (OR AS	A CONSEQUENCE OF):	icons	mel	a Ha	Ho.	7 414
CAUSE (Disease or Injury that initiated events resulting in death) LAST	cDUE TO (OR AS	A CONSEQUENCE OF):	el.	bleed	leng		Z inon,
PART II. Other eignificant cond	Itions contributing to death	but not resulting in th	a undarlying	cause given in	Pert I. 24a, WAS AF PERFO 1 PES	RMED?	24b. WERE AUTOPSY FINOING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC	AI		20 81	ACE OF DEATH (Ch	-ok oak oast		
EXAMINER?	HOSPITAL:		HER:		E CHEST NOTES AT		
27. MANNEY OF DEATN	28a. DATE OF INJURY	28b. TIME OF	28c. INJ	URY AT	6 Other (Specify) 28d. DESCRIBE NOW	INJURY OCCURE	D
1 Natural 8 Pending	(Month, Day, Year)	INJURY		RK? 'ES 2 NO			
2 Accident Investiga 3 Suicide 6 Could no 4 Homicida datarmin	28e. PLACE OF INJUF building, atc. (Sp	RY — At home, farm, street ecify)	, factory, office		28I. LOCATION (Street City or Town, State		ural Route Number,
CONSTRUCTION ONLY	PHYSICIAN: To the best of my kno						use(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CER	TIFIER 178585 MID	Atten	dnig	29c. LICENSE NUN	ABER 309	29d. DATE SIG	INED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSO)				
31. DATE FILEO (Month, Day, Year) NOV 05 1001	32. REGISTRAR'S SIG	MATURE MANAGEMENT					



IN HIS HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-refurs after death. Page 6 may be retained by the hospital or attending physician.	IN THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
(1	9	4	=

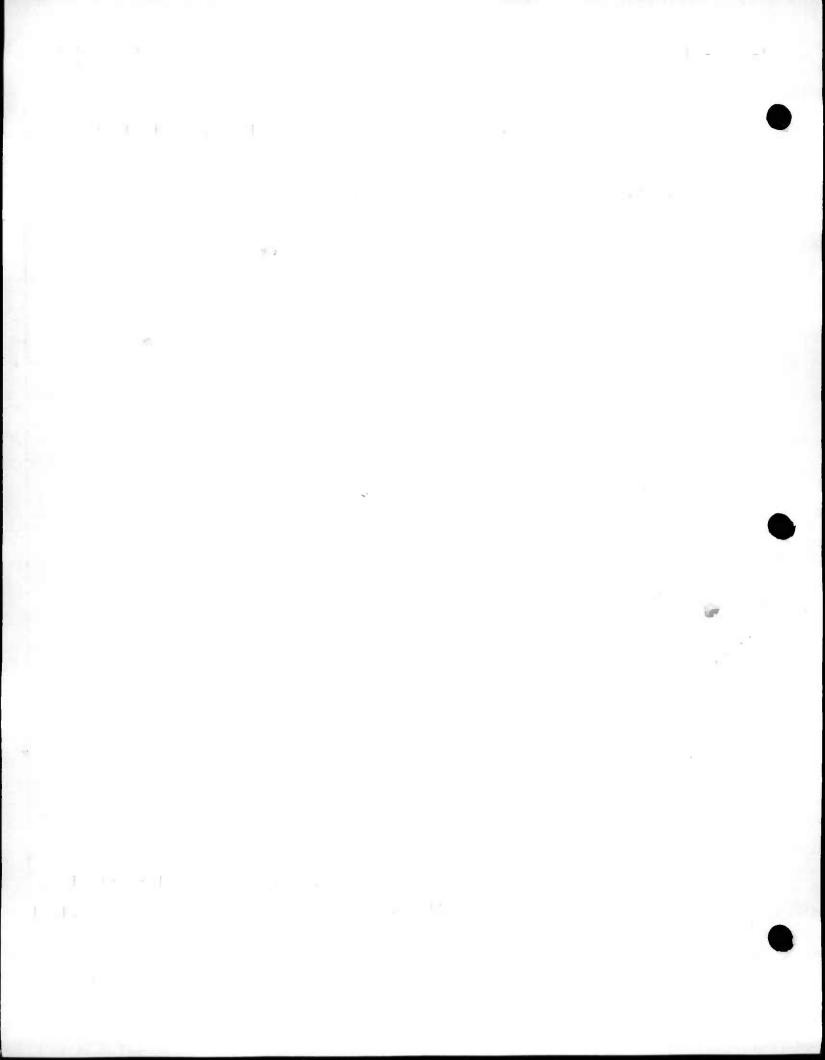
	FOR STATE REGISTRAR G-6	10g, ₁ 81 reb	STATE OF I	MARYLAN	2/91 ND / DEPA CERT	ARTMEN	IT OF H	HEALTH DEA	AND I	MENTA	L HYGIENI REG. NO.	E .) [30159
	1. DECEDENT'S NAME		(REGIN		MIELE	VSKI,	1			2. DATE MDNTI	OF DEATH	Y	YEAR CI I	3. TIME OF DEATH 2.20A
	4. SOCIAL SECURITY NUMBER 220-50-407		5. SEX	6. AGE (In	yrs. lest birthde	MONTH	ER 1 YEAR	IF UNDER	24 HRS. MIN.	(Montl	OF BIRTH		8. BIRTHI Country	
	9e. FACILITY NAME (# not in				/ "		TY, TOWN	OR LOCATI	ON OF DI	JAN.	_24,_	9c. cou	NTY OF DE	GERMANY EATH
5	BALTIMORE OF DEC	OUNTY	GENERAL.	HOSPI	TAL		R	ANDAI	LLST	OWN_			BALT	IMORE
DIDECTOR	10e. STATE	10b. COUNTY	1			CITY, TOW	OR LOCA	TION						10d. INSIDE CITY LIMITS?
	MARYLAND 10e. STREET AND NUMBER	E	BALTIMORE	₹				BALT		E		10g, CIT	IZEN OF W	1 YES 2 NO
LONEDAL	6628 DA	LTON F	DIVE						2120	7		Br:	itain USA	
	11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Divo	Merried	12. WAS DECEDED FORCES? IF YES, GIVE	1 YES	2 NO	1	If yes, s		en, Mexica	in, Puerto	I? (Specify Yee Rican, etc.)	or No—	14. RACE Black Specif	- American Indien, t, White, etc. ty: WHITE
COME PETER		EDENT'S EDUC y highest grade 0-12)			(Give kind iffe. Do NO	T'S USUAL of work do T use retired	e during m		ng	16b	. KIND OF BUS			
	12. FATHER'S NAME (First, M	liddle Last)				MERCH	IANT	16. MOT	HER'S NA	ME (First	Middle, Maiden		RETAI	L
		AHAM	ROSENTE	HAL						ELEN		LDBE	RG	
	190, INFORMANT'S NAME (ype/Print)									ber, Cify or Tow		p Code)	
	MR. WACLAW		ELEWSKI	20b. F	662 PLACE OF DIS					TO.,	MD 2.		City or To	wn. State
	1 Buriel 2 Crematic	(Specily)	oval from State		other place)					4 - 91				S, MD
	21. SIGNATURE DF FUNERA	L SERVICE LIC	CENSEE				2. NAME A	ND ADDRE	SS OF FA	CILITY (VINS	& AC	BROS., INC
CENTIFICATION	Sequentially list condition rasulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injusted initiated events resulting in death) LAS	diata iNG ury	b. DUE TO	O (OR AS A C	CONSEQUENC	E OF):	ym	phi	īma	a5				
	PART II. Other significa	ant condition	ns contributing to	o daath but	t not resulti	ng in the	undariyli	ng cauaa	given in	Part i.	24a. WAS AN PERFOR 1 TYES 2	RMED?	246	. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED	O MEDICAL					26. 8	PLACE OF	DEATH (C	heck only o	ne)			1
	1 YES 2 NO		HOSPITAL:	☐ ER/Outpat	tient 3 🗆 DC	A 4 🗆	ER: Nursing Ho	me 5 🗆 F	teeldence	8 🗆 Oth	er (Specify)			
	27. MANNER OF DEATH	Pending	28e. DATE C (Month,	Day, Year)	28b.	TIME OF INJURY	W	JURY AT ORK? YES 2		28d. DE	SCRIBE HOW	NJURY O	CCURED	
ובה מו	2 Accident 3 Suicide 6 4 Homicide	Investigation Could not be determined	28e. PLACE building	OF INJURY -	At home, fe	rm, street,					CATION (Street or Town, Stete)		er or Rural I	Route Number,
COMPLEIED	CONSTRUCTION OF THE PARTY OF TH		ICIAN: To the best of											e) end manner ee stated.
	29b. SIGNATURE AND TITL 30. NAME AND ADDRESS (One	HO COMPLETED CA	Hou USE OF DEAT	24 P	hys.	ui	29c. LH	36	MBER 45	6	29d. DA	TE SIGNED	(Month, Day, Year)
	Sielle uz 31. DATE FILED (Month, Day	Ong Year)	MD B	alb'x	TURE	Cor	inty	Ct-e-	may	0 Ac	potol	Ra	nela	1 ston 211
	NOV 05	1991	Julia Davi	dson-Ro	ndelle									

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. The FilmEda I Discuss drives the properties has been signed by the attending physician.	Interpretation and the control of th
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30-	5 1 0						9	1 30160
	1 - FOR STATE REGISTRAR	STATE OF MAR	RYLAND / DEPAR CERTIF	RTMENT OF H		MENTAL HYGIEI		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	ELMER	L.		ISLEY		10 29		91 5:35 PM
	4. SOCIAL SECURITY NUMBER		NGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8	. BIRTHPLACE (State or Foreign Country)
	216-20-1138 9a. FACILITY NAME (If not institution, give s	1 M 2 F	65 YRS.			9 30 26	5	Maryland
DIRECTOR	326 S. FRANKL	· ·	AD	BALTIN	OR LOCATION OF DE	ATH	9c. COUNT	Y OF DEATH
SH SH	10a. STATE 10b. COUNTY			Y, TOWN OR LOCA	TION			10d, INSIDE CITY
	MD			Baltimo	re			LIMITS?
FUNERAL	10e. STREET AND NUMBER	NIN BOAD		101	. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
Ä	326 N. FRANKLINTO	DWN ROAD		21	229		US	SA
Ξ	11. MARITAL STATUS 1 X Never Married 2 Merried	12. WAS DECEDENT EV	YES 2 NO	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yen, Puerto Rican, atc.)		I. RACE — American Indian, Black, White, atc.
¥	3 Widowed 4 Divorced	IF YES, GIVE WAY	OR DATES		2 NO Specify			Specify:
8	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S	USUAL OCCUPATION	ON .	16b. KIND OF BU	ISINESS/INDUS	BLACK
ᄪ	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT us	work done during me	st of working	1001 10110 01 00	JOINE GO IND GO	,,,,,
P P								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maider	Surname)	
8	JAMES CHISLEY SR.				MARIE C			
2	19a. INFORMANT'S NAME (Type/Print)					Noute Number, City or Tox		·
	DOROTHY JONES	-				AVENUE, E		
	20e. METHOD OF DISPOSITION 1 A Burial 2 Cremetion 3 Rame 4 Donation 5 Other (Specify)	oval from State	20b. PLACE AND DATE of cometery, cremetory or o	ther piecel				y or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Garrison		.A. Lem			
	*Karen ma	west K	2000			MARCI	1 FUNE	RAL HOME
_		// /	A			4300	WABASH	AVENUE
	23. PART I. Enter the diseases, or canock, pr heart feilure. iMMEDIATE CAUSE (Finei disease pr condition resulting in death)	a. Arteri	in aech line.	-Cardio			iratory arres	t, Approximete interval Between Onset end Death
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	P	AS A CONSEQUENCE OF					
	PART II. Other aignificent condition	s contributing to deal	th but not reaulting i	n the underlying	ceuse given in	Part I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
MEDICAL		votice R	Inoran	Milcas	e	PERFO	01	AVAILABLE PRIOR TO COMPLETION OF CAUSE
Ä	brain tunor					1 TYES :	No.	OF DEATH?
								, , , , , , , , , , , , , , , , , , , ,
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Che	ck only one)		
YSI	1X YES 2 NO	1 Inpetient 2 ER/	Outpetient 3 DOA	OTHER: 4 Nursing Hom	5XXXealdence	0 Other (Specity)		
	27. MANNER OF DEATH S Pending	28a. DATE OF INJU (Month, Day, Ye			URY AT RK?	28d. DESCRIBE HOW	INJURY OCCUP	RED
B	Z Accident Investigation				ES 2 NO			
8	3 Suicide 8 Could not be	28a. PLACE OF INJ building, etc. (URY — At home, term, a Specify)	treet, factory, office	1	281. LOCATION (Street City or Town, State,	and Number or	Rural Route Number,
COMPLETED	29a. CERTIFIER							
₩ W	(Check only 1 CERTIFYING PHYSIC	CIAN: To the best of my k	nowledge, death occurre	ed at the time, date	and place, and due	to the ceuse(a) and ma	nner as stated.	
8			ation and/or investigatio	n, in my opinion, d	eath occurad at the t	lima, data and place, ar	nd due to the c	ause(s) and mannar as steted.
8	256. SIGNATURE AND TITLE OF CERTIFIER	e lo MAD			29c. LICENSE NUM	BER	29d. DATE S	IGNED (Month, Day, Year)
0	38. MAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	DEATH WYPE AT A		O.C.M.E		10-	-30-1991
	JILARON CO	46, MD	111 N.		STREET	BALTIMOR	RE,MAE	RYLAND 21201
- 1	31. DATE FILED (Morith, Day, Year) NOV 05 1991	1 32. REGISTRAR'S S	4GNATURE					

DHMH-16 Rev 1/89



	1. DECEOENT'S NAME (First, Middle, Las	0		CATE OF		2. DATE OF MONTH	DEATH DAY	3. TIME OF DEAT		
	WILLIAM	Ε.	CLARK			11	02 19	991 2:56	P	
	4. SOCIAL SECURITY NUMBER	37	(In yrs. last birthday)	MONTHS DAYS	HOURS MIN.	7. DATE OF (Month, De	ly, Year)	8. BIRTHPLACE (State or Fo Country)	oreign	
	217-0302654 9e. FACILITY NAME (If not Institution, give		1 YAS.			NOV.				
E .	3913 BALFER				OR LOCATION OF		9c. COUNTY OF GEATH			
DIRECTOR	RESIDENCE OF DECEDENT	N AVENUE		DF	ALTIMOR	E CIII				
뿐	10e. STATE 10b. COUN	TY	10c. CITY	, TOWN OR LOCA	ATION			10d. INSIDE CITY	1	
	MD . 10e. STREET AND NUMBER			BALTI	MORE			1 X YES 2	NO	
PA		N		10			10g. CITI	IZEN OF WHAT COUNTRY?		
FUNERAL	3913 BALFER	N AVENUE 12. WAS DECEDENT EVER II	NIIS ADMEO	10, 400,00	212			U.S.A.		
m l	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 X YES	2 NO	g IT yes, s	CENDENT OF HISPA pecify Cuben, Mexic S 2 NO Spec	en, Puerto Rica	pecify Yes or No— n, atc.)	14. RACE — American Indi- Black, White, etc. Specify: WHIT		
윤	15. DECEDENT'S ED (Specify only highest grad	UCATION de completed)	18a. DECEDENT'S I	USUAL OCCUPAT	ION	16b. KIN	ID OF BUSINESS/IND			
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	ork done duning m retired.)	lost of working					
COMPL	N/A	N/A	ME	CHANIC		WE	ESTINGHO	OUSE CORP.		
	17. FATHER'S NAME (First, Middle, Last)	A 75 77					le, Maiden Surname)			
	DANIEL CL	ARK					TAYLOR			
TO BI	MYRTLE L.	CLARK (WIFE					City or Town, State, Zip BALTIMO	ORE, MD. 2	12	
	20a. METHOD OF DISPOSITION 1		PLACE AND DATE O			DATE	20c. LOCATION —	City or Town, State		
1 1	21. SIGNATURE OF FUNERAL SERVICE L		DEWIIO UN		AND ADDRESS OF F	ACH ITY	DALIII	TORE, MD.		
	· Juin 2	Z.		SCH	IIMUNEK	FUNER	RAL HOME	INC. more, Md.	2	
CERTIFICATION	Sequentially list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Dissess or Injury that initieted eventa resulting in deeth) LAST	bOUE TO (OR AS A	CONSEQUENCE OF):						
		d								
ICAL	PART II. Other significent condition	ns contributing to deeth b	ut not resulting in	the underlyin	ig cause given in		. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FI AWALABLE PRIOR COMPLETION OF C OF DEATH?	то	
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BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1X XES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending Investigation 3 Suicide a Could not be delarmined 29a. CERTIFIER (Check only one) XX MEDICAL EXAMIN	HOSPITAL: 1 Inpatient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year) 1 0 2 1 28e. PLACE OF INJURY building, stc. (Spec HOME SICIAN: To the best of my knowledge.)	etient 3 DOA 28b. Time INJU 2 : 3 — At home, larm, str hy) CLUB CE	26. PI OTHER: 4 Nursing Hon OF 28c. IN. WY 0 P 1	LACE OF DEATH (C) ne 5 F Residence JURY AT JRK? YES *** NO ca a end place, and dus death occured at the	a Other (Sp. 28d. Describe SUB) 28d. Describe SUB J. Location City or for B A. at the cause(a) time, date end	PERFORMED? VES 2 NO PORT OF THE PROPERTY OF	CURED OT SELF or Rural Route Number, E CITY ed. e cause(a) and manner as at	AUSE HO	
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

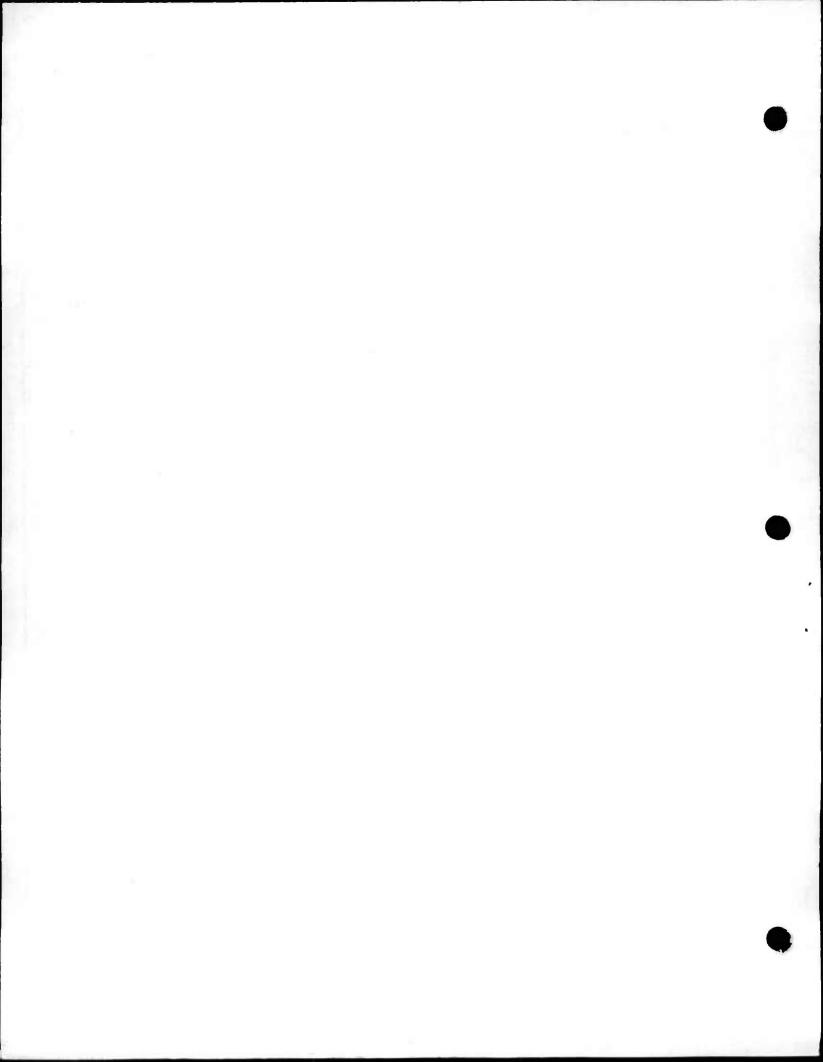
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

_	REGISTRAR		CE	EKITER	CALL	F DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	JOHN	JAMES	CA	MPION		2. DATE OF MONTH	DEATH1 O		YEAR	3. TIME OF DEATH	
	-0011100	onv	J	Ca.	MP	UN	10	3	1	91	11 au	A M
	4. SOCIAL SECURITY NUMBER 215 10 4624	5. SEX 6. /	AGE (In yrs. lesi		F UNDER 1 YE		7. DATE OF (Month, E	BIRTH Pay, Year) - 1907	- 1	Count	PLACE (State or Foreign) aryland	ign
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DIRECTOR	St. Agnes Hospit	tal			Balt	imore				na		
2	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY											
2	10e. STATE 10b. COUNTY			10c. CITY,	TOWN OR LO	CATION					10d. INSIDE CITY LIMITS?	
	Maryland	na		В	altim	ore					1 YES 2 NO	.
7	10e. STREET AND NUMBER					101. ZIP CODE			10a CITIZ	EN OF V	WHAT COUNTRY?	
8	2220 1231				1				iog. Gillz	EN OF 1	WHAT COUNTRY?	
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	X moones 4 Divorces										White	
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						18. MOTHER'S N	IAME (First, Mide	die, Maiden S	Surname)			
BE												
0	19e. INFORMANT'S NAME (Type/Print)		19b	. MAILING A	DDRESS (Stre	et end Number or Rurs	l Route Number,	City or Town	, State, Zip	Code)		
-	Mary Ellen Dolan	Daught	ter 1	36 Ed	gewoo	Avenue,	Catons	ville	. MD	212	28	
	20e. METHOD OF DISPOSITION		20b. PLACE A				DATE	7	ATION - C	_ 2		
	1 Buriel 2 Cremation 3 Remo	ovet from State	cemetary, crer			1110000	DATE	200. 200	ATTON — C	му от то	WII, State	ļ
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page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

completely filled in by the funeral director,

executed within

cremation,

the attending physician and con Mental Hygiene prior to burial,

this certificate has been signed by with the State Dept. of Health and

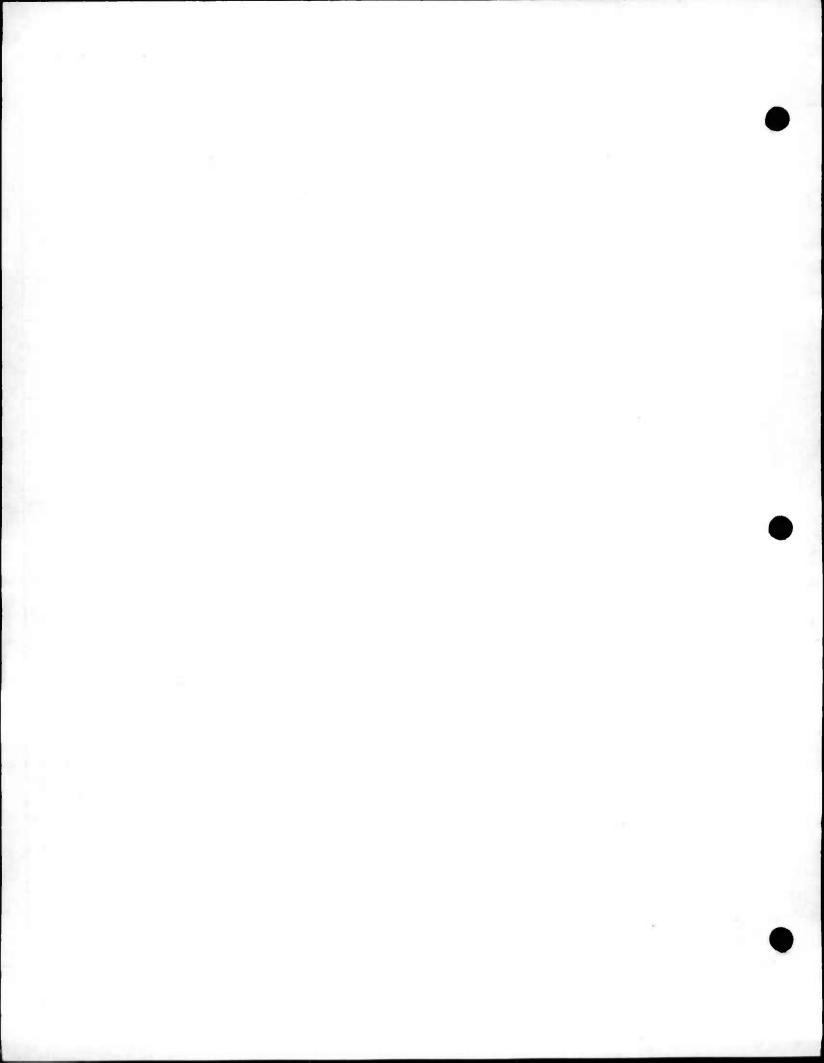
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.O. B(certificate
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IA	The
OF VI	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with
	OSPIT

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 0450 BESSIE DERKETSCH 2:12 Pm 10 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH PYRS. 30 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH HOSPITAL DIRECTOR RESIDENCE OF 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE MARYLAND BALTIMORE 1 TYES 2 XNO FUNERAL 10e. STREET AND NUMBER 101. ZIP COD 21208 10g. CITIZEN OF WHAT COUNTRY? 4712 BELLE FORTE RD. USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Merried 2 Merried Il yes, specify Cuben, Mexicen, Puerto Rican, etc.) BY 1 TYES 2 X NO 3 XWidowed 4 Divorced Specify: WHITE COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondery (0-12) College (1-4 or 5+) SALESPERSON CLOTHING 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) notified at BE JONAH RERNSTEIN GITTEL **VERGULIES** 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code 4712 BELLE FORTE RD. BALTO., MD 21208 9 JEROME DERKETSCH 4712 BELLE FORTE RD. þe 20a, METHOD OF DISPOSITION
1 Departer 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of must 20c. LOCATION - City or Town, State DATE 4 Donation 5 Other (Specify) OHER SHALOM MEM. PARK 11/3/91 REISTERSTOWN, MD examiner 21. SIGNATURE OF FUNERAL SERVICE DICENSES 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS, . INC. win 6010 REISTERSTOWN RD. MD 21215 BALTO. medicai 23. PART I There the diseases or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line. Approximata Interval Between IMMEDIATE CAUSE (Final Onset and Death the the SEPS IS disease or condition_ resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING other t CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST 6 injury. PART il. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY CONGESTIVE any shows OF DEATH? 1 - YES 2 10 23 25. WAS CASE REFERRED TO MEDICAL item 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 0 27 MANNER OF DEATH marked, 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED HOSPITAL OR ATTENUM.
AE FUNERAL DIRECTOR. After this ded within 72 hours after death wif Natural BY 1 YES 2 NO 2 Accident Investigation 26e. PLACE OF INJURY — Al home, ferm, street, lectory, office building, atc. (Specify) 3 Sulcide COMPLETED 8 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and menner se stated. TO THE HOSPITA
TO THE FUNERA
De filed within 73
IMPORTANT: 1 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and menner as stated. 296. SHONATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Movity Day, 16 29c. LICENSE NUMBER BE 30 2 30. NAME AND ADDRESS OF P RSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) NAHUM HOSPITAL BALT, MD. SINAI who James Agnatus



31. DATE FILED (Month, Day, Year)

1991

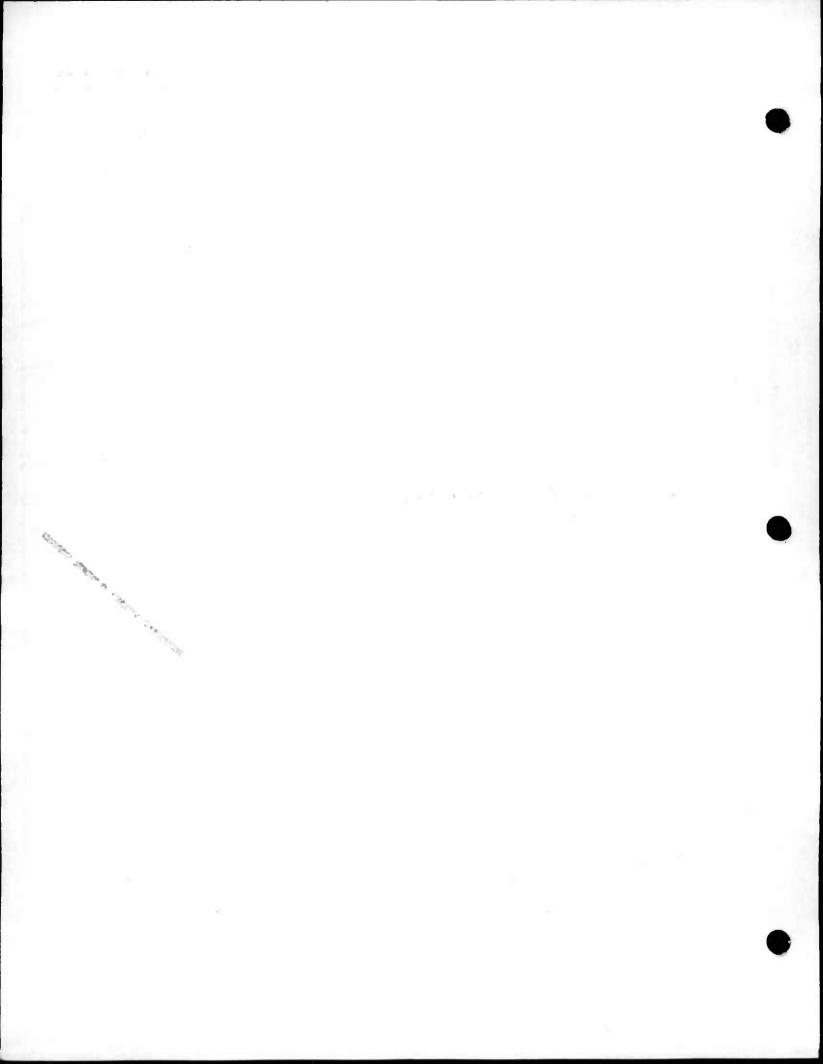


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ISION OF VITAL RECORDS, P.O. E THE CAN: The law requires that the death certifical Certificate has been signed by the attending phy THE State Dept. of Health and Mental Hygiene THE THE MENTAL OF Item 23 shows any Injury, or other	DIVISION OF VITAL RECORDS, P.O. E TO THE HOSPITAL DIR ATTRACTOR TO THE law requires that the death certifica TO THE FUNERAL DATACTOR OF CERTIFICATE has been signed by the attending phy be filed within 72 hours of the part of Health and Mental Hygiene IMPORTANT: It is the property of the part
ISON OF VITAL RECORDS, The law requires that the deal certificate has been signed by the att and the State Dept. of Health and Meman 2 Thinked or Hem 23 shows any Injury.	TO THE HOSPITAL DE ATTENDATE THE LAW requires that the deal TO THE FUNERAL DESCRIPTION OF STATE OF THE STATE
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NOV 05 1991

Juna Jaman Minas

	1 - FOR STATE REGISTRAR		STATE OF I	MARYLAND A		RTMENT				MENT	TAL HYGIEN	L		30164
	1. DECEDENT'S NAME (First,	Middle, Last)						-		2. 0/	ATE OF DEATH			3. TIME OF DEATH
	Anna	a B.	Dobart								HTH D	AY	YEAR	330
	4. SOCIAL SECURITY NUMBER 216-34-872	er 29	5. SEX	6. AGE (In yrs. la	st birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER	MIN.	7. DA (M) OC	TE OF BIRTH	394	Count	NPLACE (State or Foreign try) ATYland
	9a. FACILITY NAME (If not ins					9b. CITY,	TOWN O	R LOCATI	ON OF DE				INTY OF C	
O. H	Meridian Nu	ırsing	Center-	Heritage	5		BAl	timo	re				BA	ltimore
5	RESIDENCE OF DEC	10b COUNT			1 40 40									
DIRECTOR					10c. CI1	Y, TOWN OF	R LOCAT		sex					10d. INSIDE CITY LIMITS? 1 YES 2 NO
The street and number 100. Street and number 1 Helena Ave. 11. Marital status 12. Was decedent ever in u.s. armed forces? 1 yes 2 yes 2 yes 2 yes 2 yes 2 yes 3 yes							10g. CIT	IZEN OF	WHAT COUNTRY?					
1 Helena Ave. 21221 USA						SA								
3 ☑ Widowed 4 □ Divorced IF YES, GIVE WAR OR DATES 1 □ YES 2 ☒ NO Specify:						GIN? (Specify Yea to Ricen, stc.)	or No-	Blac	E — American Indian, k, White, stc.					
0	15. DECEDENT'S EDUCATION 180. DECEDENT'S USUAL OCCUPATION 150. KIND OF BUSINESS (MIDULETON)								111111111111111111111111111111111111111					
COMPLET	(Specify only Elementary/Secondary (0-		College (1-4 or 5	(G	ive kind of Do NOT u	work done di	iring mos	st of workli	ng		IOD. KIND OF BU	314E 33/1N	DUSTRY	
O	17. FATHER'S NAME (First, Mid	idle, Lest)						10 MOT	MED'S MAI	ME /C	A 841-441- 84-14			
BE	19a. INFORMANT'S NAME (Type			10	h MAILING	ADDRESS	(Steet as				umber, City or Tow	-		
은		Moorhe	-ad	"										
				20b.PLACE	_	Kinsh			<u>d</u>		timore			
	30a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 4 Donation 5 Other (Specify)		cametery, cre	matory or o	ther place) Ceme	ter	y 11		1		cation — _timo		
	21. SIGNATURE OF FUNERAL	ly 1	Funel	al Mo	ml	/ Co	nne.	11 _y		ral	. Home 3	300MA	.ceAv	e. 21221
	23. PART i. Enter the dis	seeses or c	compilections the Liet only one cau	t coused the de	eth. Do r	not enter t	he mod	de of dy	ng, such	h as c	erdiac or respi	ratory an	rest,	Approximate
	IMMEDIATE CAUSE (Fine disease or condition	ort rapure.	Liet only one cat	gestive										Interval Between Onset and Death
	resulting in death)		DUE TO	(OR AS A CONSE	QUENCE O	F):								150
z			Ess	ential H	Typer	tensi	on						3	Contract of the second
CERTIFICATION	Sequentielly list condition if any, leading to immediate		DUE TO	(OR AS A CONSE	DUENCE OF	F):			_			1	John	
8	cause. Enter UNDERLYIN	IG	Art	erioscle	eroti	c Car	dio	vasc	ular	Di	sease	CH TO	M. Ch	0
崖	CAUSE (Disease or injury that initiated events			(OR AS A CONSE							_	240	THE PERSON NAMED IN	+
E	resulting in death) LAST		. Gou	ty Arthr	ritis						111	N. Oak		
	PART II Other elevition	A annualist									-	A STOR		
NA NA	PART il. Other algnificen			death but not r	eculting	In the und	eriying	cause g	lven in I	Pert i.	24s. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă		Laucom		T C11							1 TYES 2			COMPLETION OF CAUSE OF DEATH?
M	- 01	d Fra	cture of	Lert H	rb									1 YES 2 NO
z														
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:				28. PL/	ACE OF D	EATN (Che	ick only	one)			
S	t 🗆 YES 2 🔜 NO		t Inpatient 2	ER/Outpatient 3	□ DOA	OTHER:	g Nome	5 🗆 Re	sidence i	8 🗆 Ot	ther (Specify)			
1	27. MANNER OF DEATH		28a. OATE OF (Month, D.		28b. TIM		8c. INJU	TA YR	T	_	ESCRIBE NOW II	JURY OC	CURED	
BY	1 Netural 5 Pe	ending weatigation		-,, ,,,,,	1140	M	WOR	ES 2	NO					
COMPLETED	3 Suicide a Co	ould not be plarmined	28e. PLACE O building,	F INJURY — At ho etc. (Specify)	me, tarm, s	treet, fector	y, office			28f. LC	OCATION (Street a ity or Town, State)	nd Number	or Rural F	Route Number,
121	29a. CERTIFIER 1 XCERTIF	FYING PHYSIC	CIAN: To the best of	my knowledge de	ath occur	ed at the st-	e deta	and also	and door	Am At-		-17 -2 1.37		
M	(Check only one) 2 MEDIC	AL EXAMINE	R: On the beels of as	camination and/or i	nvestigatio	n, ig my oel	e, usta a	ath occur	and due i	to the c	eause(s) and men	ner as stat	ed.) and manner ea stated.
	The state of the s	enfrien		A 4:	A -	Pe	. 1 9	00 00			enu placa, an			
O BE	Harry	Jun	3K-MJ	. Hite	oliv	2 m	ARA	D D	141					(Month, Day, Year) 4,1991
	30. NAME AND ADDRESS OF R						av i	Ral+	imor	0	Md 212	225		



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND DEATH	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATN
	Stephen		nnigan			11 03		1 4:30 A
	4. SOCIAL SECURITY NUMBER 220-76-7425		(In yrs. lest birthdey)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.1	BIRTHPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give:		O L YRS.	11912		JULY 7,19		MARYLAND
æ				9b. CITY, TOWN O		DEATN	9c. COUNTY	OF DEATN
CTO	St Agnes Hospil	al		Balti	more			
DIRECTOR	10a. STATE 10b. COUNT	Υ	10c. CITY,	TOWN OR LOCAT	ON			10d. INSIDE CITY LIMITS?
	MARYLAND			BALTIMOR	E			XX YES 2 NO
RAI	100. STREET AND NUMBER 5015 BRIARCLIFT	DOAD		OF WHAT COUNTRY?				
FUNERAL	11. MARITAL STATUS	12 WAS DECEDENT EVED IN	III ADMED	140 1110 000	21229			5.A.
E	1 X Never Married 2 Married	arried Frunces' 1 Tes XXNO II yee, specify Cuban, Maxican, Puario Rican, etc.)						RACE — American Indian, Black, Whita, alc.
ВУ	3 Widowed 4 Divorced	G-7262		1 TYES	NO Speci	ηγ:		Specify: WHITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18a. DECEDENT'S U	ork done during mos	N t of working	16b. KIND OF BU	SINESS/INDUST	RY
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	file. Do NOT use	retired.)		777.4374		_
W O	17. FATNER'S NAME (First, Middle, Last)		COMMERIO	UAL ULLA			E'S WAY	
	HOWARD F. DUNNIGA	AN				AME (First, Middle, Meiden A JEAN TRE		
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	ADDRESS (Street ar		Route Number, City or Tow		(a)
5	MRS. JEANNE DUNN	(GAN (MOTHER)				, BALTIMORE		
	20a. METHOD OF DISPOSITION 1 □ Burial 2 X Cremation 3 □ Ram		PLACE AND DATE OF	DISPOSITION (Nar			CATION — City	
	4 □ Donation 5 □ Other (Specify) 21. SIGNATURE OF FUNE LAIS SETTINGE LIN	ME	TROCKEM			/6/91 CA'	CONSVIL	LE, MARYLAND
		1 6	1/	LEROY	M. & RU	SSELL C. W	ITZKE F	UNERAL HOMES
, di	Kusseu	X	4	1630 E	DMONDSO1	N AVENUE, CA	TONSVI	I.I.E MD 2122
	23. PART i. Enter the diseases, or ahock, or heart failure.	complications that careed List only one cause on as	I the deeth. Do no ach line.	t enter the mod	le of dying, suc	ch ee cardiec or reepi	ratory srrest,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition	M.	1		1	/		Onset end Deeth
	resulting in deeth)	juar	CONSEQUENCE OF:	1/1	love	cution	e	
_		DOE TO (ON AS A	CONSEQUENCE OF):					
5	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):					
CA	ceuse. Enter UNDERLYING CAUSE (Disesse or Injury	с						
	that initieted events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
CERTIFICATION		d						
CAL	PART II. Other significent condition	s contributing to death be	ut not resulting in	the underlying	ceuse given in	Part i. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS
DIC						1 VES 2		AVAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH?
MEDI						$_{-}$		YES 2 NO
PHYSICIAN:	or was over personal and							
SICL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 🔀 YES 2 🗌 NO	HOSPITAL:		28. PLA	CE OF DEATN (Ch	eck only one)		
¥	27. MANNER OF DEATH	1 ☐ Inpatiant 2 X ER/Output 28a, DATE OF INJURY	28b. TIME			8 Other (Specify) 28d. DESCRIBE HOW II		
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUI		K?	200. DESCRIBE NOW II	NOONT OCCOME	ь
ED B	3 Suicide 6 Sould not be	28a. PLACE OF INJURY building, etc. (Speci	— At home, farm, atr	eet, factory, office		281. LOCATION (Street a	nd Number or Ro	ural Route Number,
	4 Homicide determined	January, etc. (opoc				City or Town, State)		
립	29a. CERTIFIER 1 CERTIFYING PNYSI	CIAN: To the best of my knowle	edge, death occurred	at the time, data a	nd place, and due	to the cause(a) and man	ner as stated.	
COMPLET		R: On the basis of exemination						use(a) and manner as stated.
BE	296. SHOWATURE AND TITLE PE CENTIFIE				29c. LICENSE NUI	MBER	29d. DATE SIG	NED (Month, Day, Year)
0	trest!		2.1		O.C.M.	E	11	03 1991
- 1	SE NAME AND ADDRESS OF PERSON-WA	O COMPLETED CAUSE OF DEA						
	31. DATE FILED (Month, Day, Year)	32: REGISTRAR'S SIGNA	111 Pe	enn Str	eet. E	Baltimore	Mary	land 21201
	MAY 05 1001	Selia Davidson Ol	indelle					

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BALTIMORE, MARYLAND 21215-0020

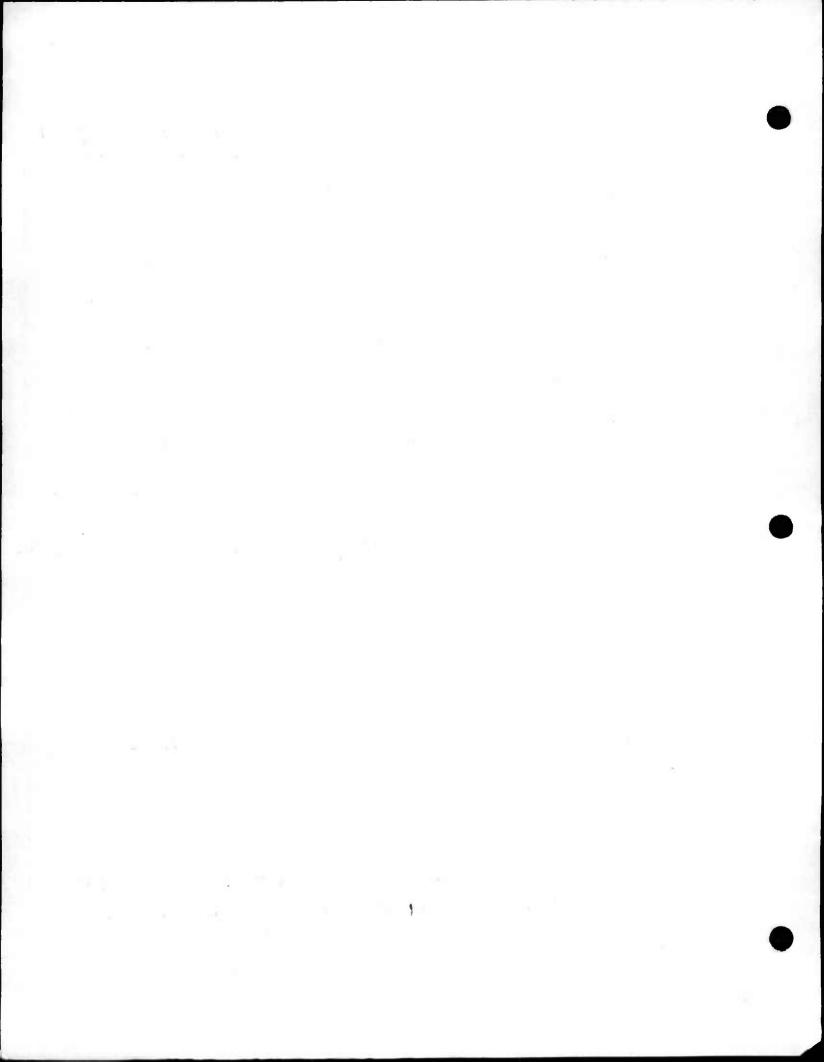
The Math certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
The attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should it Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The INTO THE FUNERAL DIRECTOR: After this centificate has be filed within 72 hours after death with the State Died IMPORTANT: If Item 28 is marked, or Item 23

P NOV 04

1991

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMEN	IT OF HEALTH AND 'E OF DEATH	MENTAL HYGIE					
	1. DECEDENT'S NAME (First, Middle, Last) ALBERT C	DUGAN			2. OATE OF DEATH MONTH	DAY Y	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 212-38-0393	5. SEX 6. AGE (In yrs. I	YRS. IF UND	ER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.		1940	BIRTHPLACE (State or Foreign Country) Maryland			
ECTOR	98. FACILITY NAME (If not institution, give street and number) 99. CITY, TOWN OR LOCATION OF DEATH 90. COUNTY OF D STORY OF D Anne Art RESIDENCE OF DECEDENT									
=	Maryland Ann	e Arundel	10c. CITY, TOWN	OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
UNEBAL	10e. STREET AND NUMBER 532 Moorings Ci			10f. ZIP CODE 21012			N OF WHAT COUNTRY?			
84 5	1 Never Married 2 Married 3 Widowed 4 X Divorced	12. WAS DECEDENT EVER IN U.S., FORCES? 1 TYES 2 A IF YES, GIVE WAR OR DATES	IRMED 1:	H. WAS DECENDENT OF HISP If yes, specify Cuban, Maxi 1 YES NO Specify	cen, Puerto Rican, etc.)	ns or No- 14	Black, White, atc. Specify: White			
PLETED	15. DECEDENT'S EDUC (Specify only highest grade	Cottons (1.4 or 5.1)	ECEDENT'S USUAL Give kind of work don to. Do NOT use retired EXECUTIVE	e during most of working)	166. KIND OF BU		TRY			
at once.	Hammond J	1		18. MOTHER'S I	NAME (First, Middle, Maide Livia Chata					
medical examiner must be notified at	Hammond J. Dugan,			ss (Street and Number or Rure try Lane, RI						
ar must	20e. METHOD OF DISPOSITION	oval from State		Cemetery 1	1-4-91 B		re, Maryland			
Examin	► Wallow	S Brook		uck Towson 1		ne, Inc	1050 York Ros			
event, the medica	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition a. Oue TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):									
injury, or other traumatic event, the AL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST									
shows any injury, : MEDICAL C	PART II. Other significant condition	a contributing to death but not	resulting in the u	inderlying cause given l	n Part I, 24a. WAS AF PERFO 1 YES	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF OEATH (C	Check only one)					
marked, or its BY PHYSIC	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	HOSPITAL: 1 Inpatient 2 ER/Outpetient 28a. OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	R: ming Home 5 Residence 26c, INJURY AT WORK?	6 Other (Specify) 26d. OE\$CRIBE HOW	HOM INJURY OCCUR				
. C	2 Accident Investigation 3 Suicida 6 Could not be 4 Homicide detarmined	26a, PLACE OF INJURY — At h building, atc. (Specify)	ome, farm, street, fe	1 YES 2 NO	26f. LOCATION (Street City or Town, State	and Number or I	Rural Route Number,			
OMPLE	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my knowledge, d	eath occurred at the investigation, in my	time, data and place, and du opinion, death occured at th	is to the cause(s) and ma	nner as atated.	suse(s) and manner as atated.			
TO BE C	29b. SIGNATUPE AND TITLE OF CENTIFIER	heur his.		29c. LICENSE NU			GNED (Month, Day, Year)			
	30. NAME AND ADDRESS OF PERSON WHO		7 % Print)	force 1his	- A		4.0			

who Davidson-Randell

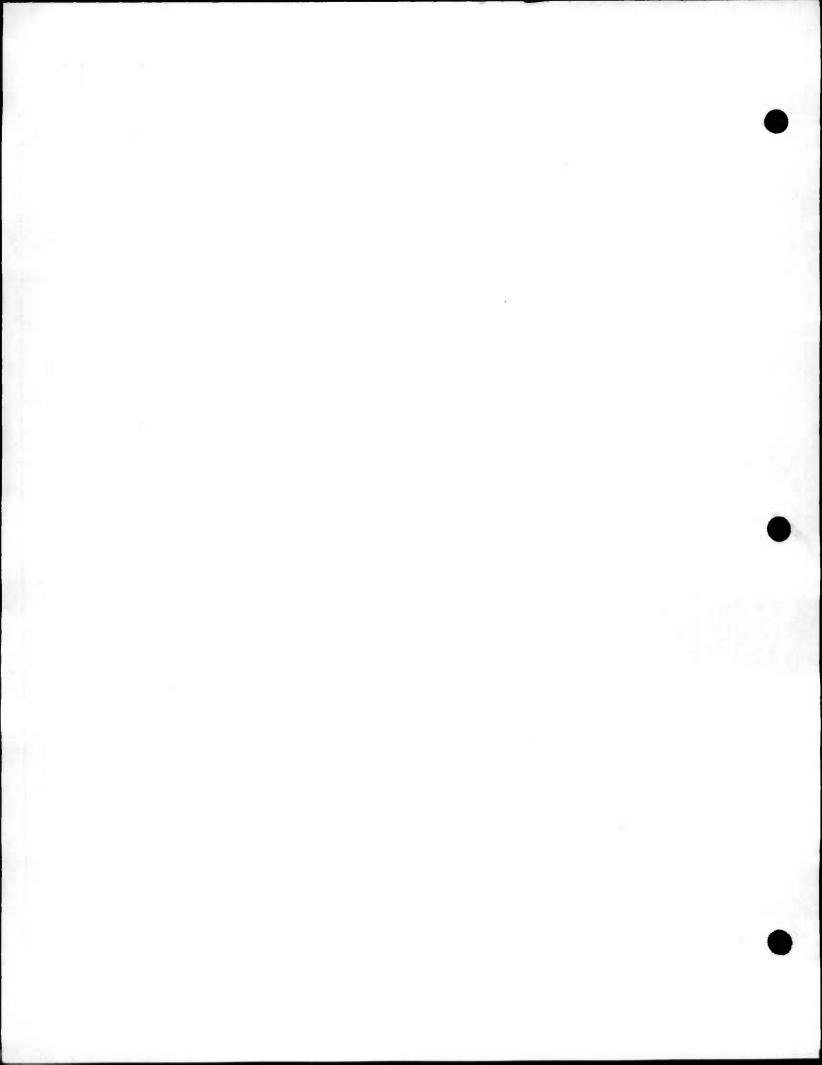


DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Item: 4, per F.H. 11/12/91
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATEG-681 reb 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY ena FLQISCLEY (REBA FLEISCHER) 10 10 28 PH 4. SOCIAL 213-74-3171 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 85 4206 DEC: 2171905 MARYLAND 85 1 🗆 M 2 💢 F 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BALTIMORE SINAI HOSPITAL RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION IOd. INSIDE CITY YES 2 NO MARYLAND BALTIMORE FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21215 6101 PARK HEIGHTS AVE., APT. 2-G USA 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puarlo Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Merried BY 3 Widowed 4 Divorced Specify:WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY during most of working (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12 HOUSEWIFE AT HOME 17. FATHER'S NAME (First, Middle, Last) ta. MOTHER'S NAME (First, Middle, Maiden Surname) (UNKNOWN) (UNKNOWN) SELESKY BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 4001 OLD COURT RD., APT. 218 BALTO., MD 21208 MRS. BETTY LICHENSTEIN 20a. METHOO OF DISPOSITION

11 Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION -- City or Town, Stata 15] Buriel 2 Cremetion 4 Donation 5 Other (Specify) BETH JACOB 10/31/91 FINKSBURG, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF EACH OF & BROS, . INC. ce 6010 REISTERSTOWN RD. BALTO., MD 21215 23. PARTY. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximata shock, or hasrt failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finst **Onaet and Death** disease or condition Luptured resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Q Le CERTIFICATION Sequentially list conditiona, (OR AS A CONSEQUENCE OF): If any, issding to immediats cause. Enter UNDERLYING CAUSE (Disease or injury QUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER: Inpatient 2 - ER/Outpatient 3 - DOA 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending Investigation M ВУ 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED a Could not be 4 Homicide determined CERTIFYING PHYSICIAN: To the beet of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIE BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) SH 9600 0 0 5 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 0 HOSP SINAH 31. DATE FILED (Month, Day, Year) 132. REGISTRAR'S SIGNATURE 199



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

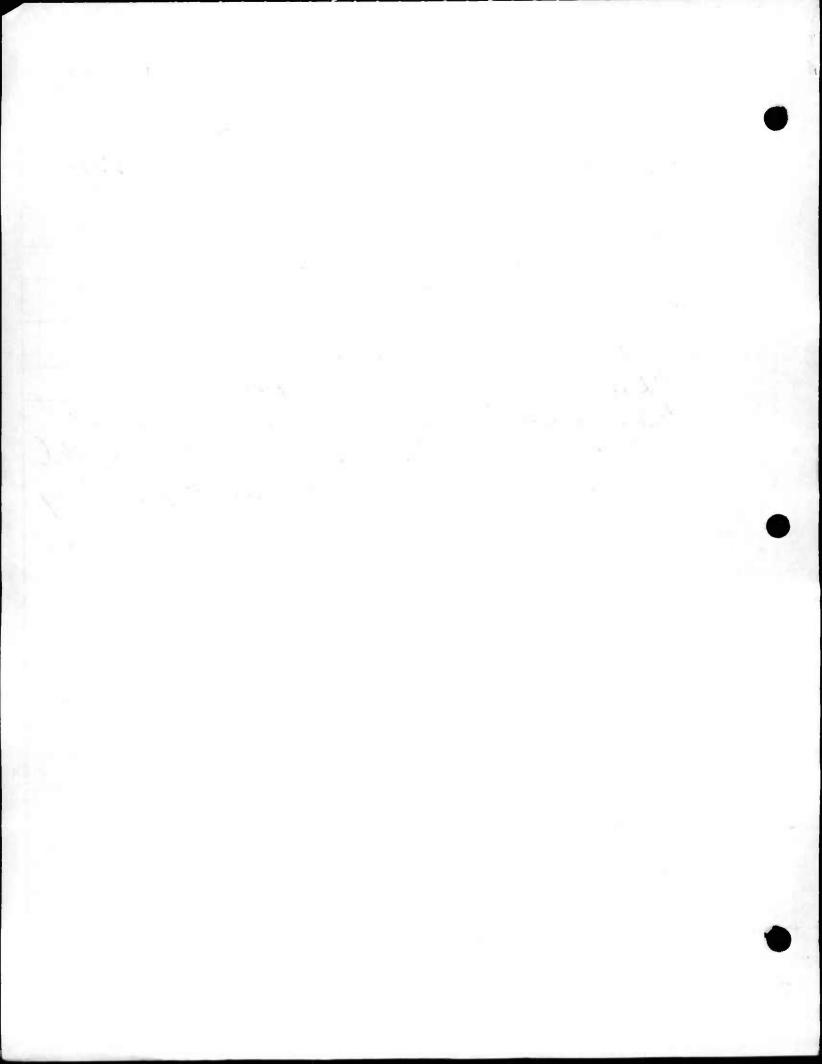
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit Paner 1 2 3 elemina
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once.

	1 - FOR STATE REGISTRAR	STATE OF M	MARYLAND /	DEPAR	TMENT OF I	IEALTH AND	MEI	NTAL HYGIENI	Ē			
	1. OECEDENT'S NAME (First, Middle, Last) MICHAE	'T.	LEE		ROCK		,	DATE OF DEATH		YEAR 9 1	3. TIME OF DEAT	TH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la:		IF UNDER 1 YEAR	IF UNDER 24 HRS	7.1	DATE OF BIRTH		8. BIRTHP	LACE (State or Fr	oreign
	213-82-6446	1 🔀 M 2 🗌 F	24	YRS.	MONTHS DAYS	HOURS MIN		(Month, Day, Year) 7-4-1967		Country)	ZLAND	
æ	9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH										ATH	
LEN LIMIT									N/A			
								10d. INSIDE CITY	,			
L D	MARYLAND ANNE	ARUNDEL		GLE	N BURNI						1 - YES 2 📉	NO
ERA	7869 LEYMAR RD.					ZIP CODE					IAT COUNTRY?	
N N	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	T EVER IN U.S.	MED	13. WAS DE	21060 ENDENT OF HISI	PANIC O	RIGIN? (Specify Yes		S.A.	- American Indi White, etc.	en,
ВУ Е	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE W	YES 2 (A)	NO	If yes, ap	ecify Cuban, Mex 2 2 NO Spe	icen, Pu ocify:	erto Rican, etc.)		Black, Specify		
0	15. DECEDENT'S EDUC	CATION	18a DF	CEDENT'S	USUAL OCCUPATI	DN .		16b. KIND OF BUS	<u> </u>		VHITE	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 -	(G	ive kind of v Do NOT us	ork done during me e retired.)	st of working		100, KIND OF BUS	INESS/INDU	SIRT		
MPL	10-YEARS			ONSTR	UCTION V	JORKER		CONSTRU	CTION	J		
	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S	NAME (First, Middle, Malden S	Sumame)			
BE	THOMAS LEE FROCK 19a. INFORMANT'S NAME (Type/Print)		140		1000000 m	JUNE (
2	DOROTHY B. CARROL	л.	1					Number, City or Town				
1	20a. METHOD OF DISPOSITION 1 X Burlet 2 Cremation 3 Remo		20b. PLACE	ANDDATE	F DISPOSITION /N				ATION — CI	_	n, State	_
0	4 Donation 5 Other (Specify)		CEDAR	HIL	CEMETE			11-5 BROC	KLYN	PARI	K, MD	
	21. SIGNATURE OF PUNEHAL SERVICE LIC	(/	0			GLETON 1		Y ERAL HOME				
	-ho	1	they		1 S	ECOND AV	VE.	S.W. GLE	N BUR	RNIE	MD 21	061
	23. PART I. Enter the diseases, or cashock, or heart failure.	omplications that List only one cau	t caused the de ise on each line	eath. Do n	ot enter the mo	de of dying, a	uch aa	cardiac or reapir	atory arres	at,	Approxim interval B	
	IMMEDIATE CAUSE (Final disease or condition	Possi	ble 011	[NIE	MCI A	sm br	d.	15			Onset and	d Death
		POSSII				0.70.7		٧_)			-	
NO	Sequentially list conditions.	Lymoue TO	phom	a								
ATI		Serv				nii						
Ħ	that initiated events	DUE TO	(OR AS A CONSE	DUENCE OF):	00.10						
CERTIFICATION	resulting in death) LAST	, Pan	reat	ictis								
CALC	PART ii. Other aignificant condition	a contributing to	death but not i	eauiting i	n the Underlyin	g cause given	in Part	I. 24a. WAS AN /			WERE AUTOPSY F	
5 1	HIV D							PERFORI 1 TYES 2			WAILABLE PRIOR COMPLETION DF (OF DEATH?	
ME	4										YES 2 1	NO
AN:	25. WAS CASE REFERRED TO MEDICAL											
PHYSICIAN	EXAMINER?	HOSPITAL:	ED/Outpetlant 2	□ 004	OTHER:	ACE OF DEATH (
Ή	27. MANNER OF DEATH	28a. DATE OF (Month, Di	INJURY	28b. TIMI		URY AT	_	Other (Specify) DESCRIBE HOW IN	JURY OCCU	RED		
BY F	1 Netural 5 Pending 2 Accident Investigation	(Month, Di	ау, төшг)	INJ		RK? /ES 2 NO						
0	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE Of building,	F INJURY — At ho etc. (Specify)	me, farm, a	treet, factory, offic	•	28f.	LOCATION (Street ar City or Town, State)	nd Number or	r Rural Ro	ute Number,	
	an continen								· · · · · · · · · · · · · · · · · · ·			
COMPLETE	(Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINE											S
ВСС	29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE N					Month, Day, Year)	
TO BI	AmtPu	Meri	nn	40					> 1	1] [191	
	30. NAME AND ADDRESS OF PERSON WHO	Millips,	SE OF DEATH (ITE	S. 6.1	Print)	Bueti	ris	e, mo z	1201			
	-31-DATE FILED (Month, Day, Year)		R'S SIGNATURE	-,-								
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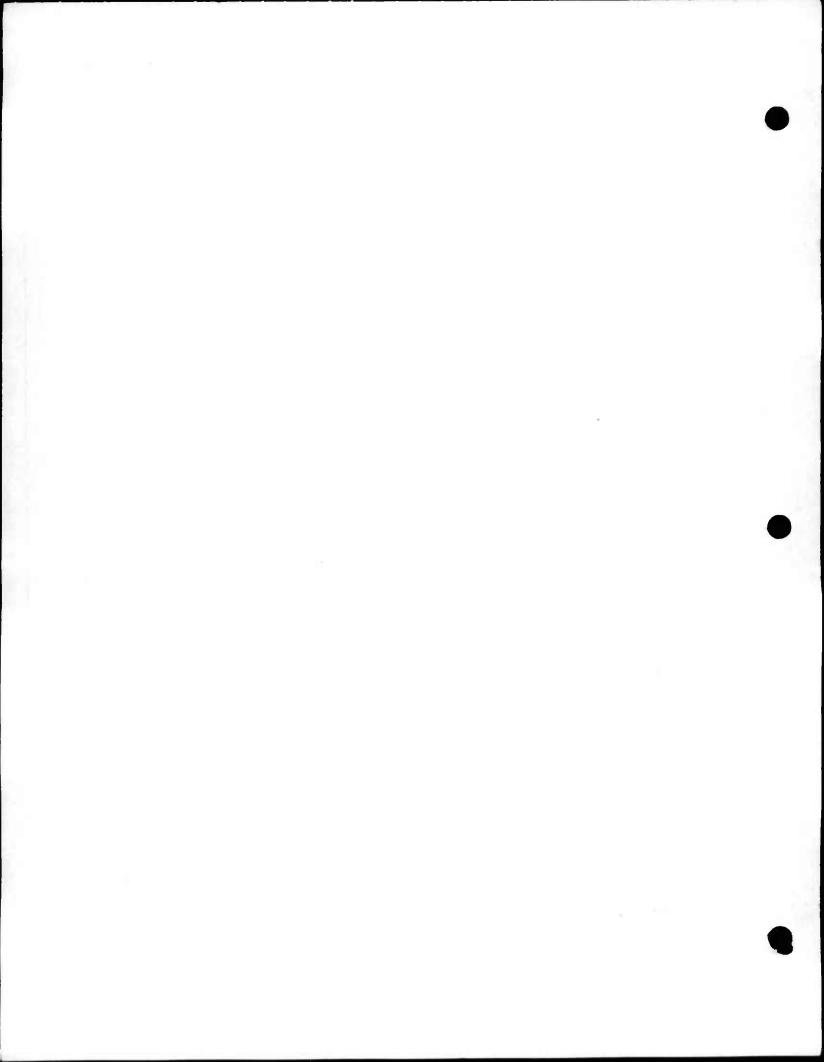
	FOWLKES						2. DATE	10-9 PAY	,	2. TIME OF DE 0742
	229-5	0-2/29	7 1 - M 2 - F	75 YR	S. MONTHS DATE	WIS HOUSE MIK. (Month One thing			a	BIRTHPLACE (State of Country)
TOR		ES HOSPI			BALTI	MORE	DEATH	90.	COUNT	F OF BEATH
DIRECTOR	MD.	10b. COUNT	TY.		CITY, TOWN OR LO					10d. INSIDE CI LIMITS? 1 (2) YES 2 (
FUNERAL	730 ASH	BURTON S	TREET			2121 <u>6</u>		101	g. CITIZEI	N OF WHAT COUNTRY
B	11. MARITAL STATUS 1 Never Married 3 Widowed 4		12. WAS DECEDENT I FORCES? 1 I IF YES, GIVE WAR	YES 2 NO	If yes	DECEMBENT OF HISPA , specify Cultur, Maxie YES 2 1 NO Spec	cen, Puerto		ig- 14	RACE American In Black, White, etc. Specify: BLACK
PLETED		s. DECEDENT'S EDM only highest grad dery (0-12)	UCATION to completed) College (1-4 or 5 +)	/GAvgAcocl	IN. DECEDENT'S USUAL OCCUPATION Government of working o					STRY
BE COMPL	17. PATHER'S NAME O	The Moosin Last)			7/(6)	10. MOTHER'S A	AME (First.)	Middle, Malden Suma	arme)	
TO B	OMNA	AME (Tydlything)	n Agin	19b. MAIL	ING ADDRESS (Sty	de and Hungar or Para	House Nage	cus car or from Su	ete, Zip Co	2/201
	20s. METHOD OF DIS 1 Dental 2 Con 4 Donation 5 D	emation 3 - Ren	noval from State	200. PLACE AND DA	THOF DISPOSITION other places	yRame of	DAT	E SOL LOCATIO	A - CIR	y or Toyle Space
	21. SIGNATURE OF FU		squite h	No Co	22. NAME	E AND ADDRESS OF F	MUTY //	#	163	an ak
	23. PARTY. Enter shock,	or rear tallure,	complications that of	on each line.	to not enter the	mode of dying, su	ch as care	Slac or respirator	BR ry arrest	Interval
FICATION	IMMEDIATE CAUS disease or conditi resulting in death) Sequentially list or if any, leading to it cause. Enter UNDI CAUSE (Disease or	effinal on the second of the s	a. OUE TO (OI	IT AS A CONSEQUENCE	E OF);	mode of dying, su	Ch as care	Slac fir respirator	Pak ry arrest	
CERTIFICATION	immediate causing immediate causing in death) Sequentially list or if any, leading to it cause. Enter UNDI CAUSE immediate devenoresulting in death)	er (Final on the conditions, mimediate ERLYING of Injury is LAST	B. OUE TO (OI C. DUE TO C. DUE TO (OI C. DUE TO	R AS A CONSEQUENCE	E OF): E OF):			stac or respirator	PSK ry arrest	Interval Onset a
MEDICAL CE	immediate causing immediate causing in death) Sequentially list or if any, leading to it cause. Enter UNDI CAUSE immediate devenoresulting in death)	er (Final on the conditions, mimediate ERLYING of Injury is LAST	a. OUE TO (OI	IT AS A CONSEQUENCE	E OP): E OP):			24a. WAS AN AUTO PERFORMED 1 YES 2 KN	NPSY 7	Interval Onset a
SICIAN: MEDICAL CE	IMMEDIATE CAUSI disease or conditi resulting in death) Sequentially list of any, leading to i cause. Enter UNDI CAUSE (Disease o that initiated even resulting in death) PART II. Other sig. 25. WAS CASE REFERI	onditions, mmediate ERLYING r Injury to LAST	a. OUE TO (OI b. DUE TO (OI c. DUE TO (OI d	R AS A CONSEQUENCE R AS A CONSEQUENCE R AS A CONSEQUENCE MASS A CONSEQUENCE MASS A CONSEQUENCE MASS A CONSEQUENCE	E OF): E OF): The original of the underly of the	ying cause given in	n Part I.	24a. WAS AN AUTO PERFORMED! 1 ☐ YES 2 ☑ N	NPSY 7	24b. WERE AUTOPSY AMALANLE FRO COMPLETION OF OF DEATH?
PHYSICIAN: MEDICAL CE	IMMEDIATE CAUS disease or conditi resulting in death) Sequentially list o if any, leading to i cause. Enter UNDI CAUSE (Disease o that initiated even resulting in death) PART II. Other sig 25. WAS CASE REFERI EXAMINER? 1 VEB 2 2 N 27. MANNER OF DEAT 1 Netural	effinal on onditions, mmediate ERLYING rolling is LAST Interest to MEDICAL TO	a. OUE TO (OI b. DUE TO (OI c. DUE TO (OI d	IN AS A CONSEQUENCE IN AS A C	E OF): E OF): E OF): 26. OTHER: 4. Number of Multiple OF Multi	ying cause given in PLACE OF DEATH (C) tome 5 □ Residence INJURY AT WORKY	heck only on	24a. WAS AN AUTO PERFORMED! 1 ☐ YES 2 ☑ N	DPSY ?	24b. WERE AUTOPSY AMALAGLE PRO COMPLETION OF DEATH? 1 YES 2 2
BY PHYSICIAN: MEDICAL CE	IMMEDIATE CAUS disease or conditi resulting in death) Sequentially list o if any, leading to i cause. Enter UNDI CAUSE (Disease o that initiated even resulting in death) PART II. Other sig 25. WAS CASE REFERI EXAMINER? 1 VEB 2 2 N 27. MANNER OF DEAT 1 Netural 2 Accident	onditions, mmediate ERLYING to Indicant conditions to Indicant condi	B. OUE TO (OI DUE	IN AS A CONSEQUENCE IN AS A C	E OF): E OF): E OF): 26. A OTHER: 4. I Number of INJUSTY M 1.	ying cause given in PLACE OF DEATH (C) tome 5 Residence INJURY AT WORK?	heck only on	24a. WAS AN AUTO PERFORMED! 1 YES 2 N	OPSY 7 POCCUR	Interval Onset a A A A A A A A A A A A A A
PLETED BY PHYSICIAN: MEDICAL CE	IMMEDIATE CAUS disease or conditi resulting in death) Sequentially list of any, leading to it cause. Enter UNDI CAUSE (Disease of that initiated even resulting in death) PART II. Other signormal indeath 25. WAS CASE REFERITE EXAMINERY 1 VES 2 DIA 27. MANNER OF DEATI 1 Natural 2 Accident 3 Suicide 4 Monitoide 290. CERTIFIER (Check only) 1 Signormal indeath	effinal on on on on on on on on on on on on on	B. OUE TO (OI B. DUE TO (OI C. DUE TO (OI d. DUE TO (OI DUE TO	RAS A CONSEQUENCE RAS A CONSEQU	E OF): E OF): To of the underly a	PLACE OF DEATH Colombia S Presidence NATURY AT WORK? YES 2 NO effice	heck only on 6 D Othe 28d DES	24a. WAS AN AUTO PERFORMED. 1 YES 2 N F (Specify) CRIBE HOW INJUST OF RAWN, State)	PSY 7 SO OCCUR	Interval Onset a Cons
PHYSICIAN: MEDICAL CE	IMMEDIATE CAUS disease or conditi resulting in death) Sequentially list or if any, leading to i cause. Enter UNDI CAUSE (Disease or that initiated even resulting in death) PART II. Other sig. 25. WAS CASE REFERI EXAMINER? 1 VEB 2 NA 27. MANNER OF DEAT 1 Netural 2 Accident 3 Suictide 4 Homicide 29e. CERTIFIER (Check only one) 20 29b. SIGNATURE AND DR. MAN	e Final on onditions, mmediate ERLYING rinjury is LAST Injury is LAST Pending Investigation CERTIFYING PHYS MEDICAL EXAMINITITLE OF CERTIFIE K REHM	B. OUE TO (OI B. DUE TO (OI C. DUE	R AS A CONSEQUENCE R AS A CONSEQUENCE R AS A CONSEQUENCE RAS A CON	E OF): E OF): OTHER: A LINE OF TRUING FOR TRUINEY M I LINE m, street, factory, o	PLACE OF DEATH Colombia S Presidence NATURY AT WORK? YES 2 NO effice	heck only on G Other 28d. DES	24a. WAS AN AUTO PERFORMED. 1 YES 2 N ** ** ** ** ** ** ** ** **	y occurs y occurs on stated.	Interval Onset a Cons



DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral directs, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after discussion or the page 1, 2, 3 should be filed within 72 hours after discussion and Mental Hygiene prior to burial, cremation, or remoint must be notified at once.

	1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR	TMENT	OF H	DEAT	AND I		HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Las	it)							2. DATE OF	DEATH			3. TIME OF DEATH
	CHARLES ELM	ER FISHPA	W						монтн 11	D/	AY	91	м
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (in yrs. las	it birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTH			IPLACE (State or Foreign
	215-07-3861	1 🖾 M 2 🗌 F	100	YRS.	MONTHS	DAYS	HOURS	Min.	(Month, E		7.00	Count	(۱۷)
	9a. FACILITY NAME (If not institution, giv	street and number)	100		9b. CITY	TOWN C	R LOCATI	ON OF DE	10	24	189	TY OF D	Maryland
E E	Caton Manor Nur										sc. C00	MIT OF D	CAIN
DIRECTOR	RESIDENCE OF DECEDENT	sing nome			Ba	Ito.	Cit	У					
) H	10a. STATE 10b. COU	ITY		10c. C!T	Y, TOWN	OR LOCAT	ION						10d, INSIDE CITY
	Maryland	Balto.			Tow	son							LIMITS?
FUNERAL	10e. STREET AND NUMBER						ZIP CODI	E			10a, CITI	ZEN OF V	WNAT COUNTRY?
1 6	7814 Maple Ave.					-	21	204				.S.A	
15	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. AR	MED	13.	WAS DEC			IIC ORIGIN? (Specify Vee			
	1 Never Married 2 Married	FORCES? 1	YES 2 N	10		If yes, spe	cify Cuba 2 NO	n, Maxica	n, Puerto Rici	in, atc.)	0.10		E — American Indien, k, Whita, etc.
BY	3 Wildowed 4 Divorced	//				1E3	2 63 140	эреспу	<i>(</i> ;			Speci	White
	15. DECEDENT'S Et (Specify only highest gra	DUCATION of Completed	18a. DE	CEDENT'S		CCUPATIO	N		16b. KI	ND OF BUS	INESS/IND	USTRY	MILLE
l iii	Elementary/Secondery (0-12)	College (1-4 or 5	.)	Plur	ber			U	Pl	umbei	rs		
I de			-	Plum	mer-				P.	Lumme	rs L	ocal	Union
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	HER'S NAI	ME (First, Mide				
	Jarrett Fishp	aw							rtha	Lea			
BE	19a. INFORMANT'S NAME (Type/Print)		198	MAILING	ADDRESS	/Street #	nd Number		Poute Number,		-	0-41	
2	Herbert L. Fis	hpaw					as l		vodie reamber,	City or rowr	r, State, Zip	C00e)	
	20s. METHOD OF DISPOSITION	-	20b Pt			anc	ub I	-		1			
	1 Syllurial 2 Cremation 3 Se 4 Donation 5 Other (Specify)	model from State	Je	ssop	S				DATE		CATION —		
	21. SIGNATURE OF FUNERAL SERVICE	JOENSEE /	1100000	p Me	th.	Ceme	tery	11	/4/91	Coc	keys	vill	e Md.
	1/1/1/	777 ,	1/		22.	RIICK	TOTAL	S OF FAC	Funera	סוז ו	m o .	T	
	Tonay (. xx	hall A	4.			1050	Yor	k Rd	, Tows	II NO	me, .	1204	
	23. PART I. Enter the diseases, o	complications tha	t caused the de	ath. Do r	ot enter	the mod	le of dyl	ng, such	as cardia	or reapli	retory arm	eat.	Approximata
	ahock, or heart failure IMMEDIATE CAUSE (Final	. Last only one cau	se on each line										Interval Batween
	disease or condition		(OR AS A CONSEC	1				1		1-1	- >		Onset and Death
	resulting in death)	DUE TO	(OR AS A CONSEC	UENCE OF	- La	10-6	we	14	cary	1/2	eill	SE	
z				100	10		1.	1	0.1	0	**:	. 1	1. 1. 1
CERTIFICATION	Sequentially list conditiona, if any, leading to immediate	DUE TO	(OR AS A CONSEC	UENCE OF	rece):	L C	vov	uc	eec	acr	way	1 a	uccy
8	cause. Enter UNDERLYING												j
Ē	CAUSE (Disease or Injury that initiated eventa	DUE TO	OR AS A CONSEC	UENCE OF):								
ᇤ	reaulting in desth) LAST	4											
ö													
CAL	PART II. Other aignificant condition	na contributing to	death but not re	eauiting i	n the un	deriying	cause g	iven in i	Part I. 24	e. WAS AN /		24b.	WERE AUTOPSY FINDINGS
									_	YES 2			AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME													OF DEATH? 1 YES 2 NO
=									_				T TES 2 NO
SICIAN: MED	25. WAS CASE REFERRED TO MEDICAL					26. PL/	CE OF DE	ATH (Che	ck only one)				
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL:	FB/Outpatient 3	noa I	OTHER	1:							
1	27. MANNER OF DEATH	28a. DATE OF		28b. TIM	_	28c. INJU		Bidence	8 Other (S)		ILIEW OOO	Linco	
1	1 Natural 5 Pending	(Month, De	ty, Year)	INJ	JRY M	WOF		I NO	ZOG. DESCRI	DE NOW IN	JUNT OCC	UHED	
An I	2 Accident Investigation 3 Suicide B Could and by	28a PLACE OF	F INJURY — At hon	no form o	least deate		2	NO					
COMPLETED	4 Homicide 8 Could not be detarmined	building,	atc. (Specify)	ion, rarrit, a	ireet, lacte	ну, описа			28f. LOCATIO	N (Street ar wn, State)	nd Number (or Rurel R	oute Number,
E	29a. CERTIFIER			-									
₽ I	(Check only 1 CERTIFYING PHY	SICIAN: To the beat of	my knowledge, dea	th occurre	d at the th	me, date a	ind placa,	and dua 1	to the cause(s) and manr	nor sa atate	d.	
ő	2 MEDICAL EXAMIN	ER: On the beele of ex	emination end/or in	veatigation	n, In my op	pinion, de	ath occura	d at the t	ime, date and	plece, end	due to the	ceuse(e)	end menner as stated,
	29b. SIGNATURE AND TITLE OF CERTIFI	ER /	11	11			29c. LICE	NSE NUMI	BER		294 DATE	SIGNED	(Month, Day, Year)
BE		/On	Alap	1/1	111			13			DATE	III	191
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUS	S OF DEATH (ITEM	27) (Type	Print)		-	1-1	110			//	///
	Man				,								
	Allan G. Stahl 31. DATE FILED (Month, Day, Year)	4801 Dors	ev Hall R'S SIGNATURE	Rd.									
	NOV 04 1991		HESON-ROMO	400									
	NUVU4 1331	- Hambin	Indo - Maile	-Continue									



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	TO THE HOSPITAL BY ALTER ANG PHYSICIAN; The law requires that the death certificate be executed within 24 nours after death, Page 6	TO THE PAREMAN DIRECTOR THIS CARDINGALE has been signed by the attending physician and completely filled in by the funeral direct that with the State Dept. of Health and Mental Hygiene prior to burial, cornation, or removal,	Σ

	1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPAI CERTIF	RTMENT OF	HEALTH AND F DEATH	MENTAL HYGI				
	1. DECEDENT'S NAME (First, Middle, Last) Willi	am H. FRITZ				2. DATE OF DEATH DAY NOVEMBER 2, 1991 3. TIME OF DEATH NOVEMBER 2, 1991 5:10 A				
	4. SOCIAL SECURIT 1938 214-14- 1262	5. SEX 6. AC	GE (In yrs. last birthday) 79 YRS.	IF UNDER 1 YEAR	7. DATE OF BIRTH (Month, Day, Yea 1-26-1	8.	BIRTHPLACE (State or Foreign Country)			
2	96. FACILITY NAME (# not institution, give Franklin Square	street and number)			N OR LOCATION OF		9c. COUNTY	Maryland YOF DEATH		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT		100 00	Y. TOWN OR LO	sville		В	altimore Count		
PIN .		timore		arkvill				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	3046 Oak Forest	Dr.			101. ZIP CODE 21234			N OF WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YI IF YES, GIVE WAR OF	ES 2 X NO	If yea,	ECENDENT OF HISP	ANIC ORIGIN? (Specify can, Puerto Ricen, etc.	Yes or No.— 14.	. RACE — American Indian, Black, White, atc. Specify:		
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18a. DECEDENT'S (Give kind of	work done during	TION most of working	16b. KIND OF	BUSINESS/INDUST	White		
COMPLETED	5 yr S 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	life. Do NOT u	oing Dep	ot.		ndix			
BE CC	Walter	Fı	ritz		16. MOTHER'S N	AME (First, Middle, Mai		rning		
10	196. INFORMANT'S NAME (Type/Print) Mrs Elsie G. Fri			ADDRESS (Street		l Route Number, City or	Town, State, Zip Cod	de)		
100	2Qs METHOD OF DISPOSITION 1 N Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	Parkwood	of disposition (Name of 11/5/9		LOCATION — City Baltimor	12/22/2019		
- Addition	21. SIGNATURE OF FUNERAL SERVICE LI		rtsock,Jr.	22, NAME	AND ADDRESS OF F	ACILITY Bal	timore,	MD 21214 arford Rd.		
CERTIFICATION	23. PART I. Enter the disease, or complications the cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): D									
PHYSICIAN: MEDICAL CE	PART II. Other eignificent condition	a contributing to death	but not resulting	in the underly	ng ceuse given in	PERI	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIDR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☐ YES 2 ☑ NO	HOSPITAL:		OTHER:	PLACE OF DEATH (C					
ву рну	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Year	Y 285 TIM	E OF 28c. II	me 5 Rasidence	8 Other (Specify) 28d. DESCRIBE HO	W INJURY OCCURE	ED		
	3 Suicida 6 Could not be determined	28e. PLACE OF INJU- building, atc. (S)	RY — At home, farm, a pecify)	treet, factory, off	261. LOCATION (Stre City or Town, Str	et and Number or R	iural Route Number,			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI	CIAN: To the best of my kno	owledga, daath occum	d at the time, da	a and place, and du	n to the cause(a) and i	nanner as stated.	suse(a) and manner as stated.		
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in a 29b. SIGNATURE AND TITLE OF CERTIFIER ARZEND					29d. DATE SIGNED (Manth, Day, Year)			
	30. NAME AND ADDRESS OF PERSON WH Dr. Jaso	n Tate, M.			anklin Sc	quare Driv	76-21237			
	31. DATE FILED (Month, Day, Year) NOV 04 1991	32. REGISTRAR'S SIG	GNATURE	7.00		Trate DIT	-21231			
								DHMH-16 Rev 1/89		

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3. TIME OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

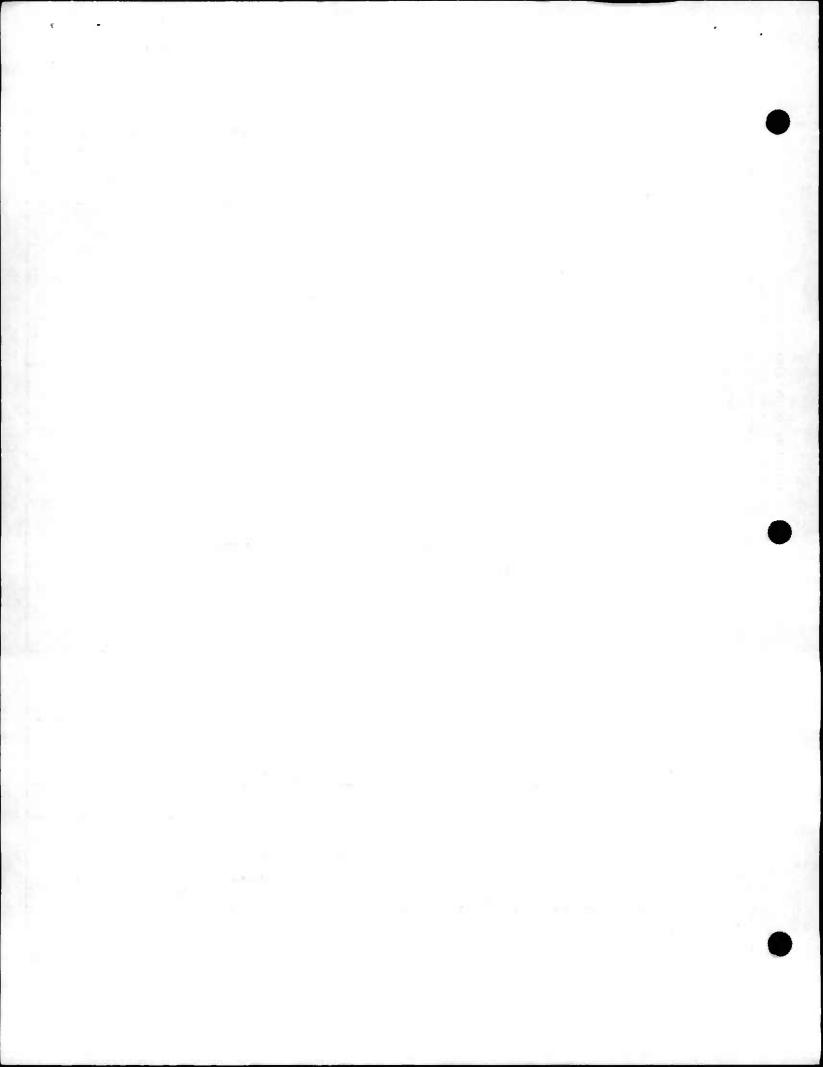
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GORDON SORDON) 2. DATE OF DEATH MONTH JOSEPH 9:50 PM 12 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 XM 2 - F MONTHS DAYS 218-32-2420 JAN. 29, 1900 MARYLAND Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH MERCY MEDICAL CENTER DIRECTOR BALTIMORE RESIDENCE OF DECEDENT 10a STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1 YES 2 NO BALTIMORE 10a. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. 3308 SMITH AVE. 21208 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-it yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried
3 Divorced 1 TYES 2 NO Specify: WHITE BY ETED. 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. OFCEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) COMPL 12 DRY CLEANERS OWNER 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) DAVID **GORDON** Ħ FANNIE FARBER notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MRS. SARA H. GORDON 3308 SMITH AVE., BALTO., MD 21208 pe 20a. METHOD OF DISPOSITION 20b. PLACE AND OATE OF DISPOSITION (Name OATE 20c. LOCATION — City or Town, State must t 1 Suriel 2 Cremetion 3 Re ARLINGTON (CHIZUK AMUNO) BALTIMORE. MD examiner 21. SIGNATURE OF PUNERAL SERVICE CO. 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD., BALTO., MD 21215 medicai 23. SART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or haert fellure. List only one cause on each line. rvai Betwe Onset and Death IMMEDIATE CAUSE (Final the disease or condition resulting in death) PROGRESSIVE RESPIRATORY FAILURE event. OUE TO (OR AS A CONSEQUENCE OF) ASPIRATION traumatic CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediata cause. Enter UNDERLYING MRTASTATIC ANCER OF THE PROSTATE CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Injury, or PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE shows any 1 TYES 2 NO OF DEATH? 1 TYES 2 NO PHYSICIAN: item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 🗆 Nu ng Home 5 - Reeldence 8 - Other (Specify) 28 is marked, or 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 1 YES 2 NO BY After t 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) TO THE HOSPITAL OR ATTENDIN TO THE FUNERAL DIRECTOR: Aff Di filed within 72 hours after de 3 Suicide 6 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER 1 Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated 2 MEDICAL EXAMINER: On the 286. SIGNATURE AND JITLE OF CERTIFIER 29c, LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) B 11-02-91 PENDING 2 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) KRISHWASASTRY, MERCY MEDICAL CENTER CHANDRA 32. REGISTRAR'S SIGNATURE and Jam down-Mandell

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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REGISTRAR I. DECEDENT'S NAME (First, Middle, Last)	_			CATE OF			REG. NO.		100	3. TIME OF DEATH
JAMES			Gui.	DER		MONTH 10	D/		YEAR 91	2:30 P
I. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	est birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE C			. /	IPLACE (State or Foreign
212-56-5618	1 M 2 G F	38	YRS.	ONTHS DAYS	HOURS MIN.		27-452		Count	Maryland
e. FACILITY NAME (If not institution, give :			9		OR LOCATION OF D			9c. COUNT	Y OF D	EATH
LIBERTY MEDICAL (CENTER			В	BALTIMORE					
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Υ		10c. CITY,	TOWN OR LOCA	ATION					10d. INSIDE CITY
MD				BALTI	MORE					LIMITS?
IGO. STREET AND NUMBER					of. ZIP CODE			10g. CITIZI	EN OF V	WHAT COUNTRY?
3801 BONNER ROA	AD				21216				IISA	Α
11. MARITAL STATUS	12. WAS DECEDED	NT EVER IN U.S. A	AMED NO	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN	? (Specity Yes	or No— t	4. RACI	E American Indian, k, White, atc.
Never Merried 2 Merried Merried 1 Divorced		WAR OR DATES		1 🗆 YE	S 2 NO Speci	fy:			Spec	
15. DECEDENT'S EDU	JCATION	16e, D	DECEDENT'S US	SUAL OCCUPAT	TION	16b.	KIND OF BU	SINESS/INDU	STRY	Black
(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5			rk done during n						
7th Grade										
17. FATHER'S NAME (First, Middle, Last)		*			16. MOTHER'S NA	AME (First, M	liddle, Maiden	Sumame)		
James Britton										
19e. INFORMANT'S NAME (Type/Print)					t and Number or Rural					
Joseph McCoy					Avenue,	Balti			2121	
20a, METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place) 20c. LOCATION — City or Town, State										
4 □ Donation 5 □ Other (Specify) Western Star Cemetery 11/5/91 Catonsville, Md										•
Donation 5 Other (Specify)		of cemetar West	ry crematory of	car Cen	netery	11/5/				•
4 Donation 5 Other (Specify)	ICENSEE	of cemetar West	ern St	car Cen	netery AND ADDRESS OF F	11/5/		atons	/il]	le, Md
Donation 5 Other (Specify)	ICENSEE	of cemetar West	ern St	car Cen	netery	11/5/ MCILITY M	91 C	atons Funera	vill al H	le, Md Home
21. SIGNATURE OF FUNERAL SERVICE LI KAN Ma 23. PART I. Enter the diseases, or	ICENSEE IGUIT Complications th	Koge et caused the c	cern St	cother place) Car Cen	netery and address of F	11/5/ ACILITY M	91 C larch	atonsv Funera	vill al H	le, Md lome
21. SIGNATURE OF FUNERAL SERVICE LI A DOMESTIC SIGNATURE OF FUNERAL SERVICE LI A DOMESTIC SIGNATURE OF FUNERAL SERVICE LI A DOMESTIC SIGNATURE OF SUPPLY SERVICE LI A DOMESTIC SIGNATURE OF SUPPLY SERVICE LI A DOMESTIC SIGNATURE OF SUPPLY SERVICE SIGNATURE SIGNATURE OF SUPPLY SERVICE SIGNATURE	GENSEE Gomplicatione th	West West	death. Do no	22. NAME	Netery AND ADDRESS OF FA	11/5/ MCILITY M Ach se card	91 C larch 300 W	atonsv Funera	vill al H	le, Md Home
21. SIGNATURE OF FUNERAL SERVICE LINE MAC. 23. PART I. Enter the diseases, or shock, or heert fellure.	GENSEE Gomplicatione th	West West	death. Do no	22. NAME	Netery AND ADDRESS OF FA	11/5/ MCILITY M Ach se card	91 C larch 300 W	atonsv Funera	vill al H	le, Md Home Approximate interval Between
23. PART I. Enter the diseases, or shock, or heer fellure. IMMEDIATE CAUSE (Final disease or condition	CENSEE Gomplicatione th List only one ce	et caused the cruse on aech lir	death. Do no ne.	t antar tha m	netery AND ADDRESS OF FI	11/5/ ACILITY M Ach as card	9 C larch 300 W liec or reep	atons Funera abash/ Irotory arro	vill al h Aver	le, Md Home Approximate interval Between
23. PART I. Enter the diseases, or shock, or heer fellure. IMMEDIATE CAUSE (Final disease or condition	domplications the List only one ce	et caused the couse on aech lin	death. Do no no.	t anter the m	Netery AND ADDRESS OF FA	11/5/ ACILITY M Ach as card	9 C larch 300 W liec or reep	atons Funera abash/ Irotory arro	vill al h Aver	le, Md Home Approximate
23. PART I. Enter the diseases, or ahock, or heert feilure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate	domplications the List only one ce	et caused the cruse on aech lir	death. Do no no.	t anter the m	netery AND ADDRESS OF FI	11/5/ ACILITY M Ach as card	9 C larch 300 W liec or reep	atons Funera abash/ Irotory arro	vill al h Aver	le, Md Home Approximate
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Liberty SVDHIR. D., PATEL 2600 Library 18

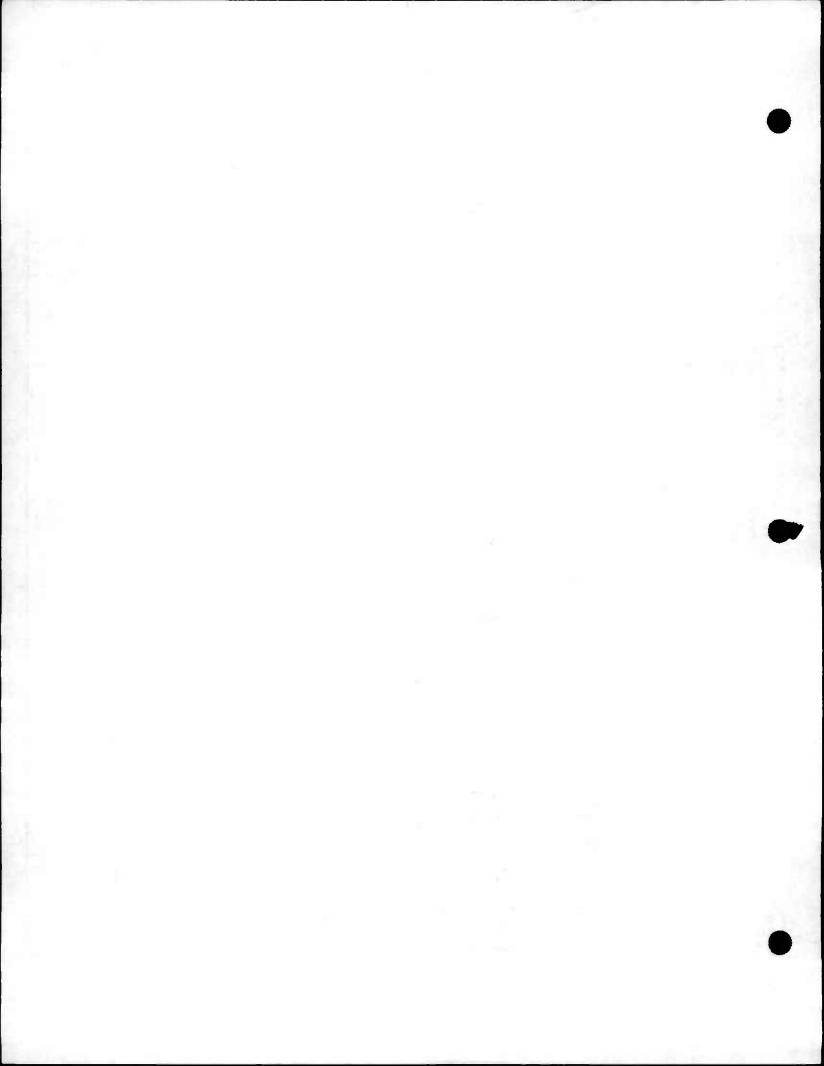
31. DATE FILED (Mornith, Day, Venir) 32. REGISTRAR'S SIGNATURE

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TO BE COMPLETED BY FUNERAL DIRECTOR

1. December 9 Annue Annue	1 - STATE REGISTRAR		STATE OF I	MARYLAND	/ DEPAR CERTIF	RTMEN	T OF I	DEA	AND	MENTA	L HYGIEN		i ·	001/4
Helene Addresses and the Address of	1. DECEDENT'S NAME (First,	Middle, Last)										3. TIME OF DEATH		
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Separation Sep				MR OR DATES	NO		If yes, sp	ecify Cubi	en, Maxica	in, Puerto F	tican, etc.)		Black	k, White, etc.
Bear Bear	18. DECE (Specify only	DENT'S EOUC	ATION completed)	16e.	OECEDENT'S	USUAL C	CCUPATIO	ON		16b.	KIND OF BU	SINESS/INI		
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Burlia 2 (\$Chemetion 3 Demoval from State 20b.PLACE AND DATE OF DISPOSITION (Name of Onthe pixes) Metro Cremations 11/91 Raltimore Md 21. Signature of Funeral service Licensee Metro Cremations 11/91 Raltimore Md 22. NAME AND ADDRESS OF FACILITY Connelly Funeral Home 300MAceAve 21.221 23. PART I. Entar the diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart felliure. List only one cause on each line. Immediate Cause (Inial disease or conditions Name of One of the pixel					212]	OW C	odva	le R	oad	Balt	more	MArv	land	21221
22. NAME AND ADDRÉSS ÓF FACILITY CONNELLYFUNERAL SERVICE LICENSEE 22. NAMÉ AND ADDRÉSS ÓF FACILITY CONNELLYFUNERAL SERVICE LICENSEE 22. NAMÉ AND ADDRÉSS ÓF FACILITY CONNELLYFUNERAL SERVICE LICENSEE 22. NAMÉ AND ADDRÉSS ÓF FACILITY CONNELLYFUNERAL SERVICE LICENSEE 22. NAMÉ AND ADDRÉSS ÓF FACILITY CONNELLYFUNERAL SERVICE CONSTITUTE AND ADDRÉSS ÓF FACILITY CONNELLYFUNERAL SERVICE CONSTITUTE AND ADDRÉSS ÓF FACILITY CONNELLYFUNERAL SERVICE OF REAL PROPRIES AND ADDRÉSS ÓF FACILITY CONNELLYFUNERAL SERVICE CONSTITUTE AND ADDRÉSS ÓF FACILITY CONNELLYFUNERAL SERVICE CONSTITUTE AND ADDRÉSS ÓF FACILITY CONNELLYFUNERAL SERVICE LICENSEE 22. NAMÉ AND ADDRÉSS ÓF FACILITY CONNELLYFUNERAL SERVICE CONSTITUTE AND ADDRÉSS ÓF FACILITY CONNELLYFUNERAL SERVICE LICENSEE 22. NAMÉ AND ADDRÉSS ÓF FACILITY CONNELLYFUNERAL SERVICE LICENSEE Approximate interval Betwee Onset and Dad Betwee Interval Betwee Onset and Dad Betwee Interval Betwee Onset and Dad Dad Betwee Interval Betwee Onset and Dad Dad Betwee Interval Betwee Onset and Dad Dad Dad Dad Dad Dad Dad Dad Dad Da	1 Buriel 2 Cremetto	3 🗆 Remo	val from State	cemetery,	EAND DATE (crematory or o	OF DISPOS ther place	SITION (Na	me of	4= 4=	OATE	20c. LO	CATION —	City or To	wn, State
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CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): D			Gene	rally	Debi	lita	ted	Con	diti	on				
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY FINDING ANAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF OEATH 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 28. DATE OF INJURY AT WORK? 1 YES 2 NO 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT NORK? 28. DATE OF INJURY	cause. Entar UNDERLYIN	IG					a c	hron	ic	Oheti	notiv	o Du	1mon	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PREFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) TO THER: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 1 Netural 5 Pending 1 Work? 28a. DATE OF INJURY NORK? 28b. TIME OF INJURY AT WORK? 1 YES 2 NO 28c. PLACE OF INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. CERTIFIER Check only 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner as steted.		y) "	DUE TO (OR AS A CONSEQUENCE OF):								Disease			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 1 YES 2 NO 27. MANNER OF OEATH 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 28a. DATE OF INJURY M 28b. TIME OF INJURY AT WORK? 1 YES 2 NO 28a. DATE OF INJURY AT WORK? 1 YES 2 NO 28a. DATE OF INJURY AT WORK? 1 YES 2 NO 28a. DATE OF INJURY AT WORK? 1 YES 2 NO 28a. DATE OF INJURY AT WORK? 1 YES 2 NO 28a. DATE OF INJURY AT WORK? 1 YES 2 NO 28a. DATE OF INJURY AT WORK? 1 YES 2 NO 28a. DATE OF INJURY AT WORK? 1 YES 2 NO 28a. DATE OF INJURY AT WORK? 1 YES 2 NO 28b. TIME OF INJURY AT WORK? 1 YES 2 NO 28c. CERTIFIER (Check only one) 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. LOCATION (Street and Number or Rural Route Number, City or Town, State)	resulting in death) LAST	d.	d											
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF OEATH 1 Inpatient 2 En/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 28. DATE OF INJURY MORK? 1 YES 2 NO 29. CERTIFIER 1 Check only one) 26. PLACE OF DEATH (Check only one) 26. PLACE OF DEATH (Check only one) 26. PLACE OF DEATH (Check only one) 26. PLACE OF DEATH (Check only one) 27. MANNER OF OEATH 1 Natural 5 Pending 1 YES 2 NO 28. DATE OF INJURY 28. DATE OF INJURY (Month, Day, Year) 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. LOCATION (Street and Number or Rural Route Number, 29. CERTIFIER (Check only one) 28. LOCATION (Street and Number or Rural Route Number, City or Town, State)	PART II. Other significan	t conditions	contributing to	death but not	rasuiting i	n tha ur	nderiying	cause	given in	Part I.			24b.	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) There is a control of the control											1 YES 2	□ NO		COMPLETION OF CAUSE
EXAMINER? 1 YES 2 NO Notice of Death (Check only one) 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 28. DATE OF INJURY MINJURY MINJURY MINJURY At home, farm, street, factory, office 28. PLACE OF DEATH (Check only one) 28. DATE OF INJURY AT WORK? (Month, Day, Year) 28. DATE OF INJURY AT WORK? (Month, Day, Year) 28. DATE OF INJURY AT WORK? (Month, Day, Year) 28. DATE OF INJURY AT WORK? (Month, Day, Year) 28. DATE OF INJURY AT WORK? (Month, Day, Year) 28. DATE OF INJURY AT WORK? (Month, Day, Year) 28. DATE OF INJURY OCCURED 28. DATE OF INJURY OCCURED 28. DATE OF INJURY AT WORK? (Month, Day, Year) 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? (Month, Day, Year) 28. DATE OF INJURY AT WORK? (Month, Day, Year) 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? (Month, Day, Year) 28. DATE OF INJ										_				
HOSPITAL: Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)	25. WAS CASE REFERRED TO	MEDICAL					00 04	105.05.0						
27. MANNER OF OEATH 1				ED/0-4-41-4			R:							
1 Natural 2 Accident 3 Sulcide 4 Homicide 6 Could not be determined 2. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date end piece, end dus to the ceuse(e) end menner es steted.									sidence					
4 Homicide determined City or Town, State) 29e. CERTIFIER (Check only Check only Check only Check only Check only Check only Check only Check only Certification Control of the bast of my knowledge, death occurred at the time, date end piece, end due to the ceuse(e) end menner as attend.					INJ	URY	WO	RK?	NO	28d. DEŞI	CRIBE HOW II	NJURY OC	CURED	
(Check only 1 CHTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(e) end menner es ateted.	= "		28e. PLACE OF building, o	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)					281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and masses an extend	(Check only	FYING PHYSICI	AN: To the beat of	my knowledge,	death occurre	d at the t	ime, date	end plece,	end dua	to the ceus	e(e) end men	ner es atet	ed.	

29c. LICENSE NUMBER

TO THE MOSENAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

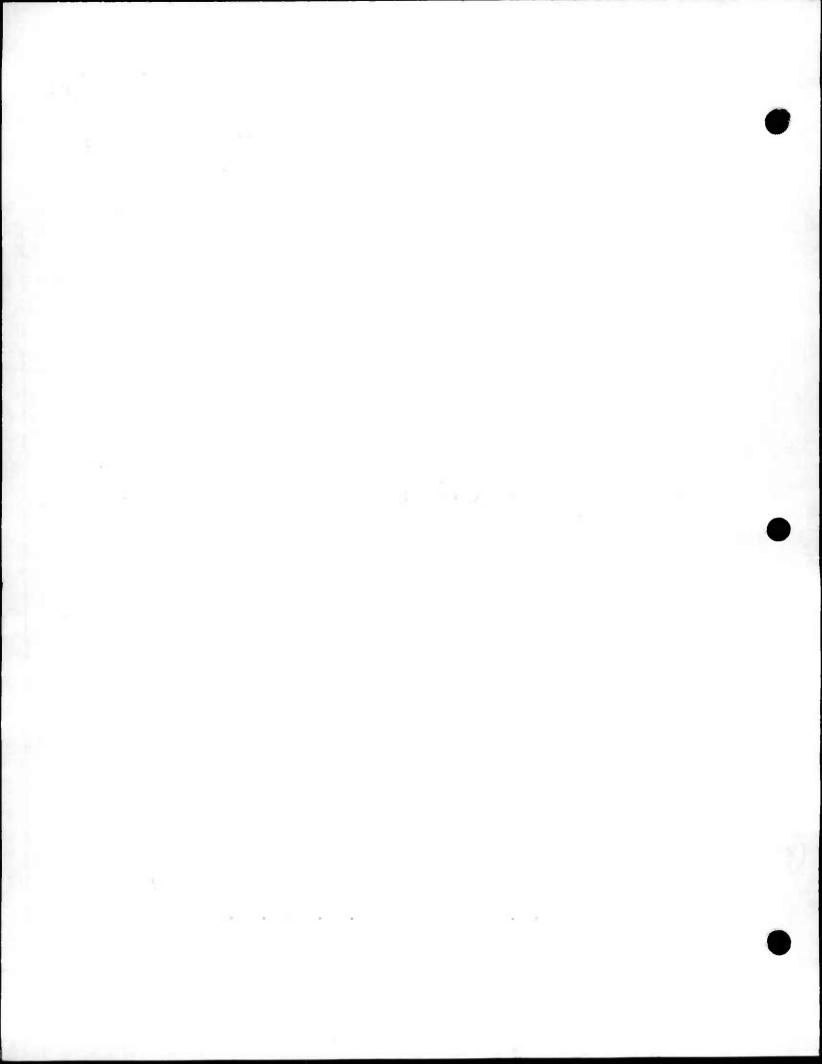
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 IMPORTANT: Il Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Erik 31. DATE FILED (Month, Day, Year)
NOV 05 1991

HO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
LLL, MD. 9000 FRANKLIN SQ. DR. Balto. MD. 21237 RUSSELL, MD. a Davidson-Randell

29d. DATE SIGNED (Month, Day, Year)

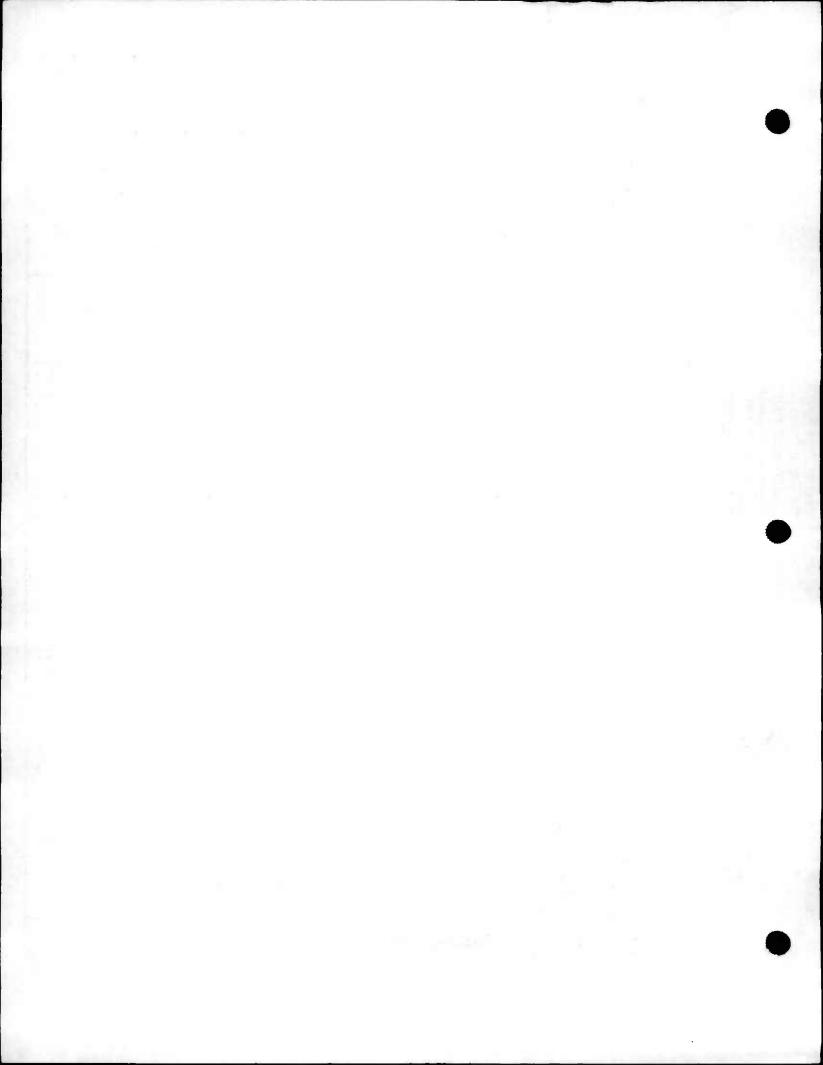


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TO THE HOSPITAL OF ATTENDING PHYSOLING TO THE TOWN THAT THE GRAND CONTINUES THE PROPERTY OF THE HOSPITAL OF ATTENDING PHYSOLING PHYSOLING THE THEORY OF THE HOSPITAL OF ATTENDING PHYSOLING PHYSOLING THE THEORY OF THE HOSPITAL OF ATTENDING PHYSOLING PHYSOLING THE PHYSOLING PHYS	TO THE FUNERAL DIFFERDER After this che care in boson signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the same best, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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					91 30175					
	1 - FOR STATE REGISTRAR	ATE OF MARYLAND / DEF CERT	ARTMENT OF HEALTH A IFICATE OF DEATH							
- 1	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF OEATH	3. TIME OF DEATH					
- 8	John Pul	nard Gr	FC. 5.57	MONTH DAY						
	4. SOCIAL SECURITY NUMBER 5. SE		(ay) IF UNDER 1 YEAR IF UNDER 24		6. BIRTHPLACE (State or Foreign					
- 17	579-72-0014 1	M 2 □ F 64 YF	MONTHS DAVS MOURS I	(Month, Day, Year) 03-08-6	Country)					
	9a. FACILITY NAME (If not institution, give street an	d number)	9b. CITY, TOWN OR LOCATION	OF DEATH	0c. COUNTY OF DEATH					
DIRECTOR	St. Joseph	Hospital	T-	owson	Baltimore					
ᇣ	10s. STATE 10b. COUNTY	10c	CITY, TOWN OR LOCATION		10d. INSIDE CITY					
		rimore	Towson		1 VES 2 NO					
FUNERAL	1620 YORK RA		101. ZIP CODE	54	10g. CITIZEN OF WHAT COUNTRY?					
쀨		AS DECEDENT EVER IN U.S. ARMED		ItSPANIC ORIGIN? (Specify Yes						
3	1 News Harried 2 Harried F	ORCES? 1 YES 2 NO	If yes, specify Cuban,	Wexican, Puerto Rican, etc.)	Black, Whita, etc.					
ВУ	3 Widowed 4 Divorced	YES, GIVE WAR OR DATES	1 - YES 2 (X) NO	Specify:	specify: White					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade comple	eted) (Give kin	T'S USUAL OCCUPATION of of work done during most of working	166. KIND OF BUS	INESS/INDUSTRY					
Ш		ege (1-4 or 5 +)	OT use retired.)							
AP I	5	+ Ca	tholic Priest	Chu	rch					
ő	17. FATHER'S NAME (First, Middle, Last)		18. MOTHE	R'S NAME (First, Middle, Malden	Sumame)					
EC	John L.	Griffin	Eli	zabeth	Edwards					
0	19a. INFORMANT'S NAME (Type/Print)		LING ADDRESS (Street and Number or							
2	St. Joseph Societh of The									
	20a, METHOD OF DISPOSITION									
	1 N Burial 2 Cremation 3 Removat fr	om State 20b. PLACE AND of cemetary, crem	pate of disposition (Name alory or other place) Thedral		CATION — City or Town, Stata					
	4 Donation 5 Other (Specify)				ultimore,MD.					
	21. BIGNATURE OF FUNERAL SERVICE LICENSES	Paul L. Hartso	22. NAME AND ADDRESS	OF FACILITY Raltim	ore, MD 21214					
	> toull & Ll-to	That L. Hartsc								
	23. PART i. Enter the diseesea, or compl	local for Al-Through Albert and			305 Harford Rd.					
	ahock, or heert fallure. List of immediate CAUSE (Finel disease or condition resulting in death)	DUE TO (OR AS A CONSEQUEN	and att	- 010	Interval Between Onset and Death					
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST									
I	PART ii. Other aignificent conditions cor	tributing to death but not result	Ing in the underlying cause gly	en in Part i. 24a, WAS AN	AUTOPSY 24b. WERE AUTOPSY FINDINGS					
8			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PERFOR						
MEDICAL				1 TYES 2	OF DEATH?					
2					1 TYES 2 NO					
ž										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLACE OF DEA	TH (Check only one)						
100		SPITAL: Inpatient 2 - ER/Outpatient 3 - D	OTHER: OA 4 Nursing Home 5 Resident	Sence 8 (7 Other (Specify)						
¥		28a. DATE OF INJURY 28t	TIME OF 20c, INJURY AT	28d. DESCRIBE HOW II	NJURY OCCURED					
	1 4 Natural 5 Pending	(Month, Day, Year)	INJURY WORK?	A STATE OF THE STA						
BY	2 Accident Investigation	DE DIACE OF MUNICIPAL AND								
ED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, fi building, etc. (Specify)	ern, street, mctory, office	28t. LOCATION (Street a City or Town, State)	and Number or Rural Route Number,					
E										
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSICIAN:	To the bast of my knowledge, death o	courred at the time, data and place, a	nd due to the cause(a) and man	iner as stated.					
N N	and any				d due to the cause(s) and menner se stated.					
	29b. SIGNATURE AND TITLE OF CERTIFIER									
B	SOUND OF CENTIFIER	-1	29c. LICEN	SE NUMBER	29d. DATE SIGNED (Month, Day, Year)					
2	Willer h.	marca 11	101 U-	20036	10-31-41					
-	30. NAME AND ADDRESS OF PERSON WHO CO	APLETED CAUSE OF DEATH-(ITEM 27)	(Type, Print)							
	10 - L. Mar	on IV MI	- 7620 V	ONK Pal 7	21. (CO) Mal					
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	1	1						
, I										
	10 NOV 94 1991	Lulia Savidson-Randa	DE.	,						

DHMH-16 Rev 1/89



3. TIME OF DEATH

REG. NO

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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DIVISION OF VITAL RECORDS,	

2. DATE OF DEATH DAY LAVONIA E. GARRISON 230PMM 10 30 4. SOCIAL SECURITY NUMBER 5. SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 7-12-1913 216-74-8991 1 M 2 X F YRS. VIRGINIA permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FRANCIS SCOTT KEY MEDICAL CENTER DIRECTOR BALTIMORE CITY RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? MARYLAND BALTIMORE EDGEMERE 1 TYES 2 AND FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? use as the burial-transit 2636 EDGEMERE AVENUE 21219 U.S.A. death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yae or NoIf yee, specify Cuben, Mexican, Puerio Ricen, etc.)

1 YES 2 NO (, Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced Specify: WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18e, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) funeral director, page 5 should be detached for Elementery/Secondery (0-12) College (1-4 or 5+) NONE HOME MAKER HOME once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ WILLIAM GARRISON SARAH LANE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 BETTY BLEDSOE 2636 EDGEMERE AVENUE BALTIMORE. MARYLAND 21219 be 20e. METHOD OF DISPOSITION
1 X Burlal 2 □ Cremetion 3 □ Removal from State 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must HOLLY HILL MEMORIAL Donation 5 (Specify) 11 - 2 - 91BALTIMORE, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner BUDA-RUCK FUNERAL HOME OF DUNDALK INC. filled in by the fion, or removal. 7922 WISE AVENUE DUNDALK MD hours after medicai 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory streat, ahock, or heart failure. List only one cause on each line. intervai Between to burial, cremation, or IMMEDIATE CAUSE (Final Onset and Death 24 the disesse or condition_ - presumed completely reaulting in death) 3 days traumatic event, DUE TO (OR AS A CONSEQUENCE OF) executed DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION and Sequentially list conditiona, if any, leading to immediate attending physician ይ Hygiene prior cause. Enter UNDERLYING DUE TO (OF AS A CONSEQUENCE OF): 6 months CAUSE (Disease or injury that initiated events or other reaulting in death) LAST has been signed by the atter Dept. of Health and Mental injury, PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS that PERFORMED? AVAILABLE PRIDE TO COMPLETION OF CAUSE shows any 1 | YES 2 | NO OF DEATH? 1 YES 2 NO PHYSICIAN: MP 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Item 26. PLACE OF DEATH (Check only one) THE HOSPITAL OR ATTENDING PHYSICIAN: The THE FUNERAL DIRECTOR: After this certificate I filed within 72 hours after death with the State HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Raeldence 8 □ Other (Specify) 1 YES 2 NO 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 6 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH marked, 28b. TIME OF 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 ANetural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office S 3 Sulcide 8 Could not be determined 28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) COMPLETED Item 28 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. MPORTANT: If 2 MEDICAL EXAMINER: On the beels of axamination end/or investigation, in my opinion, death occurred at the time, data and place, end due to the ceuse(e) and mennar as steted. 29b. SIGNATARE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 235 enmon MD 23 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Prin J Winchell 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE his Davidson-Randoll NOV 04 1991

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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dolles	In Sign	ept. of Health and	10WS
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SICIAL	certifi	h the	d. 0r
ALIENDING PRI	er this	ith wit	Jarke
ENGIN	R: Aft	er dea	IS
H A	:RAL DIRECTOR: After this certificate has been signed by the attending	be filed within 72 hours after death with the State Dej	MPORTANT: If item 28 is marked
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TOOL TO	FUNEF	within	TANT
INC	王	filed	1POR
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR		STATE OF N	TARYLAND C	DEPAR	TMENT O	F HEALTH AND OF DEATH	MENTAL HYGIENI	E	
1. DECEOENT'S NAME (First,		GOODMAN				2. DATE OF DEATH 3. TIME OF DE 1 2 2 0 5			
4. SOCIAL SECURITY NUMBER	4. SOCIAL SECURITY NUMBER 5. SEX 6			8. AGE (In yrs. last birthday) IF UNDER t YEAR IF UNDER 24 70? YRS. MONTHS DAYS HOURS II			7. DATE OF BIRTN (Month, Day, Year)	NPLACE (State or Foreign try)	
9a. FACILITY NAME (If not in	carey					MN OR LOCATION OF DI LTIMORE	EATN	9c. COUNTY OF D	
Maryland	teb. COUNTY	na			у, тоwн оп L 1201 S	outh Carey	Street		10d. INSIDE CITY LIMITS?
100. STREET AND NUMBER 1201 SO	uth Ca	rey Str	eet			10f. ZIP COOE 21230	50100	10g. CITIZEN OF	YES 2 ☐ NO WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divor	Married	FORCES? 1	YES 2		If ye	DECENDENT OF HISPAI s, specify Cuben, Mexica YES 2 NO Specifi	NIC ORIGIN? (Specify Yea in, Puerto Rican, etc.)	Blac	E — American Indian, k, White, atc.
15. DECI (Specify only Elementary/Secondary (0	EDENT'S EDUCAT highest grade cor	ION npleted) College (1-4 or 5 +		ECEDENT'S Give kind of a le. Do NOT us	USUAL OCCUP work done during to retired.)	PATION g most of working	18b. KIND OF BUS		
17. FATNER'S NAME (First, Mi	odie, Last)					16. MOTNER'S NA	ME (First, Middle, Maiden S	Surname)	
190. INFORMANT'S NAME (7)			19	9b. MAILING	ADDRESS (St	eet and Number or Rural	Route Number, City or Town	, Stale, Zip Code)	
20a. METHOD OF DISPOSITI 1	n 3 🗆 Remove (Specify) 1.11	state	20b. PLACE cametery, cr	AND DATE O	OF DISPOSITION Ther placa)	N (Name of	DATE 20c. LOC	ATION — City or To	own, State
21. SIGNATURE OF FUNETAL	1al	Ronal	d Wade,	91	655	W. Baltim	STATE A ore St, Bl	to.,MD 2	BOARD 1201
23 PART I. Entar tha di shock, or he iMMEDIATE CAUSE (Fin disease or condition reaulting in death)	iait laliuta. Lis	Arten	caused tha dise on each lin	str	Con		h aa cardiac or respir		Approximata interval Batwean Onset and Death
Sequantially list condition if any, leading to immed cause. Entar UNDERLY If CAUSE (Disease or injust that initiated events resulting in death) LAST	liata NG c		OR AS A CONSE				- 1		
PART II. Other algnificar	nt conditiona c	ontributing to	death but not	resulting i	n tha undari	ying csuaa givan in	Part i. 24a. WAS AN A PERFORM	ED?	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	Н	OSPITAL:	E9/Outrations	7 PO4	OTHER:	PLACE OF GEATN (Ch			
27. MANNER OF DEATN 1 Natural 5 F	Pending nvestigation	28e. DATE OF (Month, Da	NJURY	28b. TIME	OF 28c.	INJURY AT WORK? YES 2 NO	8 U Other (Specify) 28d. DESCRIBE HOW IN.	JURY OCCURED	
3 Sulcide 8 C	Could not be etermined	28e. PLACE OF building, a	INJURY — At he	ome, farm, s	treat, factory, o	ffice	281. LOCATION (Street an City or Town, State)	d Number or Rural F	Route Number,
29a. CERTIFIER 1 CERTI	FYING PHYSICIAI	N: To the best of a	ny knowledge, de emination end/or	eath occurre	d at the time,	date and piece, end due	to the ceuse(s) end menn	er es stated. due to the cause(a	i) end manner sa stated.
29b. SIGNATURE AND TITLE	~ (or	le M	0			O . C . M . E		29d. OATE SIGNEO ▶ 10 - 2 3	
30. NAME AND ADDRESS OF THE ADDRESS	ucke	mo	11			STREET	BALTIMOR	E, MARYL	AND 21201
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hours after death. Page 6 may be retained by the hospital or attending physician.	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should	i, or removal. I medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill	be ned wron 72 hours aret death with the State Dept. of relatification wested hours to build, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	NIIU 59-C5 STRAUSS, S/SLCA	neu				
	301	78				
	1 STATE STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE					
	REGISTRAR CERTIFICATE OF DEATH REG. NO.	237,90				
	LILY MAY GABEL 2. DATE OF DEATH 10-31-91 3. TIME OF DEATH OF DEAT	J.				
	4, SOCIAN SECURITY NUMBER 7. DATE OF BIRTH 165 10, 8814	Foreign				
OR	98. FACILITY NAME (If not Institution, give strept and number) WAY (WAY) 90. COUNTY OF DEATH BULL					
DIRECTOR	106. STATE 106. COUNTY Carroll County 10c. CITY, TOWN OR LOCATION 10d. INSIDE CIT	ry				
1	Ma. CC Westmenter 1 yes 2] NO				
FUNERAL	100. STREET AND NUMBER BULGUM Paul 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?					
BY FUI	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO If yes, specify: 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- If yes, specify: 14. RACE — American Inc. Black, White, atc. Specify: 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- If yes, specify: Upon, Maxican, Puerto Rican, atc.) 16. PACE — American Inc. Black, White, atc. Specify: 17. WILL Specify: 18. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- If yes, specify: Upon, Maxican, Puerto Rican, atc.)	ite				
	15. DECEDENT'S EDUCATION 166, DECEDENT'S USUAL OCCUPATION 180 KIND OF BUSINESS (NATIONAL PROPERTY)					
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) Iffe. Do NOT use retired.)					
OME	12+ 4 Retired Banking 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surmerne)					
BE C	JOHN ALEXANDER SMITH LILY MAY WATERS					
0	196. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mr William Gabel family 3709 Wildor Avenue Baltimore MD 21207					
	20s. METHOD OF DISPOSITION 20b BLACE AND DATE OF DISPOSITION AND A STORY OF THE PROPERTY OF TH					
	The Burist 2 Cremeton 3 Removel from State cemetery, cremetory or other place)					
	21. SIGNATURE OF PUMERAL SERVICE LICENSEE BONALD Wade, Dir 11-4-91 655 W. Baltimore St, Balto.,MD 21201					
7	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximately as the complex of the comple					
	IMMEDIATE CAUSE (Final disease or condition					
	resulting in death) a. DUE TO (OS) AS A CONSEQUENCE OF):	1				
z	- intracerobral hemorrhere 3	D				
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	-				
	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):					
CERTIFI	resulting in death) LAST					
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY					
MEDICAL	PERFORMED? AVAILABLE PRIOF 1 VES 2 NO COMPLETION OF DF DEATH?					
ME	1 VES 2/2	NO				
PHYSICIAN:	25. WAS CASE/REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)					
rsic	EXAMPLE? 1 YES 2 NO HOSPITAL: Contact of your order of your order of your order of your order of your order of your order of your order of your order of your order of your order of your order of your order of your order of your order ord					
F	27. MANNER OF DEATH 286. DATE OF INJURY (Month, Day, Year) 286. TIME OF INJURY AT WORK? 286. INJURY AT WORK?					
BY	2 Accident Investigation M 1 YES 2 NO					
旦	4 Homicide detarmined building, stc. (Specify) Solution (Street and Number or Rural Route Number, City or Town, State)					
COMPLET	29s. CERTIFIER (Check drily in CERTIFYING PHYSICIAN: To this best of my knowledge, death occurred at the lime, data and place, and dus to the cause(s) and manner as stated.					
100	2 MEDICAL EXAMINER; on the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as	stated.				
BE	296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Cop. Wast)	į				
0	TO MANUE AND ADDRESS OF PERSON WO COMPLETED CAUSE OF DEATH (YEAR 25 Days (WAR)					

O COMPLETED CAUSE OF DEATH (ITEM 27)

32 REGISTRAR'S SIGNATURE

trauss

31. DATE FAED JAY 111, Day 1601991

Univ. Md.

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THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within (4 Purs after death, Page 6 may be retained by the hosp	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to build command to remove the funeral director, page 5 should be detached to build command to removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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ENC	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral management of the formula of	00
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and the	ues,	-

31. DATE FILED (Month, Day, Year)
NOV 05 1991

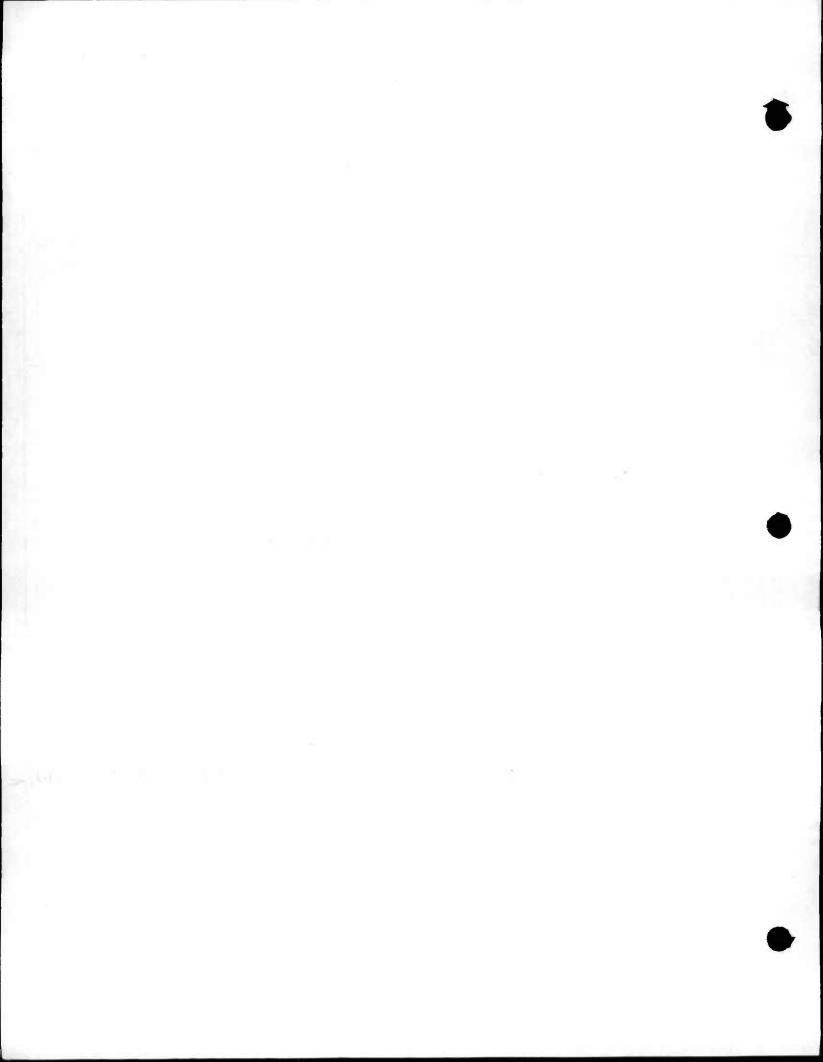
32. REGISTRAR'S SIGNATURE

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAF ERTIF	RTMENT	OF H	EALTH DEA	AND I	MENTAL	HYGIEN REG. NO		91	3 ()17	9
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH		1272	3. TIME OF	DEATH	
	DAISY E.Y HAMI	TIMON							10	D.	ì	91			м
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. les	t hirthday)	IF UNDER 1	VEAD	IF UNDER	24 MBS	7. DATE O			-	IPLACE (State	e or Foreign	n
3	215-32-7939		54			DAYS	HOURS	MIN.	(Month	/20/3	6	Counti	y)		
	215-32-7939 「1□M2図F 54			YRS.					12,	/20/3	0	Spa	rks,	MID	
	9a. FACILITY NAME (If not institution, give st				9b. CITY, 1	TOWN C	R LOCATI	ON OF D	EATH		9c. COUN	TY OF D	EATH		
R	207 DUKE OF YORK LANE (Res.)									Co	cke	ysvi	lle		
DIRECTOR	RESIDENCE OF DECEDENT										4				
Ä	10e. STATE 10b. COUNTY			10c. CI	TY, TOWN OR	LOCAT	ION						10d. INSIDI	E CITY	
ā	MARYLAND COC	KEYSVII	LLE										1 TYES	2 X NO	
	10e. STREET AND NUMBER					101	. ZIP COD	E			10g. CITIZ	EN OF V	WHAT COUNT	TRY?	
8	207 DUKE OF YO	RK LANE	7				2	1030)		T1	SA			
FUNERAL	11. MARITAL STATUS		NT EVER IN U.S. AF	MED	12 14	NO DEC				? (Specify Ya			E — America	n Indian	
교	1 Never Married 2 Married	FORCES?	YES 2 🔀	NO	- 11	yes, sp	ecify Cubi	an, Maxica	nn, Puerto F		# OI 140-	Black	k, White, atc.		
B≼	3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES		1	YE\$	2 X NO	Specif	ly:			Spec	Wy: BT.	ACK	
	3 17 23 16				1								- 1	11011	
画	15. DECEDENT'S EDUC (Specify only highest grade	completed)	18a. DE	ive kind of	work done du	uring mo	ON ast of worki	ing	16b.	KINO OF BU	SINESS/IND	USTRY			
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5	+)	. Do NOT L	use retired.)										
P P															
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			-			18. MOT	HER'S NA	AME (First, A	Aiddle, Maiden	Surname)				
	EARL MADDEN						P	EARI	MA	DDEN					
BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILIN	G ADDRESS	(Street I	and Numbe	er or Rural	Route Numb	er, City or Tov	vn, State, Zip	Code)			
2	VERA SMITH		1	523	TRTE	RT	mm .	A V/E	СП	M DOM	UTIT	D	7 A	0070	0
	20a. METHOD OF DISPOSITION								DIL					901	7
	1XX Burial 2 - Cremation 3 - Rem	oval from State	other p	(ace)					1					-	-
- 1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		1	, 22. N		V O	ESS OF FA	ACILITY TE (PICI)	8. 90	ाज क	MED	AT LI	OME	
	PADA MI		1101	1											
	22 DADY Seter the discrete or	omplications th	at officer distance	anth Do											
- 9					not entar i	the m	ode or di	ymy, au	ch ae car	nac or reet	matory arr	wat,			
- 1	IMMEDIATE CAUSE (Finel		UNA	-1-	-	1.	10		1		. \		Ons	et end D	aeth
	disease or condition recuiting in death)	а.	10/14	10	1510	れく		Ma	ST	Call	CITIC	PMC	٤	DUF	3
	, ,	OUE TO	O (OR AS A CONSE	OUENCE	OF):										
Z		h													
0	Sequentially list conditions, If env. iseding to immediate	DUE TO	O (OR AS A CONSE	OUENCE	OF):										
¥Ι	cause. Enter UNDERLYING														
윤	CAUSE (Disease or Injury that initiated events	C. DUE TO	O (OR AS A CONSE	QUENCE	OF):								1		
E	resulting in death) LAST														
CERTIFICATION		d											-		
AL (PART II. Other eignificant condition	ne contributing t	o death but not	reguiting	in the un	deriyin	g cause	given in	Part I.			24			
8															
MEDIC								_	1 L YES	2 NO					
Ξ									_				1 TYES	2 NO	
PHYSICIAN:															
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSBITAL					LACE OF	OEATH (C	heck only or	10)					
S	1 TYES 2 NO		☐ ER/Outpetlent	3 🗆 DOA			ne 5 🗆 1	Renidence	8 🗆 Othe	r (Specify)					
Ŧ	27. MANNER OF DEATH			28b. Ti	ME OF	28c. IN	JURY AT		28d. DE	CRIBE HOW	HOW INJURY OCCURED				
	1 Natural 5 Pending	(worth),	Day, rear)	1 "	M			□ NO							
m								or Rural	Route Numbe	97;					
	AA- CERTIFIER													_	_
COMPLET	(Critical Unity														
O	one) MEDICAL EXAMINI	ER: On the back of	examination and/or	r investigs	tion, in my o	pinion,	death occ	ured at th	sa time, data	end place, i	and due to th	ne causs	(a) and mann	ner as state	ed.
EC	29b. SIGNATURE AND TITLE OF CERTIFIE	Second S													
00	VILLET	Cell	W/ N	11	1		De	325	59L		 	/11	91		
30 NAME AND ADDRESS OF BERSON WAYO COMPLETED CAUSE OF DEATH TEM ADDRESS OF DEATH								1 ,	1	- + +					

	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache a find within 70 hours after death with the State Dark of Haath and Martial Handage Age to hard a companied.	the most arise to be a second that the second to the secon
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	The	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the face flexible steer death with the State Dent of Health and Martal Brokens offer to burial promotion, or commend	E.
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		- 5	7 1999

	1 - STATE OF MARYLAND / DEPAR REGISTRAR CERTIF	TMENT OF HI	EALTH AND N	MENTAL HYGIENE REG. NO.				
	1. DECEOENT'S NAME (First, Middle, Last)		2. DATE OF DEATH MONTH DAY	YEAR 3.	TIME OF DEATH			
	Kenneth Belt Harrison	neth Belt Harrison				14:38 m		
	4. SOCIAL SECURITY-NUMBER 5. SEX 6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6. BIRTHPL	ACE (State or Foreign		
	216-03-6504 . 1 XM 2 □ F 79 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) August 5,19	10 Country)	ryland		
	9e. FACILITY NAME (If not institution, give street and number)	96. CITY, TOWN OF	LOCATION OF OE		COUNTY OF DEAT			
OR	Sinai Hospital	Baltimo	re City					
DIRECTOR	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY 10c CITY							
E .	100, 011	Y, TOWN OR LOCATION			10	d. INSIDE CITY LIMITS?		
	Maryland Baltimore County Br	ooklandv			1 TES 2 NO			
FUNERAL		10f.	ZIP CODE		EN OF WHAT COUNTRY?			
뿔	6606 Falls Road 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED		21022 USA					
	1 Never Merried 2 Merried FORCES? 1 XYES 2 NO	13. WAS DECE If yee, spec	NDENT OF HISPANI city Cuben, Mexicen	C ORIGIN? (Specify Yee or No- Puerto Ricen, etc.)	- 14. RACE Black, W	American Indian, fhite, etc.		
B≺	3 Widowed 4 Ofvorced IF YES, GIVE WAR OR OATES		2 XNO Specify:		Specify: White			
9	15. DECEOENT'S EDUCATION 16e. DECEOENT'S	USUAL OCCUPATION	ч	16b. KIND OF BUSINESS	IN DUCTON	wille		
		vork done during most	of working	160. KIND OF BUSINESS	INDUSTRY			
COMPLET		r Plumbe	r	Plumbing	a/Const	ruction		
<u>∑</u>	17. FATHER'S NAME (First, Middle, Last)	· · · · · · · · ·		IE (First, Middle, Maiden Surnem	<u> </u>	ruction		
	LeRoy Harrison		Blanch		10)			
BE		ADORESS (Street en		oute Number, City or Town, State,	71- 0-d-1			
2				klandville,ME				
	20a METHOD OF DISPOSITION				- City or Town,	2		
	1 \ Burlel 2 Cremetion 3 Removat from State 4 Donetton 5 Other (Specify) Saters Ba	ther place)	C 0	DATE 20C. LOCATION				
	21. SIGNATURE OF PUMERAL SERVICE LICENSEE	22. NAME AND	AOORESS OF FAC	11/6 Luther	rville, M	aryland		
	Lemmon-Mitchell-Wiedefeld							
	Martin D. Lawson 10 W. Padonia Road, Timonium, MD 21093							
	 PART i. Enter the disesses, or complications that caused the death. Do nahock, or hasrt failure. List only one cause on each line. 	ot enter the mod	a of dying, auch	ss cardisc or respiretory	srrest,	Approximata		
- 1	interval Batween IMMEDIATE CAUSE (Fins)							
	disease or condition resulting in death) a. CARDIORESPIRATORY ARREST							
	DUE TO (OR AS A CONSEQUENCE OF):							
z	SAMUARDER HE ACUTE MI							
CERTIFICATION	Sequentisity list conditions, If sny, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):							
5	cause. Enter UNDERLYING CAUSE (Disesse or Injury							
╘	that initiated events OUE TO (OR AS A CONSEQUENCE OF	ን፡						
ב ב	resulting in desth) LAST							
	PART II. Other significant conditions contributing to death but not resulting in	n the underlying	ogues chus la B					
3	1. Achortasis	in the underlying	cause given in P	PERFORMEO?	AM	RE AUTOPSY FINDINGS NILABLE PRIOR TO		
MEDI	1 YES 24					MPLETION OF CAUSE DEATH?		
	THERE CUT			_	1 [YES 2 NO		
	3. HTV							
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26, PLA	CE OF DEATH (Chec	k only one)				
THI SICIAIN.	1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA	4 Nursing Home	5 Residence 8	Other (Specify)				
	27. MANNER OF OEATH 1 Natural 5 Pending 280. DATE OF INJURY (Month, Day, Year) 26b. TIME (Month, Day, Year)	URY WORK	K?	28d. DESCRIBE HOW INJURY DCCURED				
5	2 Accident Investigation [1]2 9 2:19		S 2 NO		meed	over at ho		
	3 Suicide 6 Could not be determined determined	treet, fectory, office	:	28f. LOCATION (Street and Num. City or Town, State)	nber r Rural Route			
	14-61	ME						
:	29e. CERTIFIER (Check only 1) CERTIFYING PHYSICIAN: To the beet of my knowledge, death occurred	d at the time, date e	nd place, end due to	the ceuse(e) and menner ee	atated.			
COMPLEIED	one) 2 MEDICAL EXAMINER: On the besie of examination end/or investigation	n, in my opinion, dea	ith occured at the ti	me, date end place, end due to	o the ceuse(a) en	d menner ee atated.		
	296. SIGNATURE AND TITLE OF CERTIFIE	(· > T	29c. LICENSE NUMB	ER 29d F	DATE SIGNED (Mo			
	Cuhalustua	1	0389	34	11/2/0	Of J		
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type,	Print)		,	1-	,,		
	GUHA KRISH MD	SIN	D3893 A1 HO	epital o	n Vsa	Homore		
	31. DATE FILED (Morith, Day, Year) 32. REDISTRAR'S SIGNATURE							
	NOV 05 1001 Julia Davidson Handell	2.				1		

DHMH-16 Rev 1/69

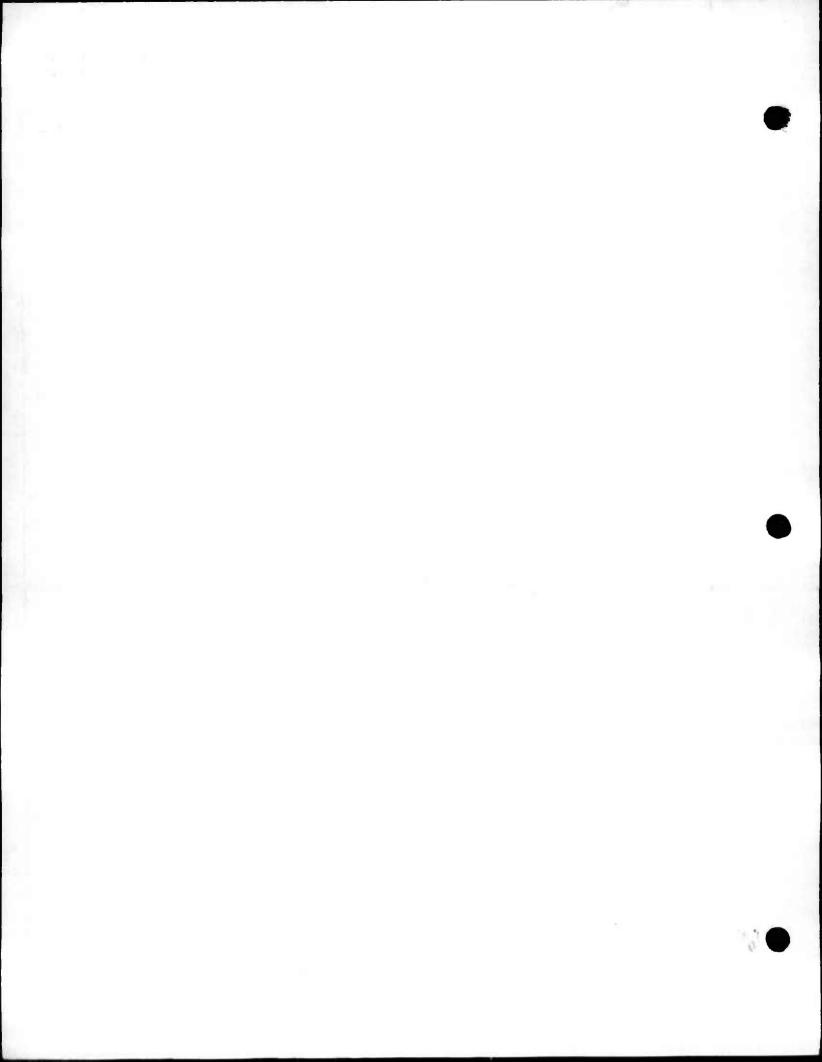


FOR

	BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit, permit. Pages 1, 2, 3 should if the within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	he medical examiner must be notified at once.
The second of th	DIVISION OF VITAL RECORDS, P.O. BOX 68760,		F 8	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
			9	

STATE OF MARYLAND / DEPARTMEN

	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.												
	1. DECEDENT'S NAME (First, Middle, Last)				IOA	01 _	JLA.	In	2 DATE	OF DEATH		- 1	3. TIME OF DEATH
	John A H	€55€	,						MONTH	D/	Y C	VEAR	D. CRAM
	4. SOCIAL SECURITY NUMBER 5.		6. AGE (In yrs. last	t birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS	7 DATE	OF BIRTH	7	<u> </u>	LACE (State or Foreign
	212-28-4/03 1	ØM 2 □ F	60	YRS.			HOURS	MIN.	5 / T	. Day. Year) 4/193	7 7	Country)	
	9e. FACILITY NAME (If not institution, give street	I and number)	00	9	an CITY	TOWN OR	LOCATIO	ON OF DE		4/15.			ryland
Œ	University Hosp			_/		lto.					9c. COUN	TY OF DE	ATH
18	RESIDENCE OF DECEDENT	71041			Ба	I LU.	· C I	ty,r	Ma.				
DIRECTOR	10e. STATE 10b. COUNTY			10c, CIT	Y, TOWN OR	LOCATIO	N						10d. INSIDE CITY
	Maryland			Ba	lto.	City	v.Me	d.					LIMITS?
AL	10e. STREET AND NUMBER					_	CIP CODE		_		10g. CITIZ		AT COUNTRY?
띮	1604 We	ebster	St.	21230					1		1.0	USA	
FUNERAL		2. WAS DECEDENT	EVER IN U.S. ARI	ARMED 13 WAS DECEMBENT OF HISPAN					IC ORIGIN	? (Specify Yee	or No-	14 BACE	- American Indian.
	1 Never Merried 2 Merried	FORCES? 1 5	YES 2 N	0	1 11	yes, speci	Ify Cuber	n, Mexices Specify	n, Puerto R	Icen, etc.)		Black, Specify	White, etc.
Э ВҮ	3 Widowed 4 K Divorced	eace Ti	ime				X	Open on y				Specify	White
E	15. DECEDENT'S EDUCATION (Specify only highest grade com-	ION moleted)	16a. DEC	CEDENT'S	USUAL OCC	CUPATION	of workin		16b.	KIND OF BUS	INESS/IND	JSTRY	
<u>"</u>	Elementary/Secondary (0-12) C	College (1-4 or 5+)	Hio.	Do NOT us	se retired.)		DI WOTHING	g					
M M	12th GRade -		A	rave	rtis	ing			S	elf E	mplo	yea	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					1	16. MOTH	ER'S NAI	ME (First, M	liddle, Maiden	Surname)		
BE	Frede	erick	J.He	sse	,sr.		1	Mel	vina		_	Bro	om
2	19e. INFORMANT'S NAME (Type/Print)		19b	MAILING	ADDRESS (Street and	Number	or Rural F	Poute Numb	er, City or Town	, State, Zip	Code)	
-	Mr.John C.Hesse		3	3 E	lm S	t.Ma	adi	son	,N.J	. 079	940		
	200. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c, LOCATION — City of Town State										n, State		
	Semester Specify Cremetton 3 Removal from State Green Haven Memorial Pk. 11/7 Glen Burnie, Md.									ie,Md.			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
	* 1 h 1	0 .	1/2	15						Balto			
	22 DADT i Enter the diseases or same	01	My	01	MC	Cull	ly .	Fune	eral	Home	,130) E.	Fort Ave.
	23. PART i. Enter the disesses, or companies, or heart fallure. List	conly one cause	aused the dea on each line.	ith. Do n	ot enter ti	he mode	of dyla	ng, such	aa cardi	ac or respin	ratory arre	st,	Approximate interval Between
	iMMEDIATE CAUSE (Final disease or condition	41	1///	1	/		9	1	1		1		Onset and Death
	disease or condition resulting in desth) Incort collable the racie as the hemorrhage one and Desti												
	Sequentially list conditions, Put to the as a consequence or :											1	
O	Sequentially list conditions,	NUGTU	red to	40 rac	ic a	ort	16 1	arch	ar	Pur	75 W		
CERTIFICATION	if sny, leading to immediate cause. Enter UNDERLYING	DUE TO (O	R AS A CONSEQU	JENCE OF):					/			
5	CAUSE (Disesse or injury	DUE TO U	T AT A CONSTO	- Service of									
Ē	that initiated events resulting in death) LAST	DOE TO LO	R AS A CONSEQU	JENCE OF	30.								
8	4_												
	PART ii. Other aignificant conditions co	ontributing to de	eath but not re	eauiting i	n the und	eriying c	ause g	iven in I	Part i.	24s. WAS AN	MITOPSY	24b. W	PERE AUTOPSY FINDINGS
DICAL										PERFOR	MED?	A	VAILABLE PRIOR TO OMPLETION OF CAUSE
III II									-	1 YES 2	NO		F DEATH?
Σ									-			1	YES 2 NO
7 II	25 WAS CASE REFERRED TO MEDICAL /											1	
₹	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)												
ICIAI					OTHER:	d Home	- 1-2 -		8 Other	(Specify)			
IYSICIAI	1 TYES 2 INO DE ME 1	Inpetient 2 - E											
PHYSICIAN	1 Ves 2 No 1		JURY	28b. TIME	E OF 20	8c. INJURY WORK?	Y AT	T		RIBE HOW IN	JURY OCC	JRED	
BY PHYSICIAI	1 VES 2 NO 1 1 27. MANNER OF DEATH 1 Neturel 5 Pending 2 Accident Investigation	28e. DATE OF IN. (Month, Day,	JURY Year)	28b. TIME INJU	E OF 21 URY M	8c. INJURY WORKS 1 YES	Y AT	T	28d. DE\$0				
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BE COMPLETED BY	1 VES 2 NO 1 1 2 27. MANNER OF DEATH 1 Naturel 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN one) 2 MEDICAL EXAMINER: Or	28e. DATE OF IN. (Month, Dey. 28e. PLACE OF II building, etc	JURY Year) NJURY — At hom c. (Specify) y knowledgs, deat	28b. TIME INJL	E OF 21 URY M treet, lectory	8c. INJURY WORKT 1 YES y, office e, date enc	Y AT 77 S 2 od place,	NO end due t	28d. DESC 28f. LOCA City of to the caus	TION (Street e) Town, State)	nd Number of	r Rurel Rou d. cause(e) e	
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BE COMPLETED BY	1 VES 2 NO 1 1 27. MANNER OF DEATH 1 Neturel 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: Or 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO CO	28e. DATE OF IN (Month, Day) 28e. PLACE OF III building, etc. 1. To the best of my on the best of example of example of the best of the	NJURY Year) NJURY — At home c. (Specify) y knowledge, deat minetion end/or in OF DEATH (ITEM	28b. TIME INJU	e OF URY M 21 street, fectory d at the time n, in my opin	8c. INJURY WORK: 1 YES y, office e, date enc nion, death	Y AT ?? \$ 2 d place, th occure	end due t	28d. DESC 28f. LOCA City of to the caus	TION (Street e) Town, State)	nd Number of	r Rurel Rou d. cause(e) e	nd menner ee stated.

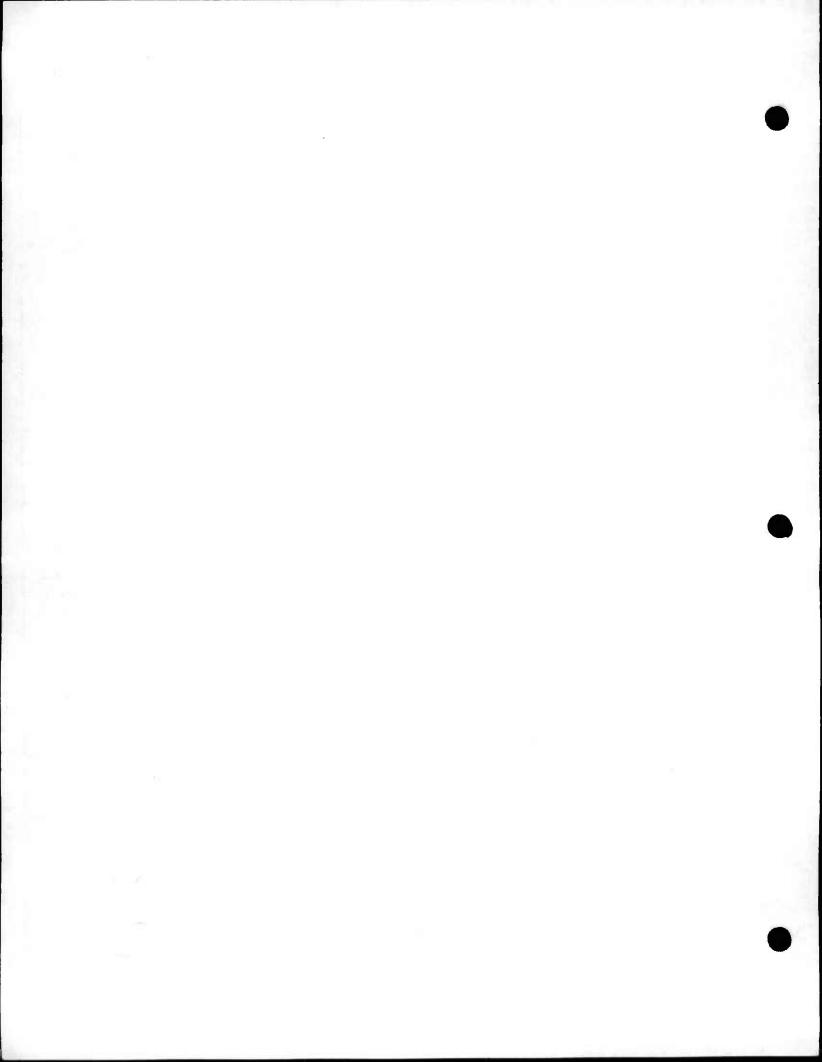


BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, nage 5 should be detached for use as the huristransis narming panes 1 2 account
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	RTMENT OF H	EALTH AND	MENTAL HYGIENE REG. NO.			
	1. DECEOENT'S NAME (First, Middle, Last)			HARRISO		2. DATE OF CEATH DAY	YEAR	3. TIME OF DEATH 10:20 AM	
	4. SOCIAL SECURITY NUMBER 213-18-3228	5. SEX 8. AGE XX M 2 F 80	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 2 2 2 1911	e. BIRT	HPLACE (State or Foreign	
IOR IOR	9a. FACILITY NAME (If not institution, give SINAI HOSPITAL	7.5		96. CITY, TOWN O	IMORE	DEATH	9c. COUNTY OF	DEATH	
DIRECTOR	10a. STATE MD 10b. COUNT	TY .	10c. CIT	· BACTIM	ÖRE			10d. INSIDE CITY LIMITS? 1(x) YES 2 NO	
FUNERAL	10e. STREET AND NUMBER 3900 BANCRO	OFT RD.		101	ZIP CODE 21215		10g. CITIZEN OF WHAT COUNTRY? USA		
ВУ	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 X X (0	13. WAS DEC II yee, spi 1 YES	ENDENT OF HISP ecity Cuben, Mexi- 2 ATMO Spec	ANIC ORIGIN? (Specify Year can, Puerlo Rican, etc.) cify:	Blec	14. RACE — American Indian, Black, White, atc. Specify: WHTTE	
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)		USUAL OCCUPATION work done during mose retired.) SALES		16b. KINO OF BUSI			
BE CO	17. FATHER'S NAME (First, Middle, Last) HELMAN MAYER F	IARRISON	PEAR	AME (First, Middle, Maiden S L UNKNOWN					
10	194. INFORMANT'S NAME (Type/Print) MRS LENORA HAR		3900	BANCROF	T RD. B.	I Route Number, City or Town, ALTIMORE, MI			
20e. METHOO OF DISPOSITION 1 CX Buriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of Camputon Computation of Camputon Computation									
	21. SIGNATURE OF STREET SERVICES	CENTRE				E BROS., INC.		MD 21215	
7	23 PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heer failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Acute antaial thrombosis (3) lower arture 18 h OUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. Atterosclerof: Januarda Disease. years. OUE TO (OR AS A CONSEQUENCE OF): Acute remaining the characteristic of the control of the								
MEDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	patient 3 DOA	OTHER:	ACE OF DEATH (C	heck only one) 8 Other (Specify)			
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. INJU	IRY AT	28d. DESCRIBE HOW IN.	JURY OCCURED		
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJUR building, atc. (Spe	Y — At home, farm, a colfy)	street, lectory, office		281. LOCATION (Street an City or Town, State)	d Number or Rural F	Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINE	ICIAN: To the best of my know ER: On the basis of examination	viedge, death occurre on and/or investigation	od at the time, date on, in my opinion, de	and place, and du	a to the cause(a) and mann a time, data and placa, and	er as stated. dus to the cause(s) and manner as stated.	
TO BE	296. SIGNATURE AND TITLE OF CENTIFIE	c mo			29c. LICENSE NU	MBER	29d. DATE SIGNED	(Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WE	ei mo 60	ON. WO	Print) QQe 5+	Bod	is an			
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN	RONGLE						



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EXAMINER?

1 Natural

2 Accident

3 Suicide

27. MANNED OF DEATH

1 YES 2 NO

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5	cuted within 2	d completely fi	urial, cremation	tic event, th
מלוסי סיייים מיייים מיייים מיייים מיייים מיייים מיייים מיייים מיייים מיייים מיייים מיייים מיייים מיייים מיייים	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fi	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the
5	AL OF	AL DIF	2 hot	If Ite
	TO THE HOSPIT	TO THE FUNER!	be filed within 7	IMPORTANT:

GENEVE B. HOYLE FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. OATE OF DEATH 3. TIME OF DEATH YEAR Geneve 0635 AM toyl 1.1 4. SOCIAL SECURITY NUMBER 5 SEX 5. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign Country) 215-38-2668 90 MONTHS DAYS HOURS MIN MISS. NOV.30.1900 Se. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH MONTGOMERY Shady Grove A ROCKVILLE DIRECTOR 10d. INSIDE CITY
XLIMITS?
1 YES 2 NO 10e. STATE 10c. CITY, TOWN OR LOCATION 10b. COUNTY GAI THERSBURG MONTGOMERY MD. 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10a. STREET AND NUMBER 10f. ZIP COOE 20877 USA 8829 N. WESTLAND DRIVE 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yea or Not4. RACE — American Indian, Black, White, atc. If yes, specify Cuben, Mexicon, Puerto Ri 1 YES 2 NO Specify: 1 Never Merried 2 Merried Specify: WHITE В 3 X Widowed 4 Divorced 9 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl (Give kind of work done during most of working life. Do NOT use retired.) Ē Elementary/Secondery (0-12) 12 College (1-4 or 5 +) TEACHER EDUCATION COMPL 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) CLITUS BOURDEAUX LEONA AMANDA ELLIS BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stets, Zip Code) 2 20905 15212 REDGATE DRIVE SILVER SPRING, MD. LEONARD H. HOYLE, JR. 20e, METHOD OF DISPOSITION
1 A Burlel 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State FOREST OAK GAITHERSBURG, MD. 21. SIGNATURE OF FUNERAL BERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY MURIEL H. BARBER FUNERAL HOME 20882 21525 LAYTONSVILLE RD. LAYTONSVILLE, MD. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on sech line. Approximeta Interval Between OUE TO (OR AS A CONSEQUENCE OF Onset end Daeth **IMMEDIATE CAUSE (Finel** disease or condition resulting in deeth) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events. reaulting in death) LAST PART II. Other algorificent conditions contributing to death but not reculting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one)

E	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Specify)		City or Town, State)						
COMPLE	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beele of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated.									
BE	29b. SIGNATURE AND TITLE OF CERTIFIER Robert L	sol mo	29c. LICENSE NUMBER	29d. DATE SIONED (Month, Day, Year) 11/2/9/						
임	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)								
	Robert L. Gold 1525 Shady Grove Road Rockville, 4of 20850									
	NOV 05 1991 July	32HEGISTRAR'S ANALUSE		2						

OTHER:

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28c. INJURY AT WORK?

1 YES 2 NO

28b. TIME OF INJURY

28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify)

ng Home 5 Residence 8 Other (Specify)

28d. DESCRIBE HOW INJURY OCCURED

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

HOSPITAL:

Investigation

8 Could not be

28e. DATE OF INJURY

etlent 2 ER/Outpatient 3 DOA

. . .

	BALTIMORE, MARYLAND 21215-0020	iours after death. Page 6 may be retained by the hospital or attending physician,	PIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	or removal.	medical examiner must be notified at once.
	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE NOTING AN ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE HIMMAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled	be med within /2 hours aree death with the state Dept. Of health and mental hygiere prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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	Items:23 par	r+ I 27 ner	MEYO C-6	01 11/	22/01 was			9	1 30184	
	FOR Items:23 par 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPA CERTI	RTMENT OF	F HEALTH AND OF DEATH		HYGIEN REG. NO			
	t. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF MONTH	F DEATH	MY	3. TIME OF DEATH	
	William 4. SOCIAL SECURITY NUMBER	Frankl			Heim	11	0.2		991 9:21	A M
	216-33-9612	1 🔀 M 2 🗆 F	(In yrs. last birthday) YRS.		EAR IF UNDER 24 HRS. AVB HOURS MIN.	7. DATE OF (Month, I		991	8. BIRTHPLACE (State or Forei Country) MAryland	gn
l ~	9e. FACILITY NAME (If not institution, give street	et and number)		9b. CITY, TO	WN OR LOCATION OF D			1	NTY OF DEATH	
DIRECTOR	Franklin Square RESIDENCE OF DECEDENT 100. STATE 100. COUNTY	Hospital			ville			Balt	imore	
	Md. Bal	ltimore	10c. CI	ESS					10d. INSIDE CITY LIMITS? 1 TYES 2 NO	5
FUNERAL	100. STREET AND NUMBER 835 Brunswick	Dona			10f. ZIP CODE			10g. CITI	ZEN OF WHAT COUNTRY?	
NE I		11000				221			USA	
ВУ	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	I2. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes	s, specify Cuban, Maxico YES 2 MO Specific	an, Puerlo Rice	Specify Yes an, alc.)	or No-	t4. RACE — American Indian, Black, White, atc. Specify: White	
8	15. DECEDENT'S EOUCAT (Specify only highest grade col	TION amolesed	16a. DECEDENT'S	S USUAL OCCUI	PATION og most of working	16b. KI	INO OF BUS	SINESS/INO		-
COMPLET	Elementary/Secondary (0-12) NONE	College (1-4 or 5+)	life. Do NOT t	work done during use retired.)	g most of working					
BE COI	17. FATHER'S NAME (First, Middle, Last) HOWard Heim	Howard Heim						Surname)		
2	19a. INFORMANT'S NAME (Type/Print)				reet and Number or Rural					
-	Howard Heim Jr.		835	Bruns	wick Road	Baltin	nore i	MAryl	land 21221	
	20a, METHOD OF CISPOSITION 1 & Burlat 2 Cremation 3 Ramova 4 Donailon S Other (Specify)		DEPLACE AND DATE		M(Nama of f Jesus 11	/5/91	20c. LO		ore Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	E ANO ADDRESS OF FA	ACILITY			eAve. 21221				
CERTIFICATION	23. PART I. Enter the diseases or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fature. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sudden Infant Death Syndrome (SIDS) DUE TO (OR AS A CONSEQUENCE OF): B. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):									
I . II	PART II. Other significent conditions of	contributing to deeth b	ut not resulting	in the under	lying cause given in	Part I. 24	Ia. WAS AN		24b. WERE AUTOPSY FINDI	NGS
PHYSICIAN: MEDICAL						18	PERFOR	IMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH?	Æ
CA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		1	6. PLACE OF OEATH (Ch	eck only one)				
YSI	1 X YES 2 NO	☐ Inpatient 2X☐ ER/Outp	atlent 3 DOA	OTHER:	Home 5 - Residence	6 Other (S	(pecify)			
ву РН	27. MANNER OF DEATH	28a. OATE OF INJURY (Month, Day, Year)	28b. TIN	JURY	WORK?	28d. OESCRI	IBE HOW IN	JURY OCC	URED	
8	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, etc. (Speci	— At home, farm,	streat, lactory, c	offica	28I. LOCATIO	ON (Street a. Town, State)	nd Number o	or Rural Route Number,	
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: C	N: To the best of my knowled On the basis of examination	edge, death occurs	red at the time, o	date and place, and due	to the cause(i	s) and man	ner as state	ed. e cause(s) and manner as state	d.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	1/ 11 . 0/			29c. LICENSE NUN		Т		SIGNEO (Month, Day, Year)	_
TO B	30, NAME AND ADORESS OF PERSON WHO CO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Typ)	- Print)	O.C.M	E.		▶ 11	03 1991	
	MAM DALTA D. 31. OATE FILEO MONTH, Day, Year!	160 Roll			treet. B	altim	ore	Mar	vland 21201	1
	NOV 05 1991 Ju	22. MEGISTRAR'S STORY	HOLEDZ.							

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urs after death. Page 6 may be retained by the hospital or attending physician. director, funeral filled in by the figure, or removal. medical d completely filled in urial, cremation, or n IN: The law requires that the death certificate be executed within an and com incate has been signed by the attending physician : State Dept. of Health and Mental Hygiene prior to I Item 23 shows any Injury, or other traum marked, or the death with 28 is DIRECTOR hours after DR ATTE TO THE HOSPITAL DR ATT TO THE FUNERAL DIRECTE DE filed within 72 hours at IMPORTANT: If Item 23

FOR STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH EUGENE B. HALLER 3. TIME OF DEATH OCTOBER 31,1991 YEAR 1400PM 8. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH

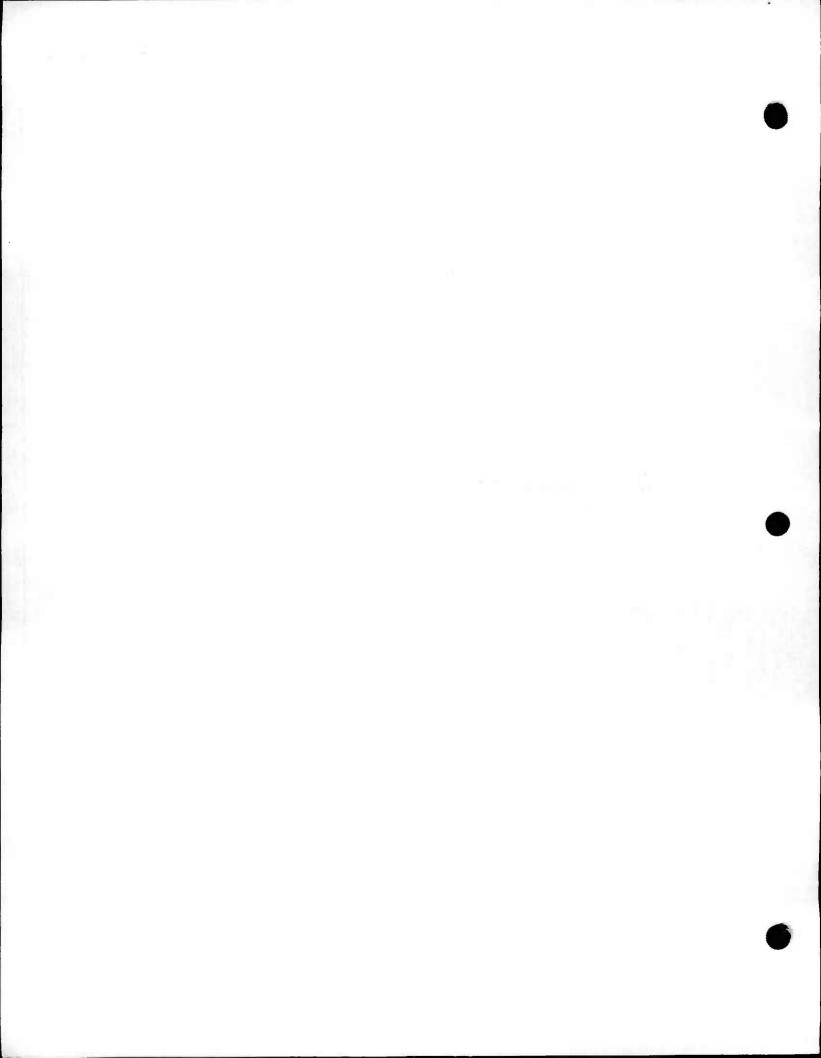
'Month, Day, Year)

JULY 13,1925 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1) X 2 | F MONTHS DAYS HOURS 723-16-8543 66 MARYLAND YRS. 9e. FACILITY NAME (If not institution, give street end number) 96, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR ST. AGNES HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE CATONSVILLE 1 YES 2 XXNO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1208 WESTERLEE PLACE APT. 1-B 21228 U.S.A. 12. WAS DECEDENT EVER IN U.S. APPLED FORCES? 1 XYES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merrie If yee, specify Cuben, Mexicen, Puerlo Rican, etc.)

1 YES 2 XVO Specify: BY Specify: 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 16e. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY (Specify only highes Elementary/Secondery (0-12) College (1-4 or 5+) ADMINISTRATIVE ASSISTANT STATE OF MARYLAND 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumeme) BRADLEY E. HALLER KATHERINE SKELTON BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ACCRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21228 2 MARY ANNE HALLER (WIFE) 1208 WESTERLEE PLACE APT. 1-B CATONSVILLE, MD. 20e. METHOO OF DISPOSITION
1 ☐ Burlel 2 X X remetion 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State METRO CREMATORY 11/2/91 4 Donation 8 Other (Specify) CATONSVILLE, MD. 21. SIGNATURE OF FUNERIAL SERVICE LICENSEE LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES Carg 1630 EDMONDSON AVENUE, CATONSVILLE, MD. 21228 23. PART i. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate shock, or haert fallura. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition TOENO CARCUPOHA OF LUPC-FETASTAT resulting in death) OUE TO (OR AS A CONSEQUENCE OF). CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FRIDINGS OT ROIRY SJEALIANA COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 T NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only on HOSPITAL: 1 TYES 2 NO OTHER: Dispetient 2 [] ER/Outpetient 3 [] DOA ne 5 🗆 Residence 6 🗆 Other (Specify) 26s. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending BY T YES 2 NO 2 Accident 3 Sylendi 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28f, LOCATION (Street and Number or Flurel Floure Number City or Town, State) COMPLETED 1 CERTIFYING PHYSICIAN: death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAM INER: Of the occured at the time, date and place, and due to the causalst and ma-29d. DATE SIGNED (Month, Day, Hear) 941 an 10/3 2 30. NAME AND ADDRESS,OF (TEM 27) (Type, Pri SRIFFITIS BHATHORE 212299 31. DATE FILEO (Month, Day, 32. REGISTRAR & SIGNATURE cha Davidson-Randoll NOV 05

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

野村



BALTIMORE, MARYLAND 21215-0020	The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. Online that been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL ON ATTENDS AND THE NAW requires that the death certificate be executed within 24 hours after death TO THE FUNERAL DIRECTOR CONDICTOR AND ADDRESS FINE TO THE FUNE WITHIN 72 HOURS ATTENDED TO STATE DEPT. OF Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 28 is marred, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
		D-11-	Humphre				MON	TE OF DEATH	91	/EAR	, TIME OF CEATN
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is	st birthday)	IF UNDER 1 YEAR		7 DAT	E OF BUTTO		BIRTNPL	ACE (State or Foreign
	213-76-7149	1 🗌 M 2 💢 F	80	YRS.	MONTHS DAYS	HOURS MIN.	Apr	5, 19	11	°Ma'r	ryland
ac	98. FACILITY NAME (If not institution, give 2912 Harview Ave	street and number)				OR LOCATION OF	DEATH		9c. COUNT		
DIRECTOR	RESIDENCE OF DECEDENT	enue			Dai	timore C	lly				
REC	10s. STATE 10b. COUN	TY		10c. CITY	, TOWN OR LOC	ATION				1	Od. INSIDE CITY
	Maryland				Bal	timore C	ity				LIMITS?
RAL	10e. STREET AND NUMBER				1	Of. ZIP CODE	2:0			N OF WH	AT COUNTRY?
FUNERAL	2910 Harview						212	•		ed S	States
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 X	RMED NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No—fl yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 XNO Specify: White						
COMPLETED	15. DECEDENT'S ED	UCATION in completed)	18a. Di	ECEDENT'S	USUAL OCCUPAT	ION	18	Bb. KIND OF BUS	INESS/INDUS	TRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+) ///	Do NOT us		nost of working			The state of		
₩.	12			Homem	aker						
BE CO		neat				Mary	Mi	, Middle, Malden S unchell			
P 196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2910 Harview Avenue Baltimore, Md. 21234									234		
	20a. METHOD OF DISPOSITION 1 1 Burlel 2 Cremation 3 Ren	and too State	20b. PLACE	AND DATE O	F OISPOSITION //				ATION City	or Town	. Stata
	4 Donation 5 Other (Specify)		Balt	matory or oth	Cemeter	y 11/4/	91		altimo		Maryland
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE Milton		ght Jr		AND ADDRESS OF F		Bal	timore	e, Mo	1. 21214
-2	Mutton	Knyll	الما			rd J. Ru		Inc. 530	05 Hart	ford	Road
	23. PART I. Enter the disease of ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. ACU	TE M	1400	CARDI	AL FN	FA	ecti		,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
CAL	PART ii. Other significant condition	ns contributing to	death but not r	eauiting in	the underlying	ng cauae given in	n Part i.	24s. WAS AN A		24b. WE	ERE AUTOPSY FINDINGS
PHYSICIAN: MEDIC		-				-		PERFORM 1 TYES 2		CC OF	AILABLE PRIDR TO MPLETION DF CAUSE F DEATH? YES 2 NO
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				LACE OF DEATH (C	heck only o	nne)			
YSI	1 YES 2 XNO	1 Inpatient 2	ER/Outpatient 3		OTHER: 4 - Nursing No	ne 5 🗆 Rasidenca	8 🗆 Oth	er (Specify)			
표	27. MANNER OF DEATN 1 Natural 5 Pending	28a. DATE OF II (Month, Day		28b. TIME INJU		JURY AT ORK?	28d. DE	SCRIBE HOW IN	JURY OCCUR	ED	
à	2 Accident Investigation	200 PH ACE OF	In Hame			YES 2 NO					
ETED	3 Suicide 8 Could not be determined	building, e	fc. (Specify)	me, farm, ati	mat, factory, offi	factory, office 281. LOCATION (Street and Number or Rural Floute Number, City or Town, State)					
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINE	ICIAN: To the beat of m	ny knowledge, de mination and/or i	ath occurred	at the time, dat , in my opinion,	and place, and du	e to the ca	use(a) and mann e and place, and	er as atated.	use(a) an	nd manner as stated.
w II	296. SIGNATURE AND THE ON CERTIFIE					29c. LICENSE NU					onth, Day, Year)
10 B	4000 min	JUD				D341	24		D 111	14/	7/
	30. NAME AND ADDRESS OF PERSON WA John Milto MD	7600	Osler D	1 27) (Type, F rive	Towson,	Md. St		# 213			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	'S SIGNATURE								
	NOV 04 1991	Julia David	bon-Band	282							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	death. Page 6 may be retained by the hosp	funeral director, page 5 should be detached	examiner must be notified at once.
E E E D	E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after do	E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f I within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burial, cremarion, or removal.	RTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical ex

											91	30187	
	1 - STATE REGISTRAR	STATE OF M	ARYLAND /	DEPAR	RTMEN	T OF H	IEALTH DEAT	AND N			E	-	
	1. DECEDENT'S NAME (First, Middle, Last)		, 1		IOA.	EUI	DEA	n	2. DATE OF D	EG. NO.		3. TIME OF OEATH	
	Elroy	Jacob	Hei	me	an	•			MONTH	494	97	FAR 4: NAM	
	4. SOCIAL SECURITY NUMBER		8. AGE (In yrs. las	st birthday)		ER 1 YEAR	IF UNDER		7. DATE OF B	нтн	Ta	BIRTHPLACE (State or Foreign	
	216.03-4758	X M 2 F	86	YRS.	MONTHS	DAYS	HOURS	MIN.	09707	5705		Country) Md.	
~	9a. FACILITY NAME (If not institution, give						OR LOCATIO				9c. COUNTY	Y OF DEATH	
Į.	CHURCH HOSPITA	L CORPOR	NOITAS		В	ALT]	IMOR:	E C	ITY				
DIRECTOR	10e. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN	OR LOCAT	TION				10d. INSIDE CITY		
	Md.				Baltimore							LIMITS?	
100. STREET AND NUMBER 704 South Conkling Street 101. ZIP CODE 21224 109. CITIZEN OF WHAT COUNTRY U.S.A.													
FUNERAL		ing Stree	は				212	-				.S.A.	
	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT FORCES? 1 [YES 2	RMED NO	13	. WAS DEC	ENDENT O	F HISPAN	IC ORIGIN? (Sp	ecify Yee	or No 14	I. RACE — American Indian, Black, White, etc.	
ВУ	3 X Widowed 4 Divorced	IF YES, GIVE WA	IR OR DATES			1 TYES	2 NO	Specify		, штог,		Specify: White	
8	15. DECEDENT'S EDU	ICATION	16e. DE	CEDENT'S	USUAL (OCCUPATIO	ON		185, KINI	D OF BUS	INESS/INDUS		
COMPLET	(Specify only highest grade Elementery/Secondery (0-12)	College (1-4 or 5+)	(G lite.	Do NOT us	work done se retired.)	during mo	st of working	g	,	0 01 000	INE 90/ INFO	· · · · · · · · · · · · · · · · · · ·	
MP		37.1		elf-	emp	loyed	!		Emp	Loym	ent A	gency	
8	17. FATHER'S NAME (First, Middle, Last)								AE (First, Middle	, Maiden S			
BE	Jacob Herm	an							Kaeli				
2	190. INFORMANT'S NAME (Type/Print) Donald A. Herma		190	b. MAILING	ADDRES	SS (Street a	-		loute Number, C		State, Zip Co	ode)	
		n		704.).(0	onkli	ng S.	to B	alto.	Md.	21224		
	20a. METHOD OF DISPOSITION 1 Striel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE / cemptery, gre	matory or or	ther place)		,	DATE	_		y or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	Dace	timon		Mete NAME AN	10	S OF FAC	7-0-9/		lto.,		
	► C \ . \ .	9 3.	le		10	hand	er S.	701	lon &	San	700	901 S. Onkling St.	
	23. PART I. Enter the diseases or	complications that	coursed the de	oth Do a					cot a .	JUIL .	na.	onkling St.	
	Intervel I									Approximate Intervel Between			
	IMMEDIATE CAUSE (Final disease or condition	Pos	11.10 0	1	-							Onset and Deeth	
	resulting in deeth)	B. DUE TO (OR AS A CONSEC	DUENCE OF	D:							clays	
z		· CVA			,								
CERTIFICATION	Sequentially liat conditions, if any, leading to immediate		OR AS A CONSEC	DUENCE OF	7:							7'	
\ <u>8</u>	cause. Enter UNDERLYING CAUSE (Disesse or Injury	c											
발	that initieted events recuiting in death) LAST	DUE TO (C	OR AS A CONSEC	DUENCE OF	7:								
员	Tooling in double Exot	d											
I II	PART II. Other eignificent condition	e contributing to d	leeth but not r	esulting l	n the u	nderlying	ceuse g	lven in F	Pert I. 24s.	WAS AN A	UTOPSY	24b. WERE AUTOPSY FINDINGS	
MEDICAL	Alzhein	ser5							1,5	PERFORM	160? 1 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
Ä	<i>U</i>								_	, , , ,	Z NO	DF DEATH?	
					-				_			10 100 19 110	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF DE	ATH (Chec	ck only one)				
YSI	1 YES 2 NO	1 Inpatient 2 🗆	ER/Outpetient 3	□ DOA	OTHE 4 Nu		5 🗆 Ras	sidence 8	Other (Spe	icfly)			
	27. MANNER OF DEATH 1 Netural 5 Pending	28e. OATE OF III (Month, Day)		28b. TIME	E OF URY	28c, INJU			28d. DESCRIB	E HOW IN	JURY OCCUR	RED	
B	Accident investigation				М		ES 2	NO					
9	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, et	INJURY — A1 hor fc. (Specify)	me, term, a	treet, fec	tory, office			28t. LOCATION City or Tow	l (Street an n, Stete)	d Number or I	Rural Route Number,	
COMPLET	29e. CERTIFIER												
MP	(Check only CERTIFYING PHYSI	CIAN: To the best of m	ty knowledge, dea	ath occurre	d at the	1me, data	end place,	end due t	o the cause(e)	end menn	er se stated.		
8			mination and/or li	nvestigation	n, In my	opinion, de	eath occure	d at the ti	ime, date end p	plece, end	due to the co	euse(s) end manner ee atated.	
BE	29b. SIGNATURE AND TITUE OF CENTIFIER	h	no				29c. LICE	NSE NUME	BER 7		29d. DATE SI	GNPO (Month, Day, Year)	
2	30, NAME AND ADDRESS OF PERSON WH	O COMPLETED ONNE					ررن	000	0		· ///	4/5/	

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAN'S SIGNATURE

DHMH-16 Ray 1/89

31. DATE FILED (MONTH, Day, Year)

NOV 05 1991

New York No. 19 Table at the second

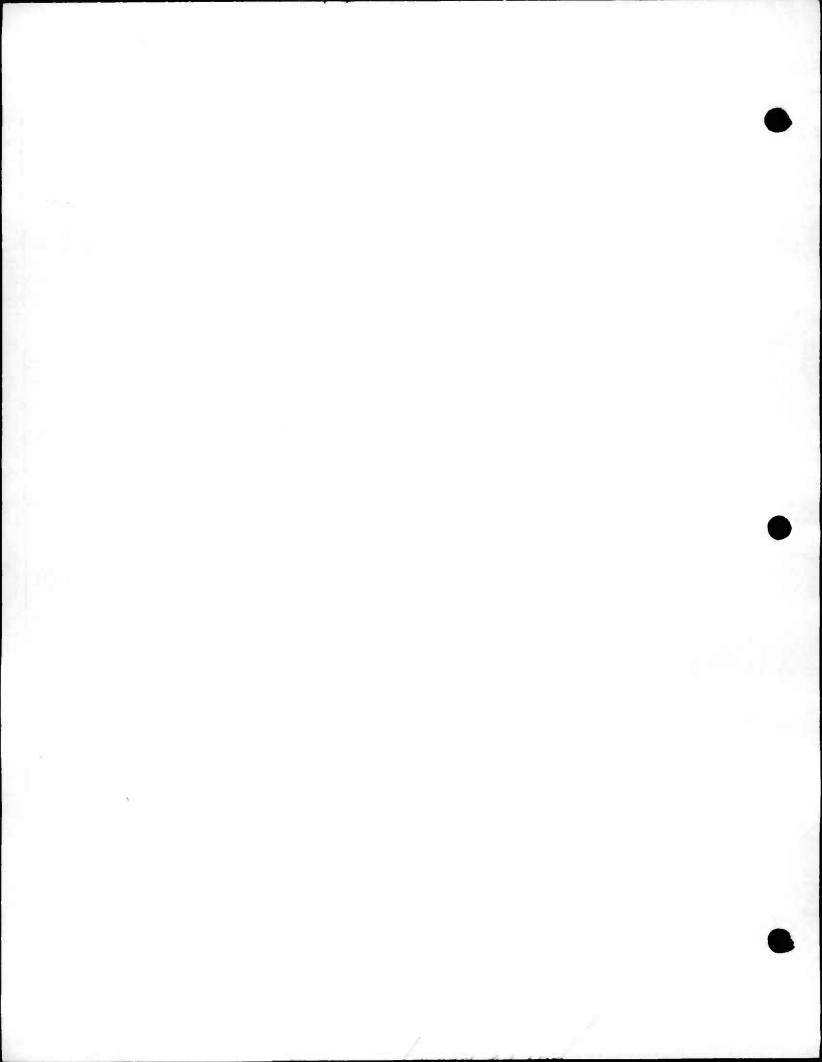
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TO THE FUNERAL DIRECTOR: After this cer TO THE FUNERAL DIRECTOR: After this cer be filed within 72 hours after death with the IMPORTANT: If Item 28 is marked,
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								9	1 30100		
	1 - FOR STATE OF MARYLAI REGISTRAR	ND / DEPAR	RTMENT	T OF H	EALTH DE AT	AND I		GIENE			
	1. OECEDENT'S NAME (First, Middle, Last) DeWitt Joh:	nson					2. DATE OF DEA	тн	3. TIME OF DEATH		
	DEWITT IOHN Sp.						MONTH	DAY	YEAR 9/ 300 A M		
		yrs. last birthday)	IF UNDER		IF UNDER		7. DATE OF BIRT	TH.	8. BIRTHPLACE (State or Foreign		
	246-52-9380 1EM2 OF 5	2 YRS.	MONTHS	DAYS	HOURS	MIN.	6/13/	1939	Sanford, N.C.		
· ~	9a. FACILITY NAME (If not institution, give street and number)				R LOCATIO				NTY OF DEATH		
DIRECTOR	Seton Manor Hill NursingH	ome		Bat:	imor	e C	ity				
E S	10a. STATE 10b. COUNTY	10c, CI7	Y, TOWN C	OR LOCAT	OCATION 10d. INSIDE CITY						
	MARYLAND		OWI	NGS	MIL	J.S			LIMITS?		
FUNERAL	10e. STREET AND NUMBER				ZIP CODE			10g. CITIZ	ZEN OF WHAT COUNTRY?		
H H	217 CANDYFUFT ROAD				21	136			USA		
E	11. MARITAL STATUS 12. WAS DECEOENT EVER IN U FORCES? 1 A YES	S. ARMED	t3.	WAS OEC	ENDENT O	F HISPAN	IC ORIGIN? (Spec	fy Yaa or No—	14. RACE — American Indian, Black, White, etc.		
ВУ	1 Never Married 2 M Married FORCES? 1 N YES 3 Wildowed 4 Divorced FORCES? 1 YES	S NO		YES	2 X NO	Specify	n, Puerto Rican, el	c.)	Specify:		
									BLACK		
COMPLETED	(Specify only highest grade completed)	Give kind of life. Do NOT u.	work done i	during mos	IN st of workin	g	16b, KINO C	F BUSINESS/INO	USTRY		
PL	Elementary/Secondary (0-12) College (1-4 or 5+)		70.1700.7								
OM	17. FATHER'S NAME (First, Middle, Last)				18. MOTH	FR'S NAS	AE (First, Middle, M	laidea Cumanal			
BE C	HOWARD JOHNSON						TA CLE				
	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS	(Street ar				or Town, State, Zip	Corde		
2	CARRIE L. JOHNSON	217							LLS,MD 21136		
	20s. METHOD OF DISPOSITION 20b.PL LS Burlet 2 Cremation 3 Ramoval from State cemeter	ACEANDDATE	OF DISPOS	ITION (Nar	ne oi				City or Town, State		
	4 Donation 5 Other (Specify) Ce	ry, crematory or o	ther place)	Ceme	eter	v		Baltim	ore, Maryland		
	21. SIGNATURE OF FUNERAL SHRVICE LICENSEE	0	22.1	NAME AN	O ADDRES	S OF FAC	ILITY				
	Whou () What			ENO ENO	T TD	וצע	A HELON	SON FUI	NERAL HOME		
	23. PART I. Enter the discusses, or complications that caused the	ne death. Do r	ot enter	the mod	te of dvis	ENT.	as cardiac or	TTO AVI	ENUE 21207		
	interval Between										
	all and a second	C .		0 /		-	/		Onset and Death		
	OUE TO (OR AS A CO	ONSEQUENCE OF	7: T		m3		Lucin	, well	3 8 22		
Z	oue to (or as a consequence of): Sequentisity list conditions. Sequentisity list list list list list list list list										
ERTIFICATION	if any, leading to immediate	ONSEQUENCE OF	ŋ:								
2	cause. Enter UNDERLYING CAUSE (Disease or injury										
	that initiated events DUE TO (OR AS A CO	INSEQUENCE OF	7:								
CEP	d										
11	PART II. Other significant conditions contributing to death but	not resulting i	n the un	derlying	cause g	lven in F	Part I. 24a. W	S AN AUTOPSY	24b. WERE AUTOPSY FINDINGS		
5								RFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
Ä							_ '''	ES 2 AND	OF DEATH?		
ż				_			_		T TES 2 DATO		
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL/	CE OF OE	ATH (Chec	ck only one)				
PHYSICIAN: MEDICAL	1 YES 2 NO HOSPITAL: 1 Inpetiant 2 ER/Outpetia	nt 3 🗆 DOA	OTHER		5 🗆 Red	idenca 8	☐ Other (Specify)			
표	27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year)	28b. TIM		28c. INJU WOR	RY AT			OW INJURY OCCU	JRED		
BY	t		М	-	ES 2 🗌	NO					
								treet and Number o	r Rural Route Number,		
	0.050000										
AP.	29a. CERTIFIER (Check only one) t CERTIFYING PHYSICIAN: To the beat of my knowledge one)	a, death occurre	d at the th	me, data a	ind place,	and dua t	o the cause(a) and	manner aa state	d.		
COMPLETED	2 MEDICAL EXAMINER: On the beals of examination an	d/or Investigation	n, In my op	olnion, de	eth occure	d at the ti	ma, deta and plac	e, and due to the	cause(s) and manner as stated.		
ш	296. SIGNATURE AND TYTLE OF CERTIFIER			T	29c. LICE	ISE NUME	PER	29d. DATE	SIGNEO (Mogth, Day, Year)		
TO B	Michael I- Hayes, me				D	02	290	1	1.161		
- 1	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	(ITEM 27) (Type,	Print)			2		,	1 . / . /		

Mich and 31. DATE FILED (Magin Day, peop) HAVES, MO 827 Lunden Are 12 RESISTHAN'S SIGNIFICANT

But 14/21201



TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page 5 should be detached for use as the burial transit narmity has been signed by the attending physician and completely filled in by the funeral director page 5 should be detached for use as the burial transity narmity has been signed by the attending physician and completely filled in by the funeral transity of the property of the pr
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

						9	1 3	0189		
	1 - FOR STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH AND	MENTAL HYGIEN					
	1. DECEOENT'S NAME (First, Middle, Last)	11. 1			2. DATE OF DEATH MONTH b	W.	YEAR 3	. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	S. SEX S. AGE	ones		Wevento 3		9/	1158 A. "		
	4. SOCIAL SECURITY NUMBER	1 X M 2 F		F UNDER 1 YEAR IF UNDER 24 HRS WITHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12/30/53		8 BIRTHPL Country)			
ĺ	9e. FACILITY NAME (If not institution, give stre			b. CITY, TOWN OR LOCATION OF				Maryland		
뜻		and the second second			DEATH		NTY OF DEA			
DIRECTOR	107 Colony Hill C	Our c		Arbutus		Ba	altimo	ore		
E E	10e. STATE 10b. COUNTY			OWN OR LOCATION			10	Dd. INSIDE CITY LIMITS?		
	Maryland Balt	imore	Ar	butus				☐ YES 2 🎇 NO		
FUNERAL	107 Colony Hill C	ourst.		10f. ZIP CODE		10g. CIT	IZEN OF WHA	AT COUNTRY?		
Į ž		12 WAS DECEMENT EVER	IN II S ADMEO	21227			USA			
	1 Never Merried 2 Merried	FORCES? 1 YES	5 2 12 NO	13. WAS DECENOENT OF HISP If yes, specify Cubsn, Mexi	cen, Puerto Ricen, etc.)	or No—	14. RACE — Black, V	American Indian, White, etc.		
ВУ	3 Widowed 4 Divorced	ir 123, GIVE WAR ON	DATES	1 TYES 2 NO Spe	cify:		Specify:	white		
	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION completed)	16e. DECEDENT'S US	UAL OCCUPATION	16b. KIND OF BUS	INESS/INE	DUSTRY	***************************************		
9	Elementery/Secondary (0-12)	College (1-4 or 5+)		done during most of working tired.)						
COMPLETED	12	4	Lab Tech		UMA					
	17. FATHER'S NAME (First, Middle, Lest) Oliver Farley Jone	00			NAME (First, Middle, Maiden	Surname)				
BE	19e. INFORMANT'S NAME (Type/Print)	25	405 4441 1910 45	ROSEMS DRESS (Street and Number or Runs	ary Hand					
일	Oliver Farley Jone									
	20e. METHOD OF DISPOSITION 20h BLACE AND DATE OF DISPOSITION									
	1 Buriel 2 Cremetion 3 Removed Donation 5 Other (Specify)	rei from State Co	metery, crematory or other	ashington Crem	1		Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	GICINOIC W	22. NAME AND AGORESS OF	FACILITY		Maryı	and		
		7(Ambrose Funer	al Home, Ir	nc.				
Н	23. PART L'Enter the diseases, or co	molications that cause	ed the deeth. Do not	1328 Sulphur	Spring Rd.	Arbu	itus,			
1	ellock, of fleett leliule, Li	et only one ceuse on	eech line.	enter the mode of dying, so	ich es cerdiec or reepii	etory err	est,	Approximete Interval Between Onset and Death		
1	IMMEDIATE CAUSE (Fine) disease or condition									
	disease or condition resulting in death) 8. DUE TO (OR AS A CONSEQUENCE OF):									
z	Anti-construction of the							ĺ		
ERTIFICATION	Sequentially liet conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):							
2	CAUSE (Disease or Injury c.									
E	that initieted evente resulting in death) LAST	OUE TO (OR AS	A CONSEQUENCE OF):							
Ü	d.									
1 11	PART II. Other significent conditione	contributing to deeth	but not reculting in t	he underlying cause given l				RE AUTOPSY FINDINGS		
MEDICAL	Renel of	wand			PERFORI	NEO7	00	MPLETION OF CAUSE		
ME	Aty Destans	200						DEATH?		
ä										
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	26. PLACE OF DEATH (C	check only one)					
ΥS	YES 2 NO	I ☐ Inpatient 2 ☐ ER/Out	patient 3 DOA 4	Nursing Home 5 Residence	8 Other (Specify)					
ВУ	2 Accident Investigation 3 Suicide Could not be	28e PLACE OF INJUR	M 1 YES 2 NO							
TED	3 Suicide 6 Could not be determined	building, etc. (Spe	Y — At home, farm, stree ecily)	a, rectory, Office	28I. LOCATION (Street at City or Town, State)	nd Number	or Rural Rout	Number,		
LETI	290. CERTIFIER 1 CERTIFYING PHYSICI	ANI. To the best of an in		= 1.725 26 76						
COMPL	(Check only one) MEOICAL EXAMINER:	On the besis of exemination	wiedge, death occurred at	the time, date end place, end du my opinion, death occured at the	e to the ceuse(s) end menr	ter ee stati	ed.			
	29b. SIGNATURE AND TITLE OF CERTIFIER	or exemplate								
H	4 1261 0	Dort and	Or.	29c. LICENSE NU	JMBER	29d. OATE	SIGNEO (Mo	onth, Day, Year)		

De Brown De Brown Who computed pause of oeath (ITEM 27) (Typo, Print)

STONE, 2a French W E Chicago 31. Date Fileo (Month Day, Your)

31. Date Fileo (Month Day, Your)

Suha Davidson-Randese



Committee of the commit

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

notified at

shows any injury, or other traumatic event, the medical examiner must be

PHYSICIAN: MEDICAL CERTIFICATION

BY

COMPLETED

BE

2

IMPORTANT: If item 28 Is marked, or item 23

that initiated avents resulting in death) LAST

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should physician and completely filled within 22 hours after death with the State Doby. of Health and Mental Hygiene prior to burial, cremation, or removal.

	1 - STATE REGISTRAR	STATE OF I	MARYLAND C	DEPAR	RTMENT OF I	HEALTH	AND I	MENTAL HYGIEN				
	DECEDENT'S NAME (First, Middle, Last) MARY	JACOBS						2. DATE OF DEATH	DAY	YEAR	3. TIME OF OEATH	
I	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	st birthday)	IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH			IPLACE (State or Foreign	-
ı	212-01-0150	1 🗆 M 2XXF	85	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Day, Year)		Count	ry)	
I	9e. FACILITY NAME (If not institution, give s	treet and number)	- 00		9b. CITY, TOWN	OB LOCATIO	N OF DE		1906	UNTY OF D	MARYLAND	
	7231 PARK HEIGHT		APT. B			BALT]			#C. CO.	DRIT OF D	EATH	
ı	10+. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN OR LOCA	TION						
	MARYLAND					TIMOE	RE				10d. INSIDE CITY LIMITS? YES 2 NO	
	10e. STREET AND NUMBER		9 FC: N	*	10	. ZIP CODE			10g. CIT	TIZEN OF V	VHAT COUNTRY?	_
	7231 PARK HEIGHT	S AVE., A	PT. B			2:	1215				USA	
	11. MARITAL STATUS 1 Naver Merried 2 Married 3 Divorced	T EVER IN U.S. A YES 2 X WAR OR DATES		If yee, ap	CENDENT OF ecify Cuben 2 NO	F HISPAN I, Mexice Specify	IIC ORIGIN? (Specify Yen, Puerto Ricen, etc.)	e or No—	14. RACE Black Speci	— American Indian, k, White, etc.	_	
l	15. DECEDENT'S EDUC	CATION	16e. O	ECEDENT'S	USUAL OCCUPATION	ON		16b. KIND OF BU	SINESS/IN	DUSTRY		_
l	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	- 14	Give kind of a e. Do NOT us	work done during mo se retired.)	st of working	7			5001111		
I	12	• (* * * * * * * * * * * * * * * * * * *	'	HOU	SEWIFE				AT	HOME		
I	17. FATHER'S NAME (First, Middle, Last)					18. MOTH	ER'S NAI	ME (First, Middle, Maiden	Sumamal			_
		SILVERFA	RB				BESS		SERMA	AN		
l	19a. INFORMANT'S NAME (Type/Print)	_	11	6. MAILINO	ADDRESS (Street a	ind Number o	or Rural F	loute Number, City or Tow	n, State, Zi	p Code)		_
	MR. NATHAN JACOB	S					AVE	.,APT. B	BALI	10.,	MD 21215	
	to Burial 2 Cremetion 3 Remo	oval from Stata	cemetery, cr	ematory or o	OF DISPOSITION (Net ther place) ORE HEBRE			4.1		City or To	wn, Steta WN, MD	
i	21. SIGNATURE OF PUBLICAL SERVICE LIC	ENSEE	DA		22. NAME A	_	S OF FAC	777				-
	Month	Done	2000					SOL LE			BROS., INC MD 21215	•
	23 PART I. Enter the diseases, or cahock, or heart failure.	Omplications tha	t caused tha d	eath. Do n	not antar the mo	de of dyin	g, suct	as cardiac or resp	iratory ar	rest,	Approximata	-
l	IMMEDIATE CAUSE (Final	List Dniy Ona Cau	se on each lin	a.	^		\sqrt{I}	Α.			intarval Betwee	
l	disease or condition		/1 ca	بلاي	William)	WI	NY	rlong			(Ma)	1111
ı	resulting in death)	DUE TO	(OR AS A CONSE	OUENCE OF		1		00 / 0/			MINIMA	1
	Convention to the second	1,				•						
	Sequantially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	OUENCE OF	F):							
	CAUSE (Disease or Injury											

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.

DUE TO (OR AS A CONSEQUENCE OF):

24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 | YES 2 | WO 1 - YES 2 - NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER 1 TES 2 NO 6 Other (Specify) 27. MANYER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending Investigation м 1 YES 2 🗌 NO 2 Accident 26e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide

29e. CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, dasth occurred at the time, date end place, end due to the ceuse(e) end menner as attend. (Check only one) 2 MEDICAL EXAMINER: On ition and/or investigation, in my opinion, death occured at the time, data end pieca, and dua to the ceuse(e) and manner ee stated.

PLETED CAUSE OF DEATH (ITEM 27) (Type, Prigt)

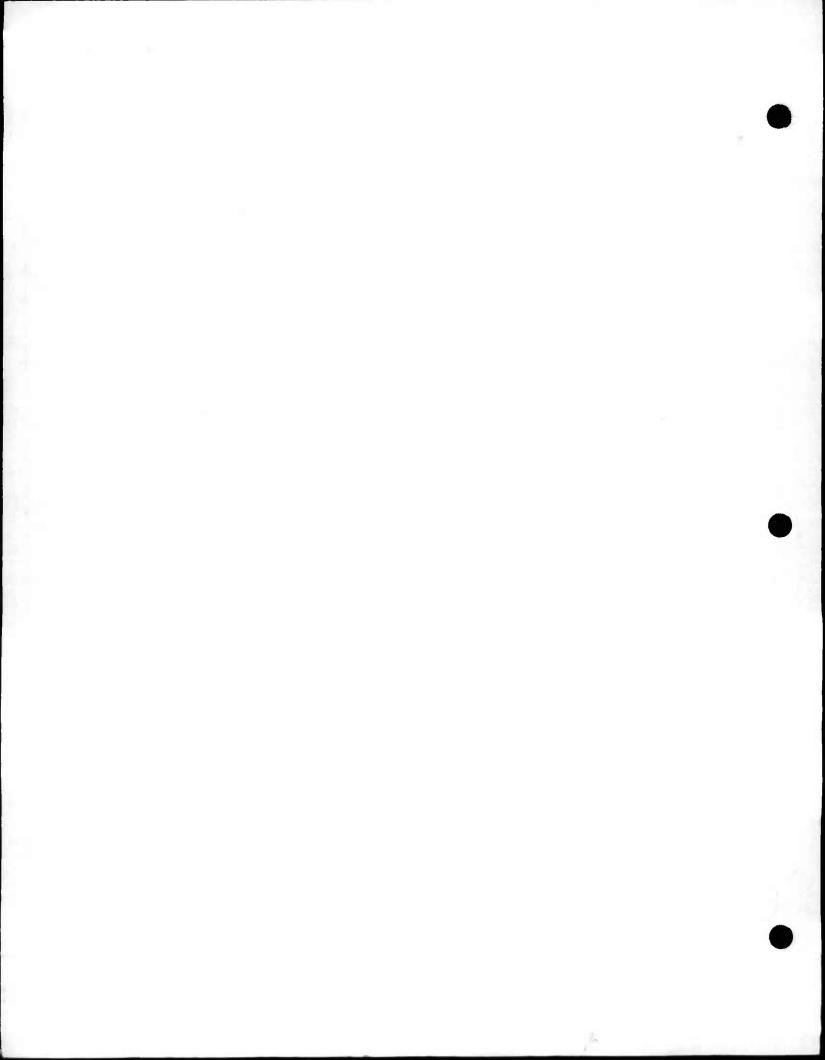
LICENSE NUMBER

29d. DATE SIGNED (Month, Day, Year)

NOV 05 1991

32. REGISTRAR'S SIGNATURE

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IF UNDER 1 YEAR IF UNDER 24 HRS 213-28-535 DAYS HOURS 1 M 2 DF funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give atreet and number, 9b. CITY, TOWN OR LOCATION OF DEATH SINAI HOSPITAL BALTIMORE DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION MARYT AND BALTIMORE FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 2500 W. BELVEDERE AVE., APT. 1008 21215 within 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☐ NO IF YES, GIVE WAR OR DATES X 11. MARITAL STATUS 1 Never Married 2 Married If yea, specify Cuban, Maxican, Puarto Rican, a(c.) 3 Widowed 4 Divorced BY 1 TYES 2 NO COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life, Do NOT use retired.) (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) HOUSEWIFE 17. FATHER'S NAME (First, Middle, Last) 70 BE MANACHER SADIE notified 19a. INFORMANT'S NAME (Type/Print) 2 MR. HOWARD JACOBSON pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name o must 20a, METHOD OF DISPOSITION

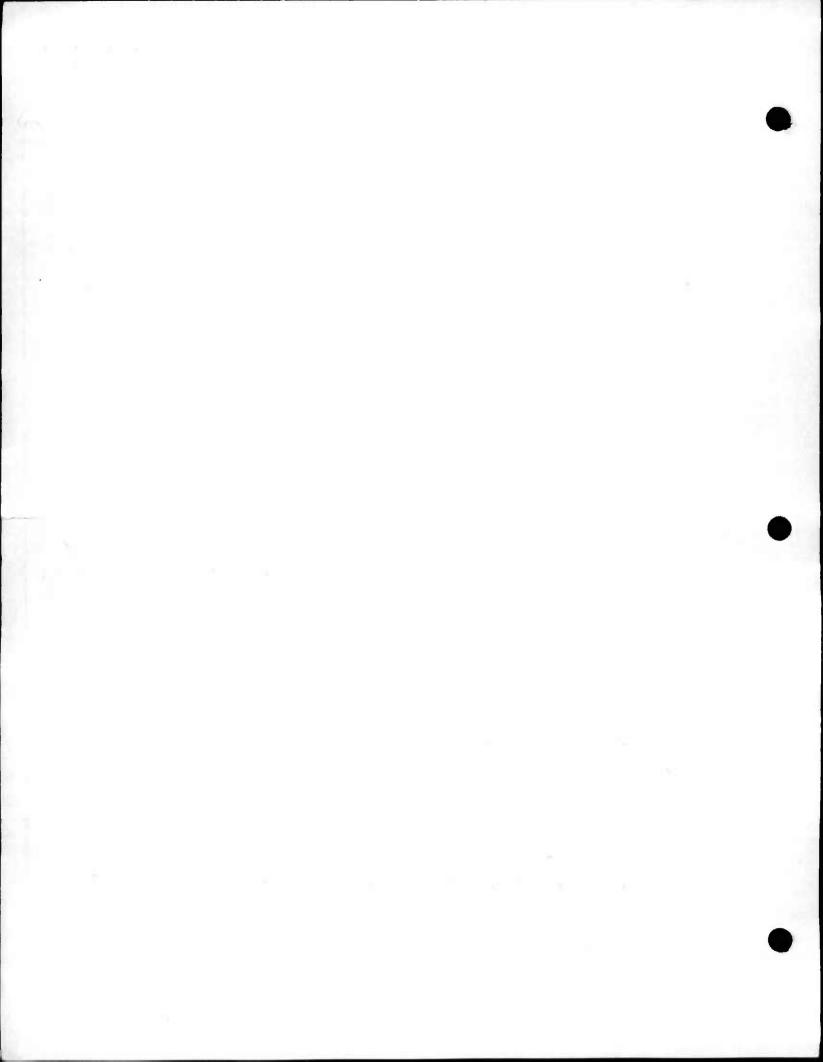
1 Surial 2 Cremation 3 Removal from State
4 Donation 6 Other (Specify) BETH DAVID 11-4-91 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MAGO ensu in by the f medicai ahock, or heart failure. List only one cause on each line. filled IMMEDIATE CAUSE (Final the cremation, disease or condition event, 1 reaulting in death) executed bunal, THBROSCUBROTTE other traumatic CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING physician 8 CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events attending reaulting in death) LAST 50 the atten Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL signed by t Health and that 23 shows any /SICIAIN.s certificate has been sid PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL item ; 26. PLACE OF DEATN (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 100 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Nome 5 Residence 6 Other (Specify) 50 27. MANNER OF DEATH 28s. DATE OF INJURY 28c. INJURY AT WORK? marked. With this Natural 1 YES 2 NO DIRECTOR: After thours after death death BY 2 Accident Investigation 8 3 Suicide 26a. PLACE OF INJURY — At homa, farm, street, factory, office building, atc. (Specify) 8 Could not be COMPLETED 28 4 Homicide item TO THE HOSPITAL D TO THE FUNERAL D be filed within 72 ho 296. SIGNATURE AND TITLE OF CENTIFER BE 29c. LICENSE NUMBER 15140 2 OMPLETED CAUSE OF DEATH (ITEM 7) (Type, Print 30, NAME AND ADDITES OF IAN SUNSHINE, M.D. NOV 0 \$4189 ORE

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) (SYLVIA JACOBSON) 2. DATE OF DEATH 3. TIME OF DEATH Saco 040 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign MARYLAND 10d. INSIDE CITY 1 KKYES 2 NO 10g, CITIZEN OF WHAT COUNTRY? USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE - American Indian, Black, White, atc. Specify: WHITE 16b. KIND OF BUSINESS/INDUSTRY AT HOME 18. MOTNER'S NAME (First, Middle, Maiden Surname) ZERIVITZ 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 656 ST. GEORGE STATION, REISTERSTOWN, MD 21136 20c. LOCATION — City or Town, State SOL LEVINSON & BROS., INC ELMONT, 6010 REISTERSTOWN RD., BALTO., MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata interval Between Oneat and Death 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY 1 YES 2 100 OF DEATH? 1 TYES 2 NO 28d, DESCRIBE HOW INJURY OCCURED 261. LOCATION (Street and Number or Rural Route Number City or Town, State) 29s. CERTIFIER

(Check only

1 (CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.





FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1	1. DECEDENT'S NAME (First, Middle, Las.	,					2. DATE OF DEATH			3. TIME OF	DEATH
	JAMES	С.			JONES	.Ir	11 0	2 19	YEAR	2:2	ΩP
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In	-	IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year)	Í	8. BIRTI	PLACE (Stat	
	579-56-7779	1 🔀 M 2 🗆 F	41	6 YRS.	MONTHS DAT	8 HOURS MIN.	2/7/45			C	
æ	9a. FACILITY NAME (If not institution, give				9b. CITY, TOV	N OR LOCATION OF	DEATH	9c. COUN	TY OF D	EATH	
	J.L. DEAT	ON M/6			E	ALTIMOR	E CITY	Bal:	timo	re	
DINE.	10a. STATE 10b. COUN	TY		10c. CITY	, TOWN OR LO	CATION				10d. INSID	ECITY
- 31	Md	PG			Hyatts	ville				LIMITS	
	10e. STREET AND NUMBER	a .				10f. ZIP CODE				VHAT COUNT	TRY?
	20002 Fordham					20783			JSA		
BY FUNERAL	1 Never Merried 2 Married		YES 2 🔣	RMED NO	If yes	specify Cuben, Mexic	ANIC ORIGIN? (Specify Yoan, Puerto Rican, atc.)	ae or No-	14. RACE Black	- America	n Indian,
	3 Wildowed 4 X Divorced	IF YES, GIVE W	AH OR DATES		10	YES 2 NO Spec	city.		SpeB	Lack	
	15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)	16a. Di	ECEDENT'S	USUAL OCCUP	ATION most of working	16b. KIND OF B	USINESS/INDI	JSTRY		
	Elementery/Secondary (0-12)	College (1-4 or 5+) ///	B. Do NOT us	e retired.)	most or working					
		None	L	abore:	r						
	17. FATHER'S NAME (First, Middle, Last)						AME (First, Middle, Maide	n Surname)			
	James C Jones S 19a. INFORMANT'S NAME (Type/Print)	r					anet Lee				
2	Dr Robert Jone	~	15	1060			otomac, Md				
	20a. METHOD OF DISPOSITION	5	000 00 100								
	1 Burial 2 X Cremation 3 Rat 4 Donation 6 Other (Specify)	noval trom State	Metroi	ematory or off	FDISPOSITION	natory 11	/6/91 A1	ocation – c exand:			
ı	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE		,					-		
ı	· ()	1	0/	22. NAME AND ADDRESS OF FACILITY John T Rhines Co., Inc.							c.
4	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of thing cush as cardian										
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate intervel Batween the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.										
	disease or condition resulting in death) a. Authorized Authorized Authorized Complete Control Complete Control Contro									5	
	_	oue io	UH AS A CUMSE	QUENCE OF		2.0		/			
Sequentially list conditions, if any, laading to immediata cause. Enter UNDERLYING CALLEC (DISC. OPERAS A CONSEQUENCE OF):									-		
	cause. Enter UNDERLYING										
	CAUSE (Diseasa or Injury that initiated events	DUE TO (OR AS A CONSE	QUENCE OF):					+ -	
	resulting in death) LAST	d									
1	PART II. Other algolificant condition	na contributing to	death but not	raaulting is	the underly	Ing cause alves to	Boot I Louis Impac		1		
DICAL PICAL					· the wholetry	mig cause given in	PERFO	RMED?	246.	WERE AUTOR AVAILABLE P COMPLETION	OT ROIR
1 11							110 YES	2 NO		OF DEATH?	OF CAUSE
							1		1,	YES :	NO 🗌
. 11											
. 1	25. WAS CASE REFERRED TO MEDICAL				26	PLACE OF DEATH (C	back onth anal				
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ER/Outpatient 3	. □ DOA		PLACE OF DEATH (C					
	EXAMINER?	1 Inpatient 2 I	NJURY	28b. TIME	OTHER: Nursing H	ome 5 Residence	6 Other (Specify)	INJURY OCCI	IRED 4		
	EXAMINER? XYES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 tnpatient 2	NJURY y, Year)	28b. TIME	OTHER: X Nursing H OF 28c. I	ome 5 🗆 Residence		INJURY OCCU	JRED JRED	11.0	,
	EXAMINER? X YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be	26a. DATE OF I (Month, Da	NJURY V. Year) - S & INJURY — At ho	28b. TIME INJU	OTHER: NUTSING H OF 28c.	ome 5 Residence NJURY AT WORK? YES 2 NO	6 Other (Specify) 28d. DE\$CRIBE HOW 281. LOCATION (Street	and Number o	lute	LI Doute Number,	7
	EXAMINER? XYES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF I (Month, Da	NJURY Y, Year) - S INJURY — At hote, (Specify)	28b. TIME INJU LINES oma, tarm, st	OTHER: NUTSING H OF 28c.	ome 5 Residence NJURY AT WORK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW 281. LOCATION (Street City or Town, State	and Number of	lute	LU Dute Number,	,
	EXAMINER? XI YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined	26a. DATE OF I (Month, De 12 - 3) 26a. PLACE OF building, a	NJURY y, Year) S INJURY — At ho rtc. (Soficity)	28b. TIME INJU LENTO oma, tarm, st	OTHER: ALXNursing H OF 28c. RY 1 [reet, factory, of	ome 5 Residence NJURY AT WORK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW 26f. LOCATION (Street City or Town, Stete	and Number of	Rural R	W Doute Number,	7
	EXAMINER? XYES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYS	1 Inpatient 2 Inpa	NJURY y, 'bar') - S - INJURY — At ho ric. (Sg/city) 	28b. TIME INJUING THE INJUING	OTHER: CONUMENT HE SEC. PRY 1 [Preet, factory, of	ome 5 Residence NJURY AT WORK? YES 2 NO rica	6 Other (Specify) 26d. DESCRIBE HOW 26f. LOCATION (Street City or Town, State City of Town, State City of the cause(s) and miles	and Number of	Rural R	D.C.	as stated.
	EXAMINER? XYES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only 1 CERTIFYING PHYS	1 Inpatient 2 Inpa	NJURY y, 'bar') - S - INJURY — At ho ric. (Sg/city) 	28b. TIME INJUING THE INJUING	OTHER: CONUMENT HE SEC. PRY 1 [Preet, factory, of	ome 5 Residence NJURY AT WORK? YES 2 NO rica rite and place, end du , death occured at the	6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State of the cause(s) and mile of time, date end place, as	and Number of	d.	and menner	
	EXAMINER? XYES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 4 Homicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 X NEDICAL EXAMIN	1 Inpatient 2 Inpa	NJURY y, 'bar') - S - INJURY — At ho ric. (Sg/city) 	28b. TIME INJUING THE INJUING	OTHER: CONUMENT HE SEC. PRY 1 [Preet, factory, of	ome 5 Residence NJURY AT WORK? YES 2 NO rica	6 Other (Specify) 28d. DESCRIBE HOW 28d. LOCATION (Street City or Town, Stele to the cause(s) and mile time, date end placa, a	and Number of	d. cause(s)	D.C.	Year)
	EXAMINER? XYES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 X X MEDICAL EXAMIN	1 Inpatient 2 Inpa	NJURY (, Year) INJURY — At ho Inc. (Sg#cify) Iny knowledge, de amination and/or i	28b. TIME INJU	OF 28c. In reet, factory, of at the time, di, in my opinion	ome 5 Residence NJURY AT WORK? YES 2 NO fica Its and placa, end du , death occured at the	6 Other (Specify) 28d. DESCRIBE HOW 28d. LOCATION (Street City or Town, Stele to the cause(s) and mile time, date end placa, a	and Number of the state of the	d. cause(s)	and menner	
	EXAMINER? XYES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 X X MEDICAL EXAMIN	1 Inpatient 2 Inpa	NJURY (x Year) INJURY — At ho te. (Specify) my knowledge, de amination and/or i	28b. TIME INVUIDANCE INVESTIGATION STATEMENT OF THE INVESTIGATION M 27) (Type, I	OTHER: Normaling H OF 28c. I Treet, fectory, of i at the time, di I, in my opinion	ome 5 Residence NJURY AT WORK? YES 2 NO fica Interest and place, end du , death occured at the OCC	6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(s) and mile of time, date and place, as MBER	and Number of the state of the	d. cause(s)	and menner (Month, Day, 0 3	199
o de completied di prisicialis	EXAMINER? XYES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 X X MEDICAL EXAMIN	1 Inpatient 2 Inpa	NJURY (x Year) INJURY — At ho te. (Specify) my knowledge, de amination and/or i	28b. TIME INJUINATION STATE OF THE STATE OF	OF 28c. In reet, factory, of at the time, di, in my opinion	ome 5 Residence NJURY AT WORK? YES 2 NO fica Interest and place, end du , death occured at the OCC	6 Other (Specify) 28d. DESCRIBE HOW 28d. LOCATION (Street City or Town, Stele to the cause(s) and mile time, date end placa, a	and Number of the state of the	d. cause(s)	and menner	199

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

L DIRECTOR
ETED BY FUNERA
TO BE COMPL
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TIFICATION

	Items:23 par 1. STATE REGISTRAR	STATE OF	27, pei MARYLAND	MEO / DEPAR	G-68 TMENT	2 12 T OF H E OF	/11/ HEALTH DEA	'91 r AND N	eb Menta	L HYGIEN		9 1	30133
	1. DECEDENT'S NAME (First, Middle, Lust) JOHN			J	ONES				2. DATE MONT	OF DEATH	NY .	YEAR 9 9 1	3. TIME OF DEATH 8:42 D M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATI MONTHS DAYS HOURS MIN. (Mor					7. DATE (Mon	OF BIRTH th, Day, Year) -1942		-	IPLACE (State or Foreign		
NO.	96. FACILITY NAME (If not institution, give st MARYLAND COR		JAL IN	STIT				STOW				NTY OF E	DEATH NGTON
DIRECTOR	10e. STATE 10b. COUNTY				Y, TOWN (92011			1 112		10d. INSIDE CITY LIMITS?
FUNERAL D	104. STREET AND NUMBER					101	I. ZIP COD	Œ			10g. CIT	IZEN OF V	1 YES 2 NO
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	ARMED NO		If yes, sp	ecify Cubi	OF HISPANI en, Mexicen Specify:	, Puerlo	, Puerlo Ricen, etc.) Bieci			E — American Indian, k, White, etc. #y: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5		DECEDENT'S (Give kind of the Do NOT us	work done	CCUPATION MO	ON est of world	ing	168	. KIND OF BUS	SINESS/IND	DUSTRY	
ве сом	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NAM	AE (First,	Middle, Maiden	Sumeme)		
TO B	190. (NFORMANT'S NAME (Type/Print) OCME			19b. MAILING	ADDRESS	S (Street a	nd Numbe	r or Rural A	oute Num	ber, City or Town	n, State, Zij	Code)	
	20e. METHOD OF DISPOSITION 1							20c. LOCATION — City or Town, State					
	21. SIGNATURE OF FUNERAL SERVICE LICE	Rona	ld Wade 11-4-					ss of fac		STATE t, Bal			
	26. PART I. Enter the diseases, proahook, prheert feilure. I. IMMEDIATE CAUSE (Finel disease proondition resulting in death)	. Card	se Dn eech II	rhyth	mia	the mo	de of dy	Ing, such	as cen	diac or reaple	retory err	rest,	Approximete Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events recuiting in death) LAST												
PHYSICIAN: MEDICAL CI	PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. Parkinson's Disease 24s. WAS AN AUTOPSY PERFORMED? 11 YES 2 NO							24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO				
ICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER			EATH (Chec		0.0	RRE		NAL
	27. MANNER OF DEATH 1 Notural 5 Pending Investigation	1 Inpetient 2 28e. DATE OF (Month, Di	INJURY	28b. TIM		28c. INJ				(Specify) FA			
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE O building,	F INJURY — At etc. (Specify)	home, ferm, s	treet, facto			7/4	28f. LOC City	ATION (Street as or Town, State)	nd Number	or Rural F	loute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER) end manner as steted.
TO BE C	290. SIGNATURE AND TITLE OF CERTIFIER	Holli	99	rd				. C . M					(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	e, or	MP_1	11 P	Print) ENN	STR	EET	ВА	LTI	MORE,	MA	RYL!	AND 21201
	31. NO WED (Mortin, Oran 1999)	10 a organista	A'S SIGNATURE										

Fig. 10 to the second second

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

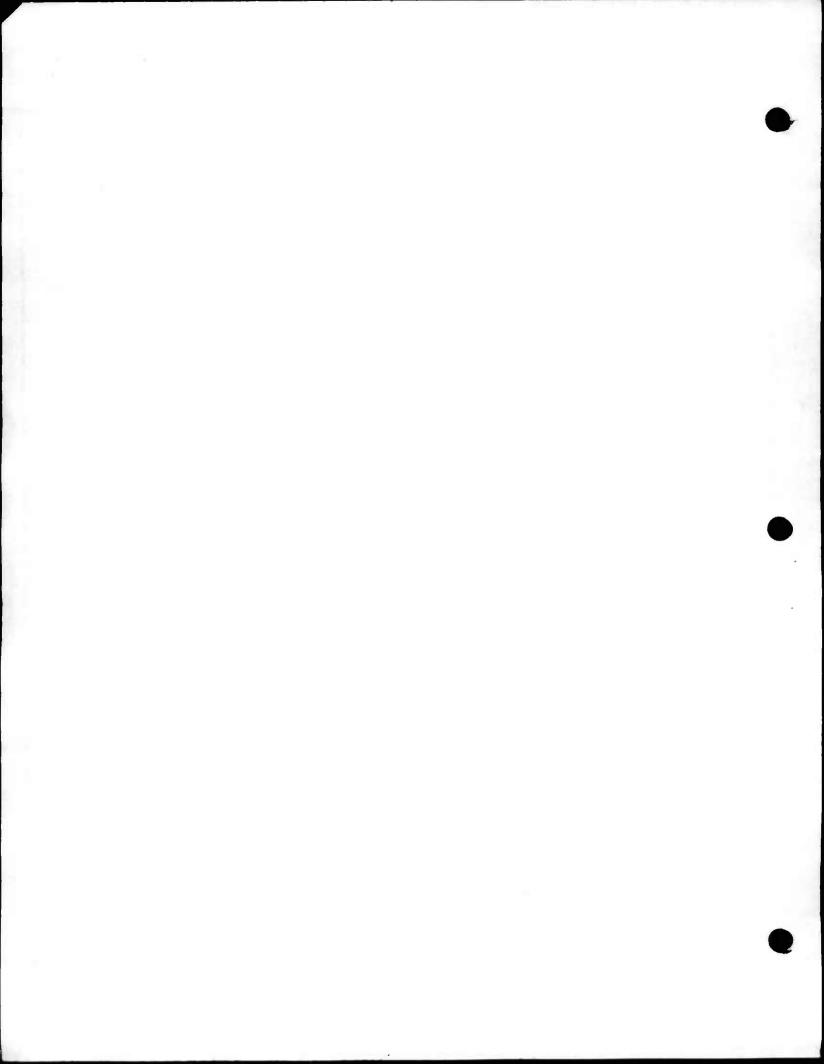
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG NO

-	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF H	IEALTH AND		SIENE . NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEA	тн	3. TIME OF DEATH		
	Charles 4. SOCIAL SECURITY NUMBER	Edwa			DANT	Nov.	1, 199	YEAR 1 0930 M		
	100 100 100	1 TH 2 TE	uma M	ONTHS DAYS	IF UNDER 24 HRS. HOURE MIN.	7. DATE OF BIRT (Month, Day, Y	H ser)	BIRTHPLACE (State or Foreign Country)		
	as sacura was a washington,									
DIRECTOR	Calvert Memorial Hospital Prince Frederick Prince Frederick 9c. COUNTY OF DEATH Calvert									
REC	10s. STATE 10s. COUNTY		10c. CITY,	TOWN OR LOCAT	TION			10d. INSIDE CITY		
		rundel Count	y No	rth Bea	ch_			LIMITS?		
FUNERAL	100. STREET AND NUMBER 611 Alabama Asse	enue-Rose Hav		101	. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?		
N.					20714		US			
₽	1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN L FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	If yes, sp	ENDENT OF HISPA ecify Cuban, Maxie 2 NO Speci		fy Yes or No- 14 c.)	4. RACE — American Indian, Black, Whita, atc. Specify: White		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	(TION 1	IGN. DECEDENT'S US	BUAL OCCUPATION MORE	ON staf westign	16b. KIND C	F BUSINESS/INDUS	STRY		
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use f	retired.)	st or working	Washi	ngton, D	C Gov't		
MP	17 FATHERIO MANE (C. A. M. A. C. A.		Retire	ed						
	17. FATHER'S NAME (First, Middle, Last) Steve Jourdant					ame (First, Middle, M Snyder	laiden Sumame)			
BE	19a. INFORMANT'S NAME (Type/Print)		19h MAILING AT	DDECC (Street o		Aoute Number, City				
2	Charles Jourdant,	Jr								
	Charles Jourdant, Jr 611 Alabama Avenue, RoseHaven, North Beach, MD20714 20s. METHOD OF DISPOSITION 1 Burisi 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place)									
	22. NAME AND ADDRESS OF FACILITY STATE ANATOMY BOARD									
	Janay NO	alle 11	-4-91	655 W	.Baltimo	re St,Ba	lto.,MD	21201		
	23. PART I. Enter the diseases, or conshock, or heart failure. Lie	mplications that caused to at only one cause on eac	he death. Do not h iina.	enter the mo	de of dying, aud	ch as cardiac or	reapiratory arrea	t, Approximate		
1	IMMEDIATE CAUSE (Final disease or condition Tail a Lead Parameter Parameter)									
	resulting in death) a.	151101		, ,		Orca		-1 week		
_	DUE TO (OR AS A CONSEQUENCE OF):									
ě	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A C	ONSEQUENCE OF):	7				1 wear		
S	cause. Enter UNDERLYING CAUSE (Disease or injury	Acute	Reno	l	+ du	here		/1		
E	that initiated events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF):	3 "						
CERTIFICATION	d.	018	Daic 1	2000	en olle	Ludia		142		
11	PART ii. Other aignificant conditions	contributing to death but	not resulting in t	the underlying	cause given in	Part I. 24s. W	S AN AUTOPSY	24b. WERE AUTOPSY FINDINGS		
<u>Ş</u> ∥						PE	RFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
Ä						''''	ES 2 NO	OF DEATH?		
PHYSICIAN: MEDICAL										
Z	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck only one)				
IXSI	1 VES 2 NO	Nipatiant 2 - ER/Outpati		THER: Nursing Home	5 🗆 Residence	6 Other (Specify)			
	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Y WOI	RK?	28d. DESCRIBE H	OW INJURY OCCUP	RED		
B	2 Accident Investigation	28. DI ACE OF IN HIRW			ES 2 NO					
ETED	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify)	At nome, farm, stree	et, factory, offica		281. LOCATION (S City or Town,	treet and Number or State)	Rural Route Number,		
COMPLETED		AN: To the best of my knowled On the basis of examination as						ause(s) and manner as stated.		
BE C	296 BIGNATURE AND TITLE OF CERTIFIER	~ ~ ~			29c. LICENSE NUI	WBER	29d. DATE S	IGNED (Month, Day, Year)		
10 B	200		0		D-2	5519	► \1	1 101		
	30. NAME AND ADDRESS OF PERSON WHO O		1 (ITEM 27) (Type, Pri		nce Fra	ederick	Maryl	and 20678		
	31. DATE FILED (Month, Pay. 1999)	132 REGISTRAR'S SIGNATO				- act TCV	, Haryı	.diid 20076		
	1101 4 1331	1								



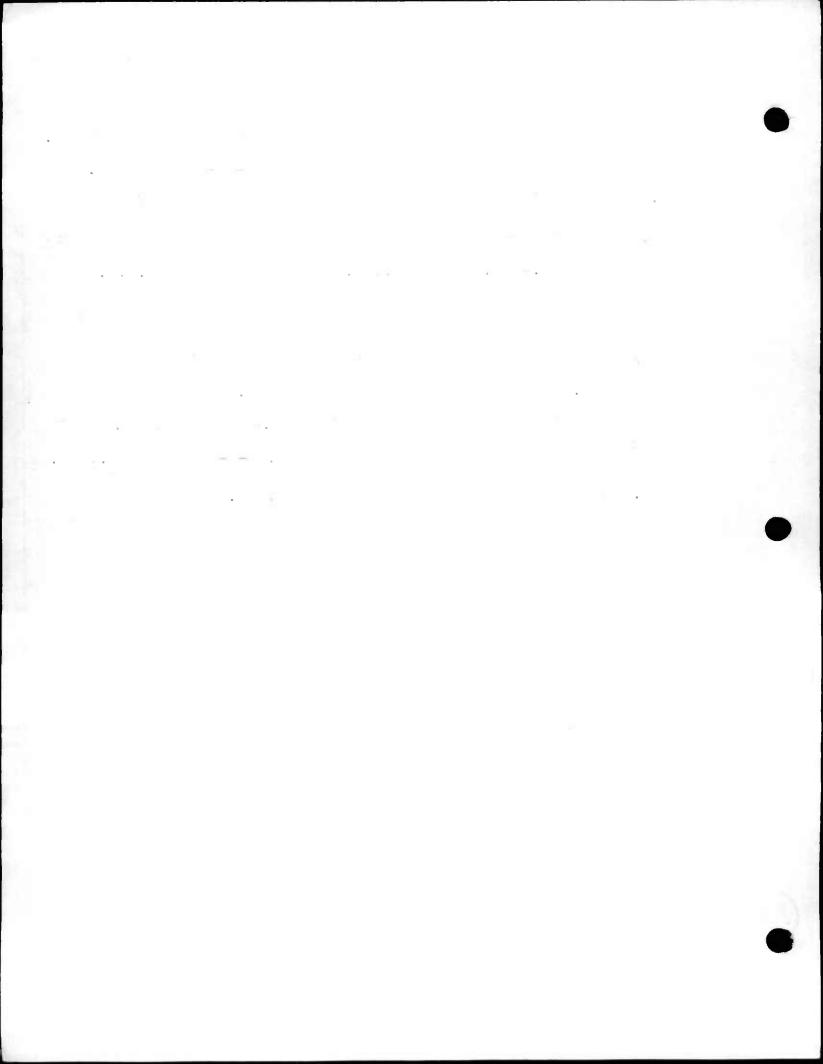
DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HUSPITAL UR ATTENDING PHYSICIAN; The Taw requires that the death certificate be executed within 24 hours after death. Page 5 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page he filed within 72 hours after death with the State Dent of Health and Mental Horiene note to hand, command in a nemander	item 28 is mai

	FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTME	NT OF HI	EALTH AND DEATH	MENTAL HYGIE		•	00130	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3.	TIME OF DEATH	
	MARY SUSAN KN	ORR				MONTH	DAY Y	EAR	242 P. M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. Is		DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPL	ACE (State or Foreign	
	Unknown	1 □ M 210 F 83	YRS. MONTH	B DAYS	HOURS MIN.	(Month, Day, Year) 6-26-08	1	Country)	_	
	9e. FACILITY NAME (If not institution, give street	et end number)	9b. C	ITY, TOWN OF	R LOCATION OF D	EATH	9c. COUNTY		8.	
OR	St. Agnes Hosn	ital	De	7+1-	ore Ci	4				
DIRECTOR	St. Agnes Hosp	1.001				Ly	I N/	A		
IRE	133. 333111		10c. CITY, TOW	N OR LOCATIO	ON			10	d. INSIDE CITY LIMITS?	
	Md. Balti	more	Cator					1	YES 2 NO	
FUNERAL	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEI	OF WHA	T COUNTRY?	
NE	801 Winters La	Apt.232 Ba			21228		U.	S. A		
F	11. MARITAL STATUS 1 Never Married 2 Merried	2. WAS OECEDENT EVER IN U.S. A FORCES? 1 YES 2		IS. WAS DECE	NDENT OF HISPA	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	ee or No- 14	RACE -	American Indian, hite, etc.	
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES			NO Speci			Specify:		
	15. DECEDENT'S EDUÇA	N/A				N/A	White			
COMPLETED	(Specify only highest grade co	mpleted) ((ECEDENT'S USUAL Give kind of work do e. Do NOT use retired	ne during most	of working	16b. KIND OF BI	USINESS/INDUS	TRY		
2	/	College (1-4 or 5+)								
N N	17. FATHER'S NAME (First, Middle, Last)	IV/A S	ecreta			N/				
		1.02		- !		AME (First, Middle, Maide				
BE	Charles C. Kn				Alma	H. Wayn	nack			
2	,					Route Number, City or To				
	Douglas Jennin		4 Summe	erfie	eld Rd	-Baltim				
	1 Burial 2 Cremetion 3 Remove	of from State cemetery, cr	AND DATE OF DISP	ce)			OCATION — City			
	4 Donetion 5 Other (Specify)	IMetr	co Crem	ator	y, Inc.	11-5-91	Ba	Ito	Md.	
	21. SIGNATURE OF POWERAL SERVICE LICEN	ISEE	2	5757	Ralti	more Nat	fenci	Dil	70	
	G. Truman S	chwah	i	D271	imane	MA 212	TOHAT	LTI	a.e	
23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying such as cardiac or resolvations									Approximate	
	iMMEDIATE CAUSE (Finsi disease or condition resulting in death)	Oulna	e ¿	nt	ide				Interval Between Onset and Death	
	DUE TO (ORIAS A CONSEQUENCE/OF):									
S	Sequentisity list conditions. 6. hours likely like									
F	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSE	OUENCE OF):	,	1	10				
CERTIFICATION	CAUSE (Disease or Injury C.	DUE TO (OR AS A CONSE	VUE	ne	tu or	lene	>			
Ē	that initisted eventa resulting in desth) LAST	DOE TO (ON AS A COMSE	OUENCE OF):							
Ü	d									
AL.	PART II. Other significant conditions of	contributing to desth but not	resulting in the	underlying	cause given in	Part I. 24s. WAS AF	N AUTOPSY	24b. WE	RE AUTOPSY FINDINGS	
ਨੂੰ						PERFORMED?		AMA	MPLETION OF CAUSE	
요ㅣ						1 □ YES	2 710	DF	DEATH?	
2								1 [YES 2 NO	
NA I	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEATH (Che							
PHYSICIAN: MEDIC	EXAMINER?	IOSPITAL:	ОТН	ER:						
ž	27. MANNER OF DEATH	□ Inpatient 2 □ ER/Outpatient 3 28s. DATE OF INJURY				6 Other (Specify)				
ā	1 Netural 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY	28c. INJUF WORK	(?	28d. DEŞCRIBE HOW	INJURY OCCUR	ED		
à l	2 Accident Investigation		M		S 2 NO					
COMPLETED	3 Suicide 8 Could not be determined	28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
٦ ا	290. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my knowledge, de	eath occurred at the	time, date or	nd place, and due	to the courselet and and	onner ee clot- t			
2	one) 2 MEDICAL EXAMINER: (On the besie of examination and/or	Investigation, in my	opinion, des	th occured at the	time, date and place	nd due to the or	usa(e) e-	d manner ee state d	
70h SICRETUDE AND TODE OF PERFORM								lue to the ceuse(e) end menner ee stated.		
29c. LICENSE NUMBER 29d. DATE SIGNED (M 29d. D						29d. DATE SIGNED (Month, Day, Yeer)				
						179	/			
	TO ADDRESS OF PERSON WHO C	UMPLETED CAUSE OF DEATH (ITE	M 27) (Type, Print)							
	21 DATE SUSD W									
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE								
NOV 05 1991 Line Davidson-Randsee										





28 is marked,

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ALVINS. 31, DATE FILED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF

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	page		rked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	this certificate has been signed by the attending physician and completely med in	Sta	r 16
200	cert	the	0.
	this	with	rked

1tems:8 & 19b per F.H. 681 11/12/9STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE G-REGISTRAR CERTIFICATE OF DEATH 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH OCt. 31,1991 YEAR HARRY AM 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Month, Dey, Year)
Dec. 1,1892 578 46 8259 1X M 2 | F 98 MONTHS DAYS HOURS MIN. Lithuania YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH Hebrew Home of Greater Washington Rockville DIRECTOR Montgomery RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Montgomery Rockville 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6121 Montrose Rd. 20852 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. RACE — American Indien, Black, White, atc. 1 Never Married 2 Married IF YES, GIVE WAR OR OATES BY 1 TES 2 NO Specify: Caucasian ≸XWidowed 4 ☐ Olvorced COMPLETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INOUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 8+) Owner/Operator Retail Business 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Unavailable Unavailable BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Leonard Berke 12135 Trail Ridge Dr., Potomac, Ma. 20854 20e. METHOD OF DISPOSITION

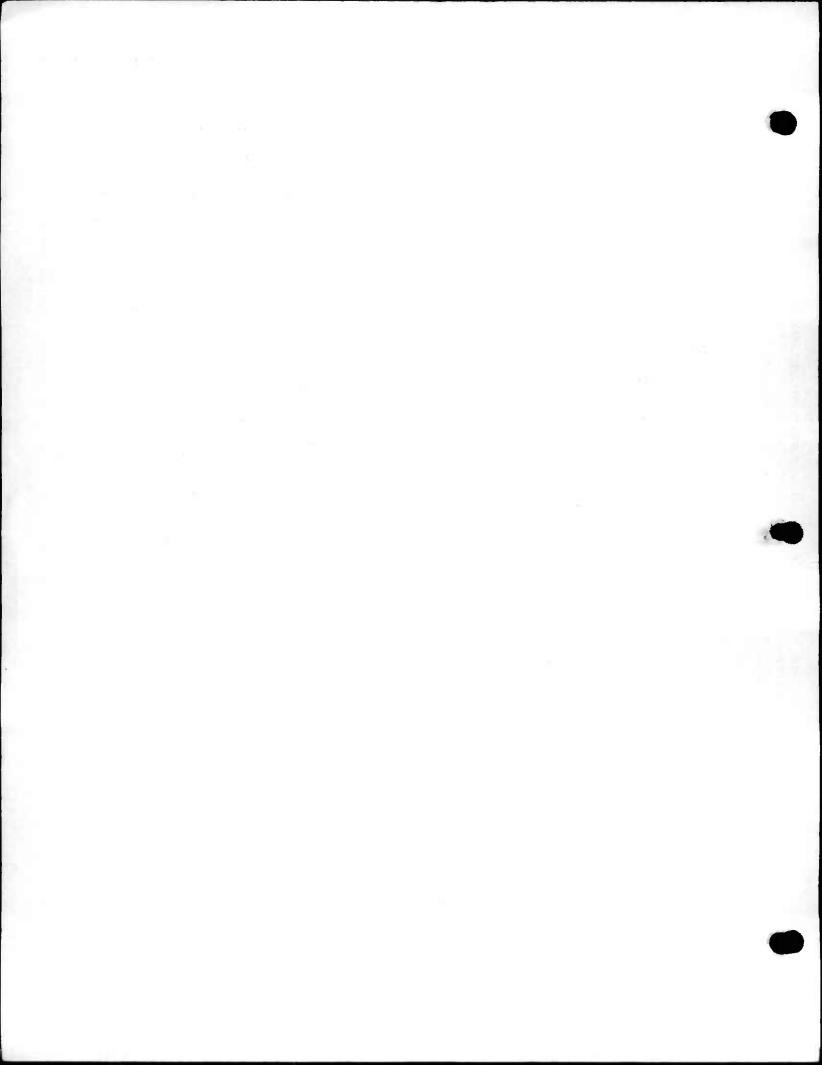
X Burial 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetery or 20c. LOCATION — City or Town, Stata King David Memorial Gdns. 4 Donation 5 Other (Specify) Falls Church, 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Ives-Pearson Funeral Homes Falls Church, Va. 22046 23. PART / Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, **Approximate** shock, or heart fellure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finel **Onset and Deeth** disease or condition___ SUDDEN DEAN DE PRODUCTION DE TO (OR AS À CONSEQUENCE OF): DEATH -MYOCARDIAZ INFARCAGO reculting in death) PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other eignificent conditione contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO DEMENT COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:

Nursing Home 5 Residence 8 Other (Specify) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED TO THE HOSPITAL ON FAIR THIS TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death wit IMPORTANT: If Item 28 is marke 1 Natural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — A1 home, farm, street, factory, office building, atc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29s, CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and piece, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNEO (Mgnth, Day, Year) BE

DEATH (ITEM 27) (Type, Print)

6121 MONTROSERD; ROCKVILLE, MAD 208.





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DIVISION OF VITAL RECORDS, P.O. BOX 1314(,
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-rours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pag be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	secondary is in the analysis of them 22 shows any initial or other formed has madical available much he notified of none
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last, 2. DATE OF DEATH 3. TIME OF DEATH YEAR AWRENCE Koll III 655 1991 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Morth, Day Year) 5. SEX AGE (In yrs. last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 214-24-344 DAYS 1 M 2 - F 62 mo 4 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Memorul BALLIMORE ECU DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? PASAdeNA BAltimore MD 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE FUNERAL 10g. CITIZEN OF WHAT COUNTRY? LOBIN Court AIR 21122 . WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Pu 1 YES 2 NO Specify: 1 Never Married 2 Married В 3 Wildowed 4 Divorced 3-50 7-7-47 70 COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) DRIVER 12 TH AIRCO 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) LAWRENCE KELL INEZ HINKEY BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 SANDRA PHEASANT 0 PASADENA MD 2/122 MARINO 20a METHOD OF DISPOSITION
1 M Burlal 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, State CEMETERY MD 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE OF DUNDALK HOME FUNER AL CONNELLY BALT MD21222 0 SOLL'ERS 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Aporoximata 1989-1991 IMMEDIATE CAUSE (Final Olanynges CA disease or condition reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated avents resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 NO 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 TYES 2 NO Vursing Home 5 ☐ Residence 6 ☐ Other (Specify) 28s. DATE OF INJURY (Month, Dec Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF 28d. DEŞCRIBE HOW INJURY OCCURED Natural 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) me, farm, street, factory, office 3 Suicide COMPLETED 8 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of 25b. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED/(Month, Day, Year) BE 30717 11/ 2

O COMPLETED CAUSE OF DEATH (ITEM 27) (1/04 Print)

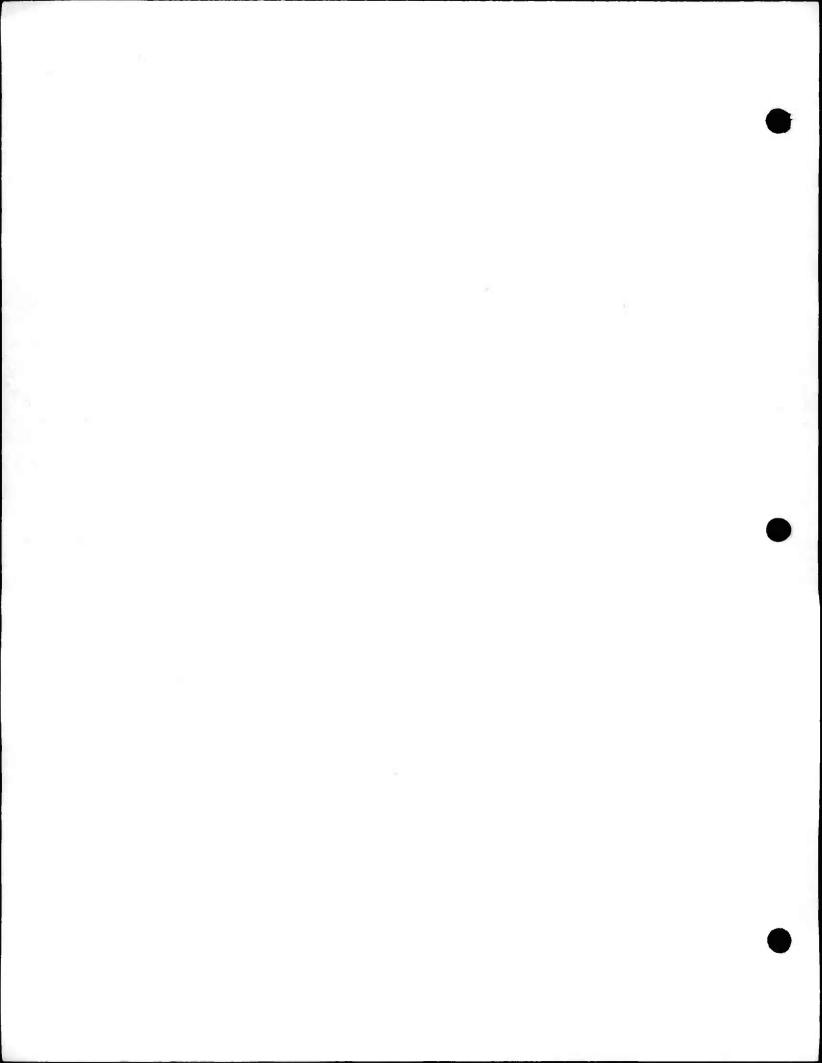
32. REGISTRAR'S SIGNATURE his Davidson



DHMH-16 Rev 1/89

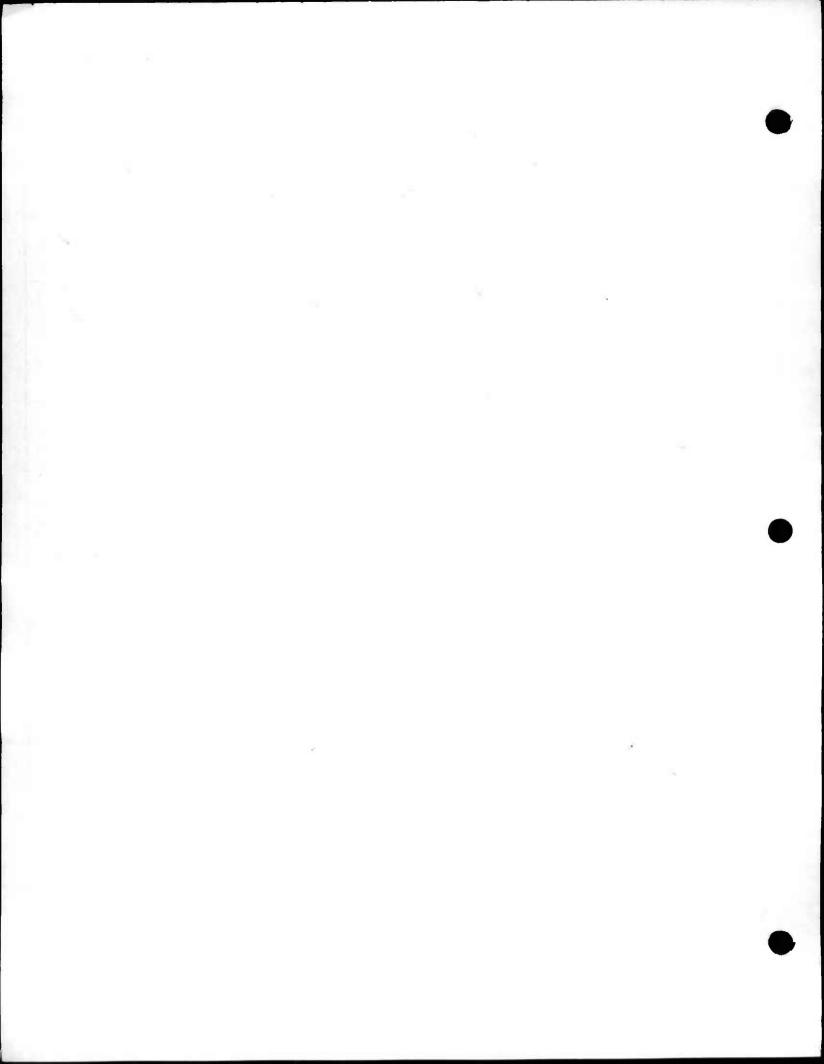
31. DATE FILED (Month, Day, Year)

NOV 05 199



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	1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTME	NT OF HEALTH AND	MENTAL HYGI			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF OEATI	4	3. TIME OF DEATH	
	John	Kosinski			MONTH 11 -44		945 A M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. In		DER 1 YEAR IF UNDER 24 HRS	7. DATE OF BIRTH		. BIRTHPLACE (State or Foreign	
	218-09-0362	1 2 M 2 🗆 F 7/	YRS. MONTH	S DAYS HOURS MIN.	2-15-	7)	Country SA - MD	
	9e. FACILITY NAME (If not institution, give et			TY, TOWN OR LOCATION OF			Y OF DEATH	
0.0	FRANCIS SCOTT	KEY MED	CTR (3ALTIMO	RE			
Б	RESIDENCE OF DECEDENT		Lan ourse mount					
DIRECTOR		LTIMORE	10c. CITY, 10W	N OR LOCATION			10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	FITHORE		1 11 22 222			1 YES 2 NO	
RA	1245 48TH	ST		101. ZIP CODE 2 1 2	7 7	10g. CITIZE	N OF WHAT COUNTRY?	
FUNERAL	11. MARITAL STATUS		PMED 4				13A	
	t Never Merried 2 Merried	12. WAS DECEDENT EYER IN U.S. AFFORCES? 1 WYES 2 IF YES, GIVE WAR OR DATES	NO	3. WAS DECENDENT OF HISP It yes, specify Cuben, Mex	ican, Puerto Rican, etc.	Yee or No 1	I. RACE — American Indian, Black, White, etc.	
ВУ	3 Widowed 4 Divorced	WWII		1 TYES 2 NO Spe	olty:	N.	NHITE	
	15. DECEDENT'S EDUC (Specify only highest grade of		ECEDENT'S USUAL	OCCUPATION no during most of working	16b. KIND OF	BUSINESS/INDU		
E	Elementery/Secondary (0-12)	College (1-4 or 5+)	e. Do NOT use retired	ie during most of working				
MP	7 TH	St	IPYAR.	D WORKER	2			
COMPLETED	17. FATHER'S NAME (First, Middle, Linst)	100000		18. MOTHER'S	NAME (First, Middle, Mail	den Surneme)		
BE	JOSEPH K	OSINSKI		PAUL	-INE	GUBA	LA	
0	19e. INFORMANT'S NAME (Type/Print)	1/2 - 1 - 1	b. MAILING ADDRE	SS (Street and Number or Run	^	Town, State, Zip C	ode)	
	BERNADINE	KOSINSKI	1245	48TH ST	. BALT	, MD	21222	
	20e, METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remo	val from State 20b. PLACE	AND DATE OF DISP	OSITION (Name of	1PATE 20c.	LOCATION - CIT	y or Town, State	
	4 Donation 5 Other (Specify)	SAC	HEART C			BALT	MD.	
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE	2	2 NAME AND ADDRESS OF	ENCILITY PAL	HOME	OF DUNDALK	
	Colt C	melly	7	IIN SNIFE	S DT C		T. MD 21222	
	23. PART I. Enter the diseases, or co	omplications that caused the de	eeth. Do not ent	er the mode of dying, se	ich es cardiec pr re	spiratory arres	t, Approximate	
	shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final						interval Between Onset end Daath	
	disease or condition							
	e. CARDIAC ARREST DUE TO (OR AS A CONSEQUENCE OF):						30 14185	
Z	Sequentially list conditions b. ACUTE MYOTARDIAL INFARCTION							
원	Sequentielly liet conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):							
2	CAUSE (Disease or injury c.	CORENARY A		DISCASE			6 years	
	that initiated events resulting in death) LAST	DUE TO (OR AS À CONSE	OUENCE OF):					
CERTIFICATION	d.							
	PART ii. Other eignificant conditione	contributing to deeth but not	resulting in the	underlying ceuee given i	n Part I. 24a. WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS	
ICAL	NON SMALL CE		_		PERI	FORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
					1 □ YES	2 🖳 NO	OF DEATH?	
=							t 🗌 YES 2 🗍 NO	
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EYAMINED? 28. PLACE OF DEATH (Check only one)							
Sic		HOSPITAL: 1 Inpetient 2 ER/Outpetient 3	M DOM A DIM	R:				
Ŧ	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME OF	28c, INJURY AT	28d. DESCRIBE HO	W INTRIBA OCCITE	PED.	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WORK?	Sec. Seconds 110	ii iiidoni occor	NED .	
	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY At he	me, tarm, street, fa		281. LOCATION (Street	et and Number or	Rural Route Number	
里	4 Homicide determined						Total Humber,	
COMPLETED	9e. CERTIFIER (Check only 1 🗷 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and placa, and dua to the cause(e) end manner as stated.							
ž I	(Check only one) 2 MEDICAL EXAMINER:	On the basis of examination end/or	time, data and place, and du	aca, and due to the cause(e) and manner as stated. ccured at the time, date and place, and due to the cause(a) and manner as stated.				
	29b. SIGNATURE AND TITLE OF CERTIFIER	of V eteric - will be tolling						
8	() A	A		29c. LICENSE N			IGNED (Month, Day, Year)	
2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)							14/91	
PAMELA OUYANG, FSKMC, 4940 GASTGEN AVE, BALTO, MID 21224 31. DATE FILED (MORIT, Day, Year) 1922. REGISTRAR'S SIGNATURE								
	NOV105 1991	wha Davidson-Rands	100					
		71						



TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR		STATE OF I	MARYLA	ND /	DEPARTM	ENT O	F H OF	EALTH AND DEATH	MEN		GIEN G. NO.	E		30	וטט	
1. DECEDENT'S NAME (First,										ATE OF DE	ATH			3. TIME	OF DEATH	-
Walter	F.	Kac	cala						"	ONTH	- 2		YEAR 991	0	140 A.	. 1
4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In	yrs. last		UNDER 1 Y	_	IF UNDER 24 HRS.		ATE OF BIE	TH		8. BIRTH	PLACE (S	State or Foreign	
213-18-3310		1 📉 M 2 🗌 F	7:	1	YRS. MON	ITHS D	AYS	HOURE MIN.	Ma	wonth, Day,	1,	1920	Ma	") ry1a	nd	
99. FACILITY NAME (If not in:			-		9b.			R LOCATION OF I				9c. COU	NTY OF D	EATH		-
UNION M		1 Hospit	aı			Ва	lt:	Lmore Ci	Lty							
10a. STATE	10b. COUNTY				10c. CITY, TO	WN OR L	OCAT	ION						10d INS	SIDE CITY	-
Maryland						ltim								LtN	IITS?	
10e. STREET AND NUMBER							10f.	ZIP CODE					ZEN OF V		UNTRY?	-
3532 Lyndal	e Aven	ue						2121	L3			U.	. S.	A.		
11. MARITAL STATUS 1 Never Merried 2 XX	Married	12. WAS DECEDED FORCES?	X YES	J.S. ARN	MED	13. WAS	DEC	ENDENT OF HISP/ ecify Cuban, Maxic	ANIC OF	RIGIN? (Spe	city Yee	or No-	14. RACE	— Amer	ican Indien,	-
3 Widowed 4 Divor		IF YES, GIVE Y	WWI.	ES		1 🗇	YES	2XXNO Spec	ify:	rio Ricani,	etts.)		Speci	itv:	ite	
	EDENT'S EDUCA highest grade c		1	(Gh	EDENT'S USU	done durir	PATIO	N st of working	T	16b. KIND	OF BUS	INESS/IND	USTRY		***	-
Elementery/Secondary (0-NA	-12)	College (1-4 or 5 NA	+)	life.	Do NOT use red Crane ((red.)				Ame	ric	an Sr	nelt:	ing	Co.	
17. FATHER'S NAME (First, Min	iddle, Last)							1º MOTHER'S N	AME (E)					6		-
Anthony Kac	ala							Sophie								
190 INFORMANT'S NAME (7) Helen M. Ka	rpe/Print)			19b.	MAILING ADD	RESS (St	reet er	nd Number or Rura					Code			-
Helen M. Ka	cala (Wife)						e Ave.,						13		
20a. METHOD OF DISPOSITION 1 X Burlet 2 Cremation	ON Remov	mi from State	20b. P	LACEA	ND DATE OF DE	SPOSITIO	N / Nar	ne of		7	-	CATION —				-
Donetion 5 Other	(Specify)	at from State	St	ery, crem	tanis]	lace) Laus	Ce	emetery			Ва	altin	ore.	Md		
21. SIGNATURE OF FUNERAL	L SERVICE LICE	NSEE				22. NAN	IE AN	D ADDRESS OF F	ACILITY	-1 11						
1	7	611.				33	31	unek Fu Brehms	iner Lar	al H	ome:	s, Ir imore	ic.	1. 2	1213	
23. PART LEnter the dis	seases, or CD	mpilcationa tha	t caused t	he dea	th. Do not e	nter the	moc	le of dving, au	ch as	cardiac o	respli	atory arr	est		proximate	-
ahock, or he IMMEDIATE CAUSE (Final	art lallure. Li	at only one cau	se Dn eac	h lina.				,,,				atory arr	031,	int	erval Betwee	
disease Dr condition resulting in death)	.	(0/5	nic (01	nset and Deat	n
resulting in death)	a.	DUE TO	(OR AS A C	ONSEO	JENCE OF):											_
		Sup	si.											j		
Sequentially list condition if any, leading to immed	late	DUE	(OR AS A C	ONSEO	JENCE OF):											
cause. Enter UNDERLYIN CAUSE (Disease or Injur																
that initiated events resulting in death) LAST		DUE TO	(OR AS A C	ONSEOU	JENCE OF):									_		_
in death, Exo.	d.															
PART ii. Other significar	nt conditions	contributing to	death but	not re	suiting in th	e under	lying	cause given in	Part I	. 24a. V	AS AN	UTOPSY	24b.	WERE ALI	TOPSY FINDINGS	
										Р	ERFOR			AVAILABL	E PRIOR TO	
					_					10	YES 2	THO		OF DEATI	H?	
														1 TYES	8 2 NO	
5. WAS CASE REFERRED TO	MEDICAL					2	6. PL/	CE OF DEATH (C	heck onl	v one)	-					_
EXAMINER? 1 YES 2 NO		HOSPITAL:	ER/Outpati	ent 3		HER:		5 Residence			4.1					-
7. MANNER OF DEATH		28e. DATE OF	INJURY		28b. TIME OF		INJU	RY AT	_	DESCRIBE	-	JURY OCC	URED			_
	ending restigation	11/2/9			INJURY	M 1	WOR	K? ES 2 NO								
3 Suinte	Could not be	28e. PLACE O	F INJURY — etc. (Specify)	At hom	e, ferm, streat,	fectory.	office		281. (OCATION (Street er	nd Number	or Aural R	oute Numi	ber,	_
	atermined	odnamy,	ис. (эрвспу)						· ·	City or Town	State)					
90. CERTIFIER 1 CERTII	FYINO PHYSICI	AN: To the best of	my knowled	ge, deat	h occurred at	the time,	deta e	end place, end due	to the	cause(e) e	nd menr	ner as state	ıd.			-
one) 2 MEDIC	CAL EXAMINER:	On the beels of ex	amination e	nd/or In	veatigation, in	my opinic	on, de	nth occured at the	time, o	date end ple	ice, end	due to the	cause(s)	end men	iner ee stated,	
96. SIGNATURE AND TITLE	OF CERTIFIER	1.					-	29c. LICENSE NU				29d. DATE				-
	1 Zay	at, M	ン										12		,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

Union Memorial Hospital

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

132 REGISTRAT'S SIGNATURE

M.D.

Estfan Zayat

1991

KXXX

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

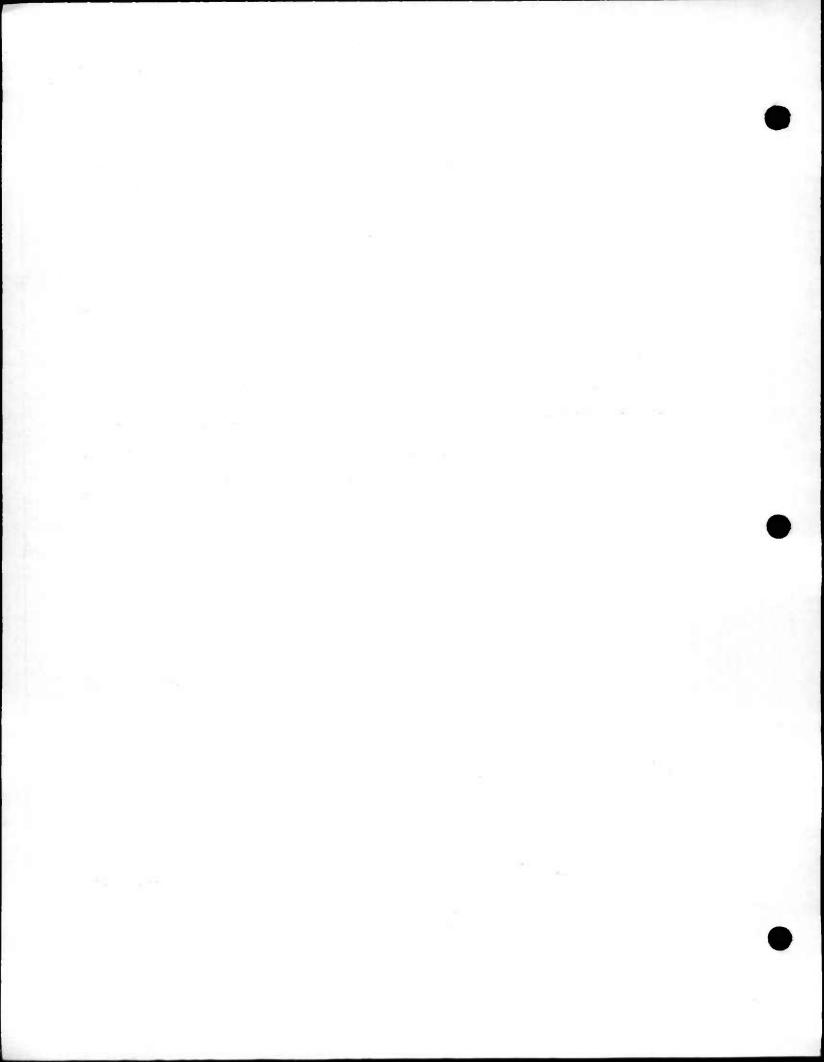
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Hearth and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

31. DATE FILED (Month, Day, NOV 05

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



N OF VITA	A PHYSICIAN: The	In this certificate to	Of with the State C
	Contraction of		Harry Sale of
	HOSPITA	FUNERAL	within 72
	뿔	분	filed

31. DATE FILED (Month, Day, Year)

NOV 04 1991

32. REGISTRAR'S SIGNATURE the Davidson-Randalle

213—46-2500 1		1. DECEDENT'S NAME (First, Middle, Last)	MARIE	E. 1	LIESE W	ETTER	2. DATE OF DEATH DO 3	AY	YEAR 23 15
PENINSULA GENERAL HOSPITAL THE STORM NAME OF DECEDENT 106. COUNTY 106. CITY, TOWN OR LOCATION 106. INSIDE CITY 106. STREET AND NAMES 106. COUNTY 106. STREET AND NAMES 106. COUNTY 106. STREET AND NAMES 106. COUNTY 106. STREET AND NAMES 106. CITY, TOWN OR LOCATION 106. CITY, TOWN OR LOCATION 106. CITY, TOWN OR LOCATION 106. CITY, TOWN OR LOCATION 107. CITY 106. STREET AND NAMES 106. CITY, TOWN OR LOCATION 107. CITY 106. STREET AND NAMES 106. CITY 106.		213-46-2500	5. SEX 6. AGE 1 □ M 2 X F 8	E (lin yes. Year birthde)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		B. BIRTHPLACE (State or For
TON STREET AND NUMBER 204 E. JOPPA Road Apt. 1112 11. MARTAL STATUS 11. MARTAL STATUS 11. Martind 2 Marriad 3 Windowed 4 Directed 15. DECEDENT S DUCATION 15. DECEDENT'S USUAL OCCUPATION 16. DECEDENT'S USUAL OCCUPATION 16. DECEDENT'S USUAL OCCUPATION 17. PATHER'S NAME (First, Modile, Last) George Hamilton 18. MARTING STATUS 17. PATHER'S NAME (First, Modile, Last) George Hamilton 18. MARTING ADDRESS (Street and Number of flush Review Number (Specify) 18. MARTING ADDRESS (Street and Number of flush Review) 19. DECEDENT'S USUAL OCCUPATION 18. MOTHER'S NAME (First, Modile, Last) George Hamilton 18. MARTING ADDRESS (Street and Number of flush Review) 19. MARTING OF BUSINESS/MOUSTRY 19. MARLING ADDRESS (Street and Number of flush Review) 19. MARLING ADDRESS (Street and Number of flush Review) 19. MARLING ADDRESS (Street and Number of flush Review) 19. MARLING ADDRESS (Street and Number of flush Review) 19. MARLING ADDRESS (Street and Number of flush Review) 19. MARLING ADDRESS (Street and Number of flush Number of flush Number of flush Review) 19. MARLING ADDRESS (Street and Number of flush Review) 19. MARLING ADDRESS (Street and Number of flush Numbe	TOR	PENINSULA GEN		AL	11 P. C. C. C. C. C. C. C. C. C. C. C. C. C.		EATH .		
TOWNSOLD TOW	DIREC	10s. STATE 10s. COUNT		10c. C	Version	ATION			LIMITS?
Specify Wildowed Divorced F YES, GIVE WAR OR DATE YES 2 NO Specify: X X X X X X X X X		10e. STREET AND NUMBER	Sametracount						EN OF WHAT COUNTRY?
15. DECEDENT'S EDUCATION [Specify only highest grade completent] 16. DECEDENT'S USUAL OCCUPATION [Specify most of working] 17. FATHER'S NAME (First, Middle, Last) 18. NOTHER'S NAME (First, Middle, Maidle, Surmanue) 18. NAME, INFORMANT'S NAME (First, Middle, Last) 18. NAME, INFORMANT'S NAME (First, Middle, Last) 18. NAME, INFORMANT'S NAME (First, Middle, Last) 18. NAME, INFORMANT'S NAME (First, Middle, Last) 18. NAME, INFORMANT'S NAME (First, Middle, Last) 18. NAME, INFORMANT'S NAME (First, Middle, Last) 18. NAME, INFORMANT'S NAME (First, Middle, Last) 18. NAME, INFORMANT'S NAME (First, Middle, Last) 18. NAME, INFORMANT'S NAME (First, Middle, Maidle, Surmanue) 18. NAME, INFORMANT'S NAME (First, Middle, Middle, Surmanue) 18. NAME, INFORMANT'S NAME (First, Middle, Last) 18. NAME, INFORMANT'S NAME (First, Middle, Last) 18. NAME, INFORMANT'S NAME (First, Middle, Last) 18. NAME, INFORMANT'S NAME (First, Middle, Middle, Surmanue) 18. NAME, INFORMANT'S NAME (First, Middle, Middle, Surmanue) 18. NAME, INFORMANT'S NAME (First, Middle, Middle, Surmanue) 18. NAME, INFORMANT'S NAME (First, Middle, Middle, Surmanue) 18. NAME, INFORMANT'S NAME (First, Middle, Middle, Surmanue) 18. NAME, INFORMANT'S NAME (First, Middle, Middle, Surmanue) 18. NAME, INFORMANT'S NAME (First, Middle, Middle, Surmanue) 18. NAME, INFORMANT'S NAME (First, Middle, Middle, Surmanue) 18. NAME, INFORMANT'S NAME (First, Middle, Middle, Surmanue) 18. NAME, INFORMANT'S NAME (First, Middle, Middle, Surmanue) 18. NAME, INFORMANT'S NAME (First, Middle, Middle, Surmanue) 18. NAME, INFORMANT'S NAME (First, Middle, Middle, Surmanue) 18. NAME, INFORMANT'S NAME (First, Middle, Middle, Surmanue) 18. NAME, INFORMANT'S NAME (First, Middle, Middle, Surmanue) 18. NAME, INFORMANT'S NAME (First, Midd		1 Never Married 2 Married	FORCES? 1 YES	2 NO DATES	If yes, s	specify Cuban, Mexico ES 2 NO Speci	en, Puerto Rican, etc.)	or No-	Specify
The informant's name (**position*) Francis J. Kiesewetter 186. Mailing address (**Street and Number of Fluid Route Number City or Town. State. Dip Gode) 228. Atlanta Road Pasadena, Md. 21122 239. METHOD OF DISPOSITION 1 Nov. 1 Name of Disposition Date Document of Disposition Date	MPLETED	(Specify only highest grade	e completed)	16a. DECEDENT /Give kind o He Do NO!	of worth done during in use retired.)	NON.	186. KIND OF BU	SINESS/INDU	Marie Control of the
Francis J. Kiesewetter 196. MAILING ADDRESS (Street and Number of flural floure Number City or Rown. Street. Zip Code) 228. Atlanta Road Pasadena, Md. 21122 208. METHOD OF DISPOSITION 2 Cremation 3 Removal from State 209. PLACE AND DATE OF DISPOSITION (Name of a Date 200. LOCATION — City or Town. State 200. LOCATION —		George Hamilton				Elizabe	th Henderson	-0.000	
1 Observal 2 Cremetor 3 Femoval from State Donation S Other (Specify) Wood awn Nov. 4, 1991 Wood awn Nov. 4, 1991 Wood awn Nov. 4, 1991 Wood awn Nov. 4, 1991 Wood awn Nov. 4, 1991 Wood awn Nov. 4, 1991 Wood awn Nov. 4, 1991 Wood awn Nov. 4, 1991 Wood awn Nov. 4, 1991 Wood awn Nov. 4, 1991 Wood awn Nov. 4, 1991 Wood awn Nov. 4, 1991 Wood awn Nov. 4, 1991 Wood awn Nov. 4, 1991 Wood awn Awn Am			ter	228 A	tlanta Roa	and Number or Number ad Pasaden	Acute Mumber City or Now a, Md. 21122	vs. State, Zip (Code)
		I Sames f. Gel	alle.		C+C+S+X+1/8/4/	HIELD ALLIUMESS OF PA	NUME OF THE PERSON OF THE PERS		
	AL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions.	B. MULTING OR AS . DUE TO (OR AS . DUE TO (OR AS .	A CONSEQUENCE A CONSEQUENCE	Display	oode of dying, suc	Part I. 24a. WAD AN	iratory arre	st, Approximat
1 □ YES 2 □ NO	MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition	B. MULTING OR AS . DUE TO (OR AS . DUE TO (OR AS .	A CONSEQUENCE A CONSEQUENCE	Display	oode of dying, suc	Part I. 24a. WAD AN	AUTOPSY IMEO?	St. Approximation of California of Californi
1 □ YES 2 □ NO	MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition of the cause of the	B. DUE TO (OR AS AS DUE TO (OR AS AS DUE TO (OR AS AS DUE TO (OR AS AS DUE TO (OR AS AS DUE TO (OR AS AS DUE TO (OR AS AS DUE TO (OR AS AS DUE TO (OR AS AS DUE TO (OR AS AS DUE TO (OR AS AS DUE TO (OR AS AS DUE TO (OR AS AS DUE TO (OR AS AS DUE TO (OR AS AS DUE TO (OR	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE but not resulting	or): or): or): or): or): or): or): or): or): or): or):	ng cause given in	Part I. 24a. WAD AN PERFOR	AUTOPSY IMEO?	St. Approximation of California of Californi
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 25. PLACE OF DEATH (Check only one) 26. PLACE OF DEATH (Check only one) 27. WANNER OF DEATH 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 29. PLACE OF DEATH (Check only one) 29. PLACE OF DEATH (Check only one) 20. Check (Specify) 20. MANNER OF DEATH 20. DATE OF INJURY 20. INJURY AT 20. DESCRIBE HOW INJURY OCCURED 20. INJURY AT 20. DESCRIBE HOW INJURY OCCURED 20. INJURY AT 20. INJUR	PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINATION NO 27. MANNER OF DEATH 1 YES NO 27. MANNER OF DEATH 1 Focurs S Pending	B. DUE TO (OR AS AS AS CONTRIBUTING TO GRAD AS CONTRIBUTING TO GRAD AS AS CONTRIBUTING TO GRAD AS C	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE but not resulting	orp: OF): OF): OF): OTHER: Mursing Hos ME OF WALL WINTY W I	PLACE OF DEATH ICH me 5 Residence JURY AT ORK? YES 2 NO	Part I. 24a. WAD AN PERFOR 1 YES 2	AUTOPSY IMEO?	246. WERE AUTOPSY FINE AMALABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO 26. PLACE OF DEATH (Check only one) 27. MANUER OF DEATH 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 29. MANUER OF DEATH 29. DOWN (Month, Down) 20. MANUER OF DEATH 29. DOWN (Month, Down) 29. MANUER OF DEATH 29.	MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINATION NO 27. MANNER OF DEATH 1 YES NO 27. MANNER OF DEATH 1 Fearms 5 Pending Investigation 28. Was CASE REFERRED TO MEDICAL EXAMINATION NO 29. MANNER OF DEATH 1 Fearms 5 Pending Investigation 20. Guictide 5 Could not be determined	a. DUE TO (OR AS A DUE TO (OR	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE but not resulting	orp: OF): OF): OF): OTHER: Mursing Hos ME OF WALL WINTY W I	PLACE OF DEATH ICH me 5 Residence JURY AT ORK? YES 2 NO	Part I. 24a. WAD AN PERFOR 1 YES 2 eck only one) 8 Other (Specify) 26a. DESCRIBE HOW II	AUTOPSY INEED?	St. Approximation for the control of

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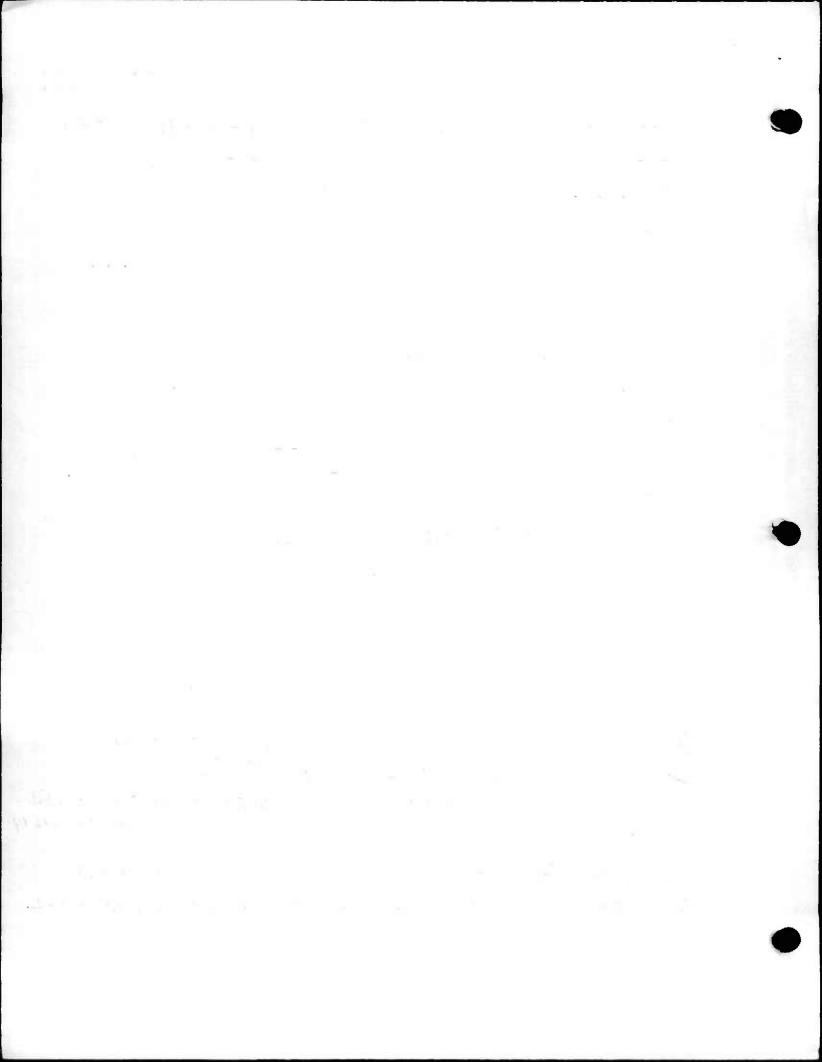
HySIGAN: The law requires that the death certificate be executed within Cours after death. Page 6 may be retained by the hospital or attending physician.	in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 shouli removal.	edical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Long	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be find within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	91 30201	
1. DECEDENT'S NAME (First, Mid	die, Last) ANDREW FRANKLIN		MASON!	2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH 0050 M	
4. SOCIAL SECURITY NUMBER 215-88-0217	1 € M 2 □ F	18 YRS. MONT		7. OATE OF BIRTN (Month, Day, Year) 1 2-19-1972	8. BIRTNPLACE (State or Foreign Country) MARY LAND	
9a. FACILITY NAME (If not institute NORTH PT. BI. RESIDENCE OF DECED	.VD. & DOGWOOD RO		EDGEMERE	EATN 9c.	BALTIMORE	
	BALTIMORE	10c. CITY, TO	WN OR LOCATION EDGEMERI		10d. INSIDE CITY LIMITS? 1 □ YES 2 🂢 🔏	
100. STREET AND NUMBER 2408 ESTELLE	AVENUE		101. ZIP CODE 21:	219	10g. CITIZEN OF WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Merried 2 Mer 3 Widowed 4 Divorced		2 12/10	13. WAS DECENDENT OF NISPAI If yes, specify Cuben, Mexics 1 YES 2 KMD Specifi	NIC ORIGIN? (Specify Yee or N in, Puerto Rican, etc.) y:	14. RACE — American Indien, Black, White, atc. Specify: WHITE	
15. OECEOE (Specify only hig Elementary/Secondary (0-12) 12 VEARS	NT'S EDUCATION heat grade completed) College (1-4 or 5+) N/A		AL OCCUPATION Ione during most of worlding and.) TION WORKER	186. KIND OF BUSINES	SS/INDUSTRY R FENCE	
17. FATNER'S NAME (First, Middle MARION J. LA	, Last)	rkovac		ME (First, Middle, Meiden Surne ELIZABETH A	ame)	
190. INFORMANT'S NAME (Type/I MARION LAWS) 200. METNOD OF DISPOSITION)N	2408 ES	RESS (Street and Number or Rural TELLE AVENUE N (Name of cemetery, crematory or	BALTIMORE, N	MD 21219	
1 Deurel 2 Cremetton 4 Donetton 5 Other (Spe 21. SIONATURE OF FUNERAL SE	3 Removal from State	other place)	EMETERY 11-5-	-1991 BALT WILITY UNERAL HOME (ON — City or Town, State FIMORE, MARYLAND OF DUNDALK INC. K MD 21222	
ahock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	ric injurie	•	ry erreat, Approximate Interval Between Onset and Death	
PART II. Other significant	conditions contributing to deeth	but not resulting in th	e underlying cause given in	Part I. 24a. WAS AN AUTPERFORMED	O7 AVAILABLE PRIOR TO	
3 Suicide 8 Cou	HOSPITAL: 1 Inpetient 2 ER/OU 28e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY 28e. PLACE OF INJURY	tpetient 3 DOA 4 DOA 14 DOA 14 DOA 14 DOA 14 DOA 14 DOA 15	M 1 YES 2 NO	8 Other (Specify) Ava 28d. DESCRIBE HOW INJUI	Armstrile RY OCCURED Number or Rural Route Number, Read at Dog isocial Rel	
one) 2 MEDICAL			my opinion, death occured at the	o time, date end place, and du	ee attated. By He., Md. 211	
296. SIGNATURE AND TITLE OF	· @ Donva			432 2	d. DATE SIONED (Month, Day, Year)	
J. CROSSAI		V 2-(12	DUNDALK	AUE, BAL	50, MD. 21222	
NOV 05	1991 Julia Davids	on-Randell			,	



DHMH-16 Rev 1/89

30201



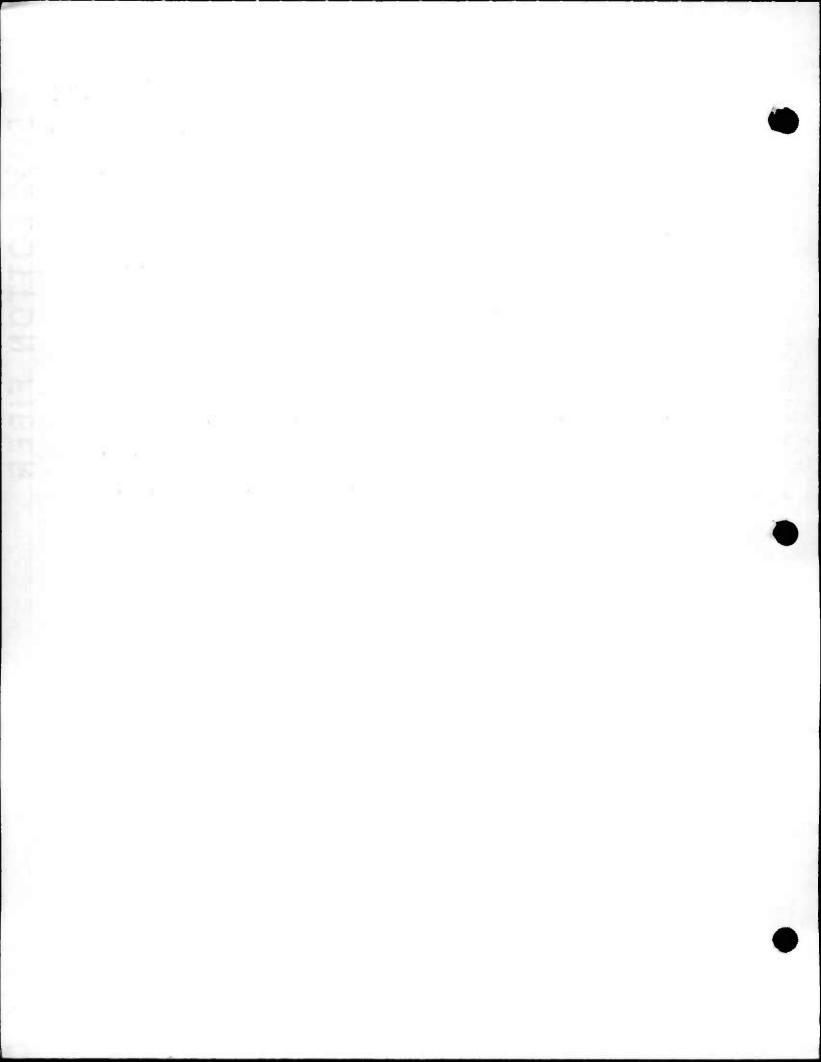
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DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit the madical examinant must be mutified at page 2, these are injury or other transmitteness that the madical examinant must be mutified at page 1.
INFORMAL IN HOLL CO IN HOLLOW ON THE PARTY OF THE PARTY O

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH AND I	MENTAL HYGIENI REG. NO.	91	30202
	1. DECEDENT'S NAME (First, Middle, Last) BOLESIAUS JOHN LIS	S			2. DATE OF DEATH MONTH November	, 199	3. TIME OF DEATH 9:30 A. M
	004 = (-1 - 5	SEX 8. AGE (II	72 YRS. MON	INDER 1 YEAR IF UNDER 24 HRS. THE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8, 8	BIRTHPLACE (State or Foreign Country) New York
B.	94. FACILITY NAME (If not institution, give street 2934 Wyman Parkway	end number)		city, rown or Location of Di Baltimore City	EATH	9c. COUNTY	OF DEATH
	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			WN OR LOCATION			10d. INSIDE CITY
PIG -	Maryland –		Balti	more			1 X YES 2 NO
ERA	2934 Wyman Parkway			21211		U.S.	of what country?
BY FUNERAL DIRECTOR	11. MARITAL STATUS 12 1 Never Married 2 KMarried 3 Wildowed 4 Divorced	. WAS DECEDENT EVER IN FORCES? 1 YES YES IF YES, GIVE WAR OR DA	U.S. ARMED 2 NO TES	13. WAS DECENDENT OF HISPAI If yes, specify Cuben, Mexics 1 YES 2X XNO Specify	n, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. OECEOENT'S EDUCATII (Specify only highest grade com Elementary/Secondary (0-12)	ON ipleted) college (1-4 or 5+)	life. Do NOT use ret	done during most of working red.)	16b. KIND OF BUS		
OMP	17. FATHER'S NAME (First, Middle, Last)	۵	Faculty A	dministrator	ME (First, Middle, Meiden		- University
BEC	John Lis			Helen H			
٩	Mrs. Katherine L.	Lis		ness (Street and Number or Rural nan Parkway, Ba			
	20a. METHOD OF DISPOSITION 1	t from State		N (Name of cometery, crematory or	20c. LO	CATION — City	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE		22. NAME AND ADDRESS OF FA Matthews Fune	CILITY PROJ Home	Ltimore	e. Ma.
-	I Com S. L	nather		3021 Eastern A		more,	Md. 21224
	23. PART I. Enter the diseases, or com abock, or heert feliure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	t only one cause on e	ich line.	inter the mode of dying, such		ratory arreat.	Approximate Interval Between Onset and Death
ATION	Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):				
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF):				
CAL C	PART ii. Other aignificant conditions c	ontributing to death b	ut not reaulting in th	ne undarlying cause given in	Part i. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
PHYSICIAN: MEDIC					1 □ YES 2		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIA		OSPITAL:	O	28. PLACE OF DEATH (C/	heck only one)		
HYS	1 YES 2 NO 1	28e. DATE OF INJURY (Month, Day, Year)		Nursing Home 8 Residence	6 Other (Specify) 28d. DE\$CRIBE HOW I	NJURY OCCUR	ED
BY	1 Natural 5 Pending 2 Accident Investigation	28e. PLACE OF INJURY		M 1 YES 2 NO	281. LOCATION (Street	and Mumber or	Purel Fouch Mumber
TED	3 Suicide 8 Could not be 4 Homicide determined	building, atc. (Spec	Hy)	i, ractory, ornos	City or Town, State)		nurer riodie Number,
COMPLETED	(Direction)			the time, data and place, end due my opinion, death occured at the			auso(e) and manner so stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	MA		29c. LICENSE NU D 40 8		. /	GNED (Month, Day, Year)
-	11/1/10/00					. /	
2	30. NAME AND ADDRESS OF PERSON WHO CON NOT BE ST. B.	OMPLETED CAUSE OF DE		-	HUPKINS ON	II m ve v	. , ,



DHMH-18 Rev 1/89



DHMH-16 Rev 1/89

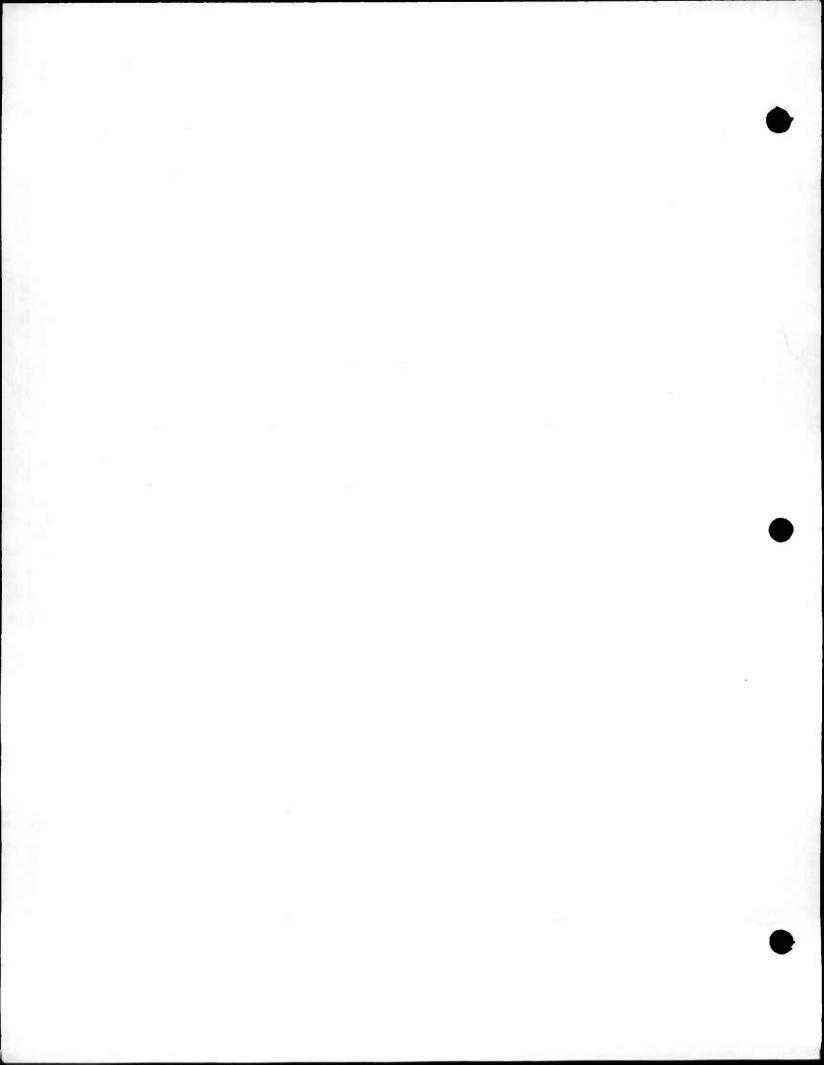
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Tiours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Ilem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTME CERTIFICA	NT OF HEALTH AND TE OF DEATH	MENTAL HYGIE		
	1. DECEDENT'S NAME (First, Middle, Last) George		.pa		2. DATE OF DEATH NOV. 2,	19791	3. TIME OF DEATH 2:48 P
	4. SOCIAL SECURITY NUMBER 213-03-9948	™ ² □ F 75	YRS. MONT		Feb. 15,		BIRTHPLACE (State or Foreign Country) Maryland
8	9a. FACILITY NAME (If not Institution, give start Francis Scott Ke		9b. C	aty, town or Location of Baltimore	DEATH		Y OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	7	to- OUTY TOW				
	Maryland			n on Location Ltimore			10d. INSIDE CITY LIMITS? 1 KEYES 2 NO
FUNERAL	100. STREET AND NUMBER 3924 Lyndale Ave			10f. ZIP CODE	•	7.00	N OF WHAT COUNTRY?
UNE	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S	ARMED	2121			. S. A.
ВҰ	1 Never Merried 2 XX Astried 3 Wildowed 4 Divorced	FORCES? 1X YES 2 IF YES, GIVE WAR OR DATES WWI	□NO	It yes, specify Cuban, Maxi 1 YES ZAZ NO Spec	cen, Puerto Rican, etc.)	as or No-	4. RACE — American Indian, Black, White, atc. Specify: WHITE
TED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION 18a	DECEDENT'S USUAL	L OCCUPATION one during most of working od.)	16b. KIND OF B	USINESS/INDUS	STRY
COMPLETED	Elementary/Secondary (0-12) NA	College (1-4 or 5+) NA		d 1 Fire Fighre	r Bal	timore	City
S	17. FATHER'S NAME (First, Middle, Last)				IAME (First, Middle, Maide		out,
BE	Francis Lipa				rie Kus		
2	19a. INFORMANT'S NAME (Type/Print) Eleanor C. Lipa	(114 E _ \		ESS (Street and Number or Rura			
	20a. METHOD OF DISPOSITION	20b Bt 4	CEAND DATE OF DIS	ndale Ave, Ba	DATE 20c. I		
	fy∏ Burial 2 ☐ Cremation 3 ☐ Remo 4 ☐ Donation 5 ☐ Other (Specify)	val from Stata cometery	cremetory or other ple	Faith Cemete		ltimor	
	21. SIGNATURE OF FUNERAL SERVICE LICE			22. NAME AND ADDRESS OF I	FACILITY		c, m.
	Ah Ti	belli	5	Schimunek Fun 3331 Brehms			Md 21213
	SMMEDIATE CALIDE (EL.)	mplicatione that ceused the lat only one cause on each ARECUSEL DUE TO (OR AS A CON	ARETIC		1 0		Approximate interval Between Onset and Deeth Sudden
CERTIFICATION	Sequentially liet conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A COM					
CAL	PART II. Other eignificant conditions		ot resulting in the	underlying ceuse given i		N AUTOPSY DRIMED? 2 NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
: MED							1 TYES 2 NO
Σ	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	theck only one)		TES Z NO
Σ	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Outpatien	OTH				1 425 2 40
PHYSICIAN: M	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Vestural 5 Pending			ER: Nursing Home 5 - Residence 28c, INJURY AT WORK?		INJURY OCCUP	
BY PHYSICIAN: M	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatien 28s. DATE OF INJURY	28b. TIME OF INJURY	LER: Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	8 Other (Specify)	and Number or	RED
BY PHYSICIAN: M	27. MANNER OF DEATH 1	1 Inpatient 2 ER/Outpatient 28s. DATE OF INJURY (Month, Day, Year) 28s. PLACE OF INJURY — A:	28b. TIME OF INJURY M	LER: tursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO actory, office	B Other (Specify) 28d. DESCRIBE HOW 28t. LOCATION (Stree City or Town, State to the cause(a) and m	t and Number or	RED Rural Route Number,
BE COMPLETED BY PHYSICIAN: M	27. MANNER OF DEATH 1	28a. DATE OF INJURY (Month, Dey, Year) 28a. PLACE OF INJURY — A building, atc. (Specify) IAN: To the best of my knowledge: On the basis of axamination and	28b. TIME OF INJURY M thome, term, atreet, find death occurred at the for investigation, in m	e time, data and place, and du y opinion, death occurad at th	B Other (Specify) 28d. DESCRIBE HOW 28t. LOCATION (Stree City or Town, State to the cause(a) and me time, data and place, a	t and Number or e) Briner as stated, and dus to the c	RED Rural Route Number,
COMPLETED BY PHYSICIAN: M	27. MANNER OF DEATH 1	28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY — A building, atc. (Specify) IAN: To the beat of my knowledge On the basis of examination and	28b. TIME OF INJURY M t home, tarm, street, f death occurred at th for Investigation, in m	e time, data and place, and dury opinion, death occurad at the	8 Other (Specify) 28d. DESCRIBE HOW 28t. LOCATION (Stree City or Town, State to the cause(a) and me time, data and place, a	t and Number or e) Briner as stated, and dus to the c	Rural Route Number,

NOV 05



YEAR

DC

9c. COUNTY OF DEATH

USA

20c. LDCATION — City or Town, State

Brentwood, Md

24s. WAS AN AUTOPSY

16 TES 2 | NO

26d. DESCRIBE HOW INJURY OCCURED

Subject stabbed

239 75th Ave. Apt.

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

1991

2. DATE OF DEATH MONTH

7. DATE OF BIRTH (Month, Day, Year)

12/07/47

DATE

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18b. KIND OF BUSINESS/INDUSTRY

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Willie Jr Lester 4. SOCIAL SECURITY NUMBER 577-62-0045 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. DAYS HOURS 1 M 2 F YRS. page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 3239 75th Avenue-Apartment 101 Landover 10b. COUNTY 10c. CITY, TOWH OR LOCATION DC Washington FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 1440 Kearney St NE 20017 24 hours after death. Page 6 may be retained by the hospital or attending physician, 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-FORCES? 1 YES 2 NO 1 Never Married 2 X Merried If yes, specity Cuben, Mexicen, Puarto Rican, etc.) BY 1 TYES 2 NO Specify: 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 12 Yrs None Musical Producer 17. FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S NAME (First, Middle, Maiden Surname) be notified at Willie Lester Sr BE Idella Turner 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) ဥ Lester Tesha 5011 Sargent Rd NE, DC 20017 20e. METHOD OF OISPOSITION
1 Burlel 2 Cremetion 3 Ret
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of must funeral director, Lincoln 11/8/91 examiner 22. NAME AND ADDRESS OF FACILITY John T Rhines Co., Inc. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 11 3015 12th St NE, DC 20017 filled in by the fullon, or removal. medical 23. PART. Enter the diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final been signed by the attending physician and completely fille bt. of Health and Mental Hygiene prior to burial, cremation, the disease or condition resulting in death) STABLUOUM OF NOCIL

DUE TO (OR AS A CONSEQUENCE OF): executed within event, traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if sny, isading to immediata cause. Entar UNDERLYING 2 certificate CAUSE (Disease or injury injury, or other that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART ii. Other significant conditions contributing to death but not reaulting in the undarlying cause given in Part i. MEDICAL shows any requires PHYSICIAN: certificate has been the State Dept. of item 23 s ME 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 XYES 2 NO 4 ☐ Nursing Home 5 ₹ Residence 6 ☐ Other (Specify) 1 | Inpatient 2 | ER/Outpatient 3 | DOA marked, or 27. MANNER OF CEATH 28e. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? with this 1 Netural 5 Pending 1 YES 2 X NO 02 1991 After 1 death BY 12:40A ATTENDING 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) O THE HOSPITAL DR ATTENDIA D THE FUNERAL DIRECTOR: At e filed within 72 hours after de 28 is i 3 Spicide E S Could not be 4 Homicide datermined COMPLET in apartment IMPORTANT: If Item 29e. CERTIFIER (Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end piece, end due to the ceuse(e) and menner as steted. 2 [X MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, data and piece, and due to the ceuse(e) end menner ee stated. 296. SENATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER it beifall 223 2 C.M.E 30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) D. KORW My 111 Penn Street. Baltimore Maryland 21201 Moyongs 32 REGISTRANG SIGNATURE Day ason-handall 31. DATE FILED (Month, Day, Year)

1991

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

91-6447-033 FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

91 30204

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE - American Indian, Black, White, etc.

1 X YES 2 NO

Approximats

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH? YES 2 NO

29d. DATE SIGNED (Month. Day, Year)

02

intarvai Between

Onset and Dasth

12:42

8. BIRTHPLACE (State or Foreign Country)

Prince Georges

10g. CITIZEN OF WHAT COUNTRY?

Brack

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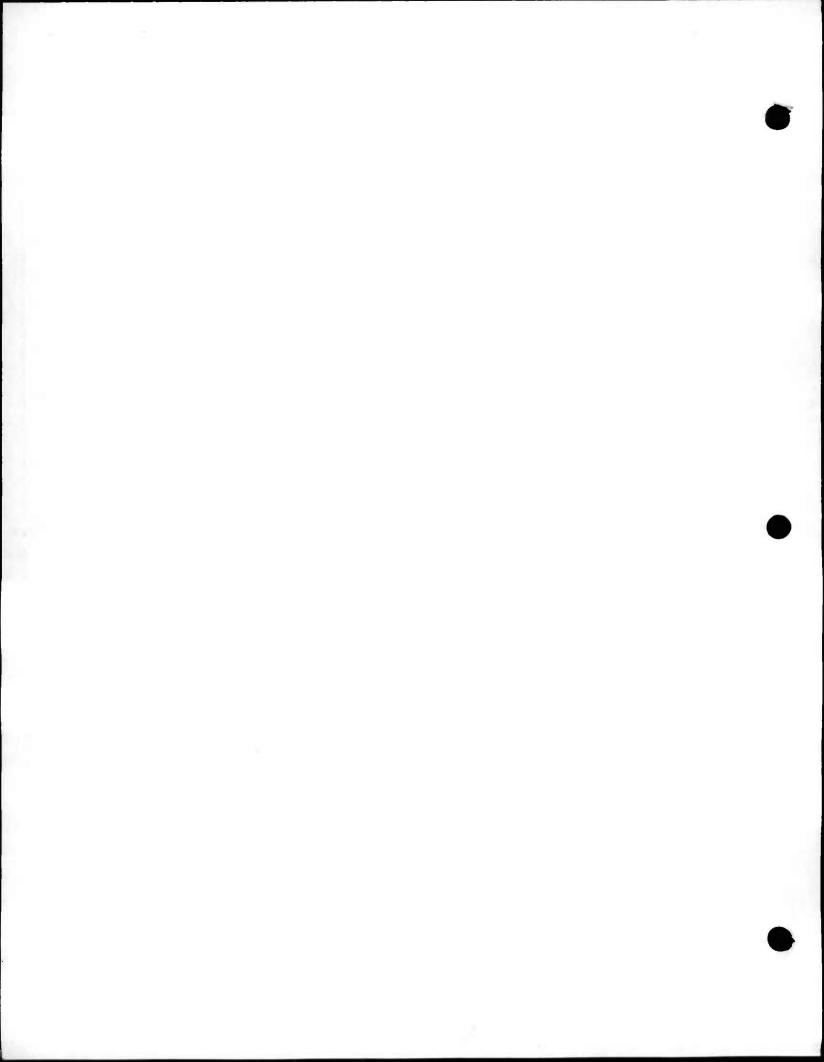
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attent	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as		
by the hosp	be detache		at once.
e retained l	e 5 should		notified
де 6 тау b	lirector, pag		r must be
er death. Pa	he funeral d	al.	examine
4 hours after	illed in by t	п, ог гето	e medica
ted within 2	completely f	al, crematio	event, th
te be execu	Sician and	prior to buri	traumatic
ath certifica	tending phy	al Hygiene	or other
that the dea	ed by the at	h and Ment	any injury.
aw requires	been signi	pt, of Healt	3 shows
CIAN: The L	ertificate has	the State De	or Item 2
DING PHYSII	After this ce	death with t	marked,
OR ATTEN	DIRECTOR:	nours after	tem 28 is
HOSPITAL	FUNERAL	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE	THE	be filed	IMPO

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	1. DECEDENT'S NAME (First, Middle, Lest) ADDITE MCDONALD 2. DATE OF DEATH MONTH DAY YEAR													
	ARRIE MCDONALD									MONTH 11	11 04 19			3:25 p.m#
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. les	t birthday)		R 1 YEAR			7. DATE OF BIRTH		6. BIRTHPINCE State or Foreign		
	223-09-56	-	1 M 2 □ F 79			MONTHS	DAYS	HOURS	MIN.	972	3/19	12	Fay	etteville,
~	9a. FACILITY NAME (If not institution, give street and number)							OR LOCATI				9c. COU	NTY OF D	EATH
DIRECTOR	THE JOHNS HOPKINS HOSPITAL					В	BALTIMORE CITY BALTIMORE					RE		
<u> </u>	10e. STATE						. CITY, TOWN OR LOCATION tod.						10d. INSIDE CITY	
	MARYLAND	MARYLAND RANDALLSTOWN									=			LIMITS?
₹ I	10e. STREET AND NUMBER		72.5				101. ZIP CODE 10g. CITIZEN OF W					VHAT COUNTRY?		
FUNERAL	4207 HANV	VELL .						211	33				USA	A
교	11. MARITAL STATUS 1 Never Married 2	Married	FORCES? 1	T EVER IN U.S. AR		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. If yea, specify Cuban, Maxican, Puerto Rican, etc.)						14. RACE Black	— American Indian, k, White, atc.	
В	3 X Widowed 4 Divo		IF YES, GIVE V	MAR OR DATES		If yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 YES 2 1 Specify: Specify:								
COMPLETED	15. DEC	EDENT'S EDU y highest grade	CATION	18a. DE	CEDENT'S	USUAL O	CCUPATIO	ON		16b, H	(IND OF BUS	SINESS/IND	DUSTRY	DLACK
Ē	Elementary/Secondary (0		College (1-4 or 5	life	Do NOT u	work done se retired.)	during mo	ost of working	ng					
MP														
	17. FATHER'S NAME (First, M		MATE								ddle, Maiden			
BE	GERMANY 19a. INFORMANT'S NAME (7)		NALD								ILLIA			
2	BARBARA 3	JONES		198	1207	HA	S (Street a	LL R	or Rural F	RA	City or Town	n, State, Zij LSTO	WN,	MD 21133
	20a. METHOD OF DISPOSITI 1 ∰Burtal 2 ☐ Crematic 4 ☐ Donation 5 ☐ Other	n 3 🗆 Rem (Specify)		20b.PLACEA CUMBI					RDE	NS DATE		ETT		LLE, N.C.
	21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE	. 1		22. T	NAME A	ND ADDRE	SS OF FAC	E UUU	8 SOI	u Eu	MER	AL HOME
	Noro	11 () Nu	1881										E 21207
	23. PART 1. Enter the di	seesea, or	complications the	t caused the da	ath. Do i	not antar	tha mo	da of dy	ing, auch	as cardia	c or reapi	ratory ar	raat,	Approximata
	IMMEDIATE CAUSE (Fir	el)	AA	of University		P	1	-4-5	1					intarval Batween Onset and Daath
	disease or condition reaulting in death)	+	u	ASTAT			254	4te	CA	2CIA	10 m	1A 440		14425
	DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	Sequentially list conditions, if any, laading to immediate DUE TO (OR AS A CONSEQUENCE OF):													
CAT	cause. Entar UNDERLY	NG												
Ē	CAUSE (Disease or Injuthat initiated events		DUE TO	(OR AS A CONSEC	UENCE O	F):								
H	resulting in death) LAS	' (d											
١١	PART II. Other significa	nt condition	a contributing to	daath but not re	aulting	in the ur	nderiying	g causa c	olvan in i	Part I. 2	4a. WAS AN	AUTOPSY	24h	WERE AUTOPSY FINDINGS
MEDICAL											PERFOR	MED?	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
										_ '	YES 2	□ NO		OF DEATH?
										-				T TES 2 NO
SI	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL					26. PL	ACE OF D	EATH (Che	ck only one)				
PHYSICIAN:	1 YES 2 NO		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER		e 5 🗆 Re	sidence i	8 🗆 Other (Specify)			
F	27. MANNER OF DEATH Netural 5	D 41	28a. DATE OF (Month, D		28b. TIM INJ	E OF URY	28c. INJ WO	URY AT		28d. DESCI	RIBE HOW IN	JURY OC	CURED	
B	2 Accident	Pending Investigation				М	1 🗆 1		NO					
E I		Could not be determined	28a. PLACE O building,	F INJURY — At hor etc. (Specify)	ne, farm, s	street, faci	ory, office	•		28f. LOCAT	tON (Street a. Town, State)	nd Number	or Rural R	loute Number,
COMPLETED	29a. CERTIFIER													
₩.	(Check only	CAL EXAMINE	CIAN: To the best of	my knowledge, des	th occurr	ed at the t	lme, date	and place,	and dua	to the cause	(a) and man	ner aa stat	ed.	
	29b, SIGNATURE AND TITLE				ivestigatio	m, in my c	pinion, a				nd place, and	due to th	a cause(a)) and manner as stated.
8	1/000	KV			m T)		29c. LICE	NSE NUM	BER				(Month, Day, Year)
2	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAUS	SE OF DEATH (ITEM	27) (Type	Print)						- 1	114	171
	KELLE,	NK	KOVA	Lovich)								
	31. DATE FILED MONTH DAY YEAR 991 32. REGISTRAR'S SIGNATURE													
1			a											





YEAR

3. TIME OF DEATH

2. DATE OF OEATH

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle Last)

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LUVADA L. MOBLEY 10 97 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 M 2 K F 310-26-9339A 69 8-28-22 W. Va. permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 3044 Strickland Street Baltimore City N/A 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. N/A Baltimore 1 KES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? for use as the burial-transit 3044 Strickland St. - Baltimore, Md. 21229 U. S. A. 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuban, Maxicen, Puerto Rican, atc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, Whita, atc. 1 Never Married 2 Married В Specify: White 3 Widowed 4 Divorced N/A N/A COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Sne (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) N/A page 5 should be detached N/A Housewife N/A 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Columbus Bennette notified at BE Lula McDaniel 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Wick H. Mobley 3044 Strickland St. - Baltimore, Md. 21229 within 24 hours after death. Page 6 may be must be 20a METHOD OF DISPOSITION
1 Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 11-2-91 DATE 20c. LOCATION — City or Town, Stata completely filled in by the funeral director, i rial, cremation, or removal. Barbour Memorial Cemetery 4 Donation 5 Other (Specify) Philippi, W. Va. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 3512 Frederick Avenue G. Truman Schwab Baltimore, Md. 21229 medicai 23. PART I. Enter the disease, or complicatione that ceueed the deeth. Do not enter the mode of dying, auch as cerdiac or reepiratory arrest, Approximate ahock, or heart feliure. Liet only one ceuse on each line. Interval Between ō **IMMEDIATE CAUSE (Finel** Onset and Desth the disease or condition RENAL FAILURE Chronic event, resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF) executed hyslcian and com prior to burial, traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING has been signed by the attending physician Dept. of Health and Mental Hygiene prior to 8 CAUSE (Disease or Injury that initiated events other DUE TO (OR AS A CONSEQUENCE OF): reaulting in deeth) LAST 6 injury, PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? that shows any PERFORMED? 1 | YES 2 | NO 1 YES 2 NO PHYSICIAN: AMP. 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) tem DIRECTOR: After this certificate I hours after death with the State HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: ATTENDING PHYSICIAN: 1 YES 2 NO me 5 Residence 8 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) marked, 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, ferm, atrast, factory, office building, atc. (Specify) 3 Suicida 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) C 8 Could not be 28 4 Homicide COMPLET item 8 29a. CERTIFIER

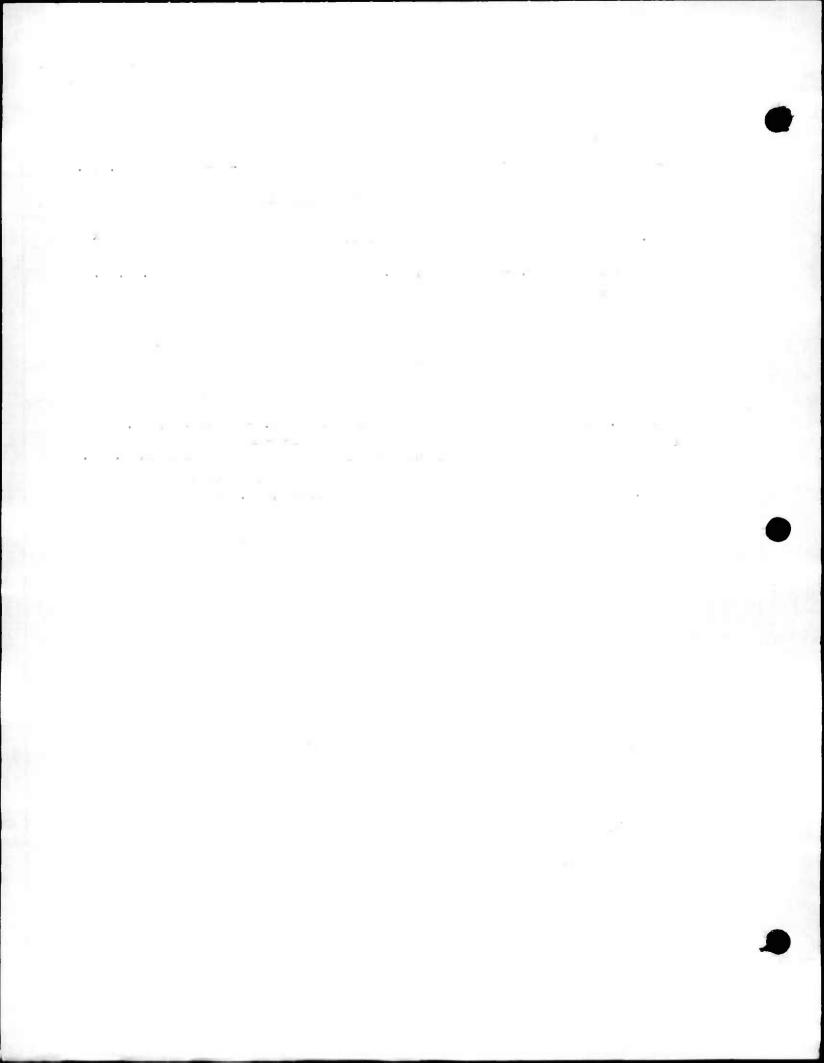
(Chark only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the ceuse(a) and manner se stated. TO THE HOSPITAL OF THE FUNERAL DE FILE WITHIN 72 ho 2 MEDICAL EXAMINER: On the basic of axamination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIED 29d. DATE SIGNED (Morith, Day, Year) BE 10/30 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Baltimore Maide (441 1010 mo 31. DATE FILED (Month, Day, Year) 30. REGISTRAR'S SIGNATURE JUNE DAY door - Randalle **NOV 05** 1991

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.







3. TIME OF DEATN

REG. NO

IIMORE, MARYLAND 21215-0020

1 - FOR STATE REGISTRAR

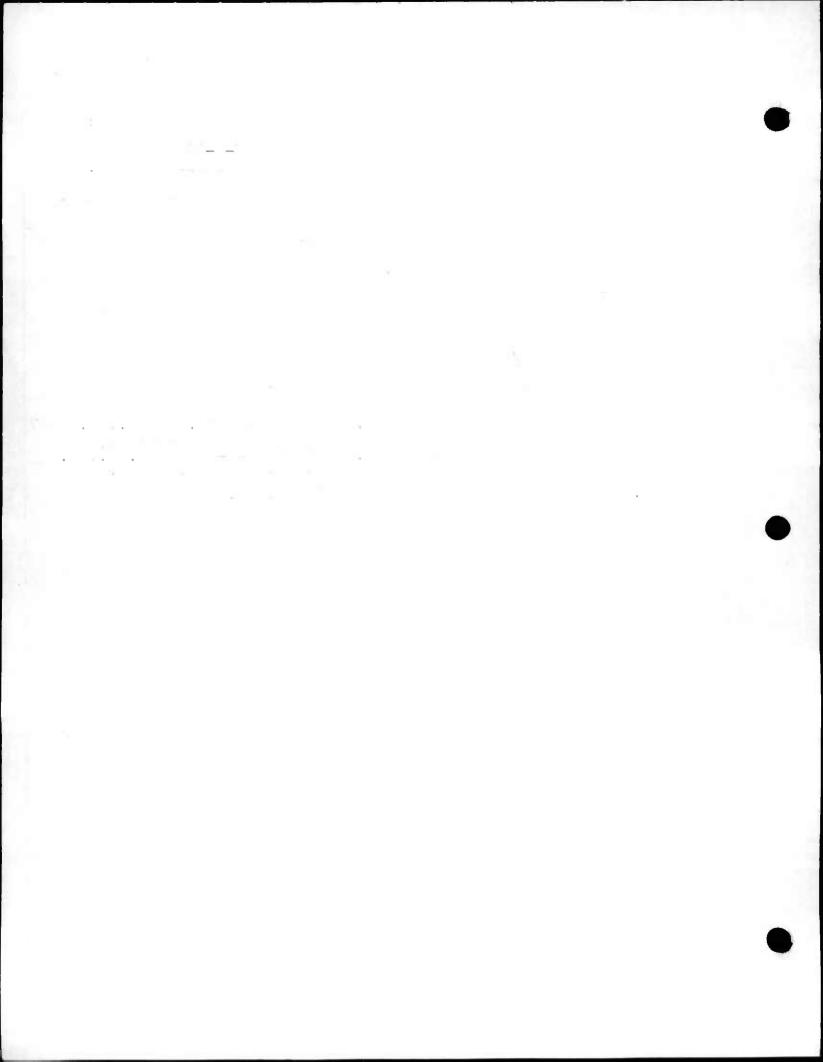
1. DECEDENT'S NAME (First, Middle, Last)

BAL	fter death
m	after
	4 hours
o,	ithin 2
9289	law requires that the death certificate be executed within 24 hours after
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.O. BC	certificate
Σ.	death
ä	he
r	at
0	#
KEC	require
_	WE
٨	The
OF VI	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 68760	HE HOSPITAL OR ATTENDING PHYSICIAN: The law
5	OR
	HOSPITAL
	光

2. DATE OF DEATH Fervi Lee Masters YEAR 7:39 PMM 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. MANUEL OF BURTON 8. BIRTHPLACE (State or Foreign 90. FACILITY NAME (If not institution, give stree 1 1 1 2 | F YRS. 8 116126 Md funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH NA Agres DIRECTOR timal mald RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? lt:mor more Woodlawn 1 YES 2 X NO FUNERAL 10e, STREET AND NUMBER Baltimore 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2120 U.S Md. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 WO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Mexicon, Puerto Rica ВҰ 1 TES 2 NO Specify 3 Widowed 4 Divorced Specify: White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe College (1-4 or 5+) Elementary/Secondary (0-12) Store Supervisor Acme notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Fervl BE Masters Alice Floyd 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Nancy Fugua Masters Forest Park Md Ave -Balto. pe 20e. METHOD OF DISPOSITION

1 Suriel 2 Cremation 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION TOTO A TOWN, State must Lorraine Pk. Cemetery 11-5-Balto.Co..Md examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
5151 Baltimore National Pike G. Truman Schwab n by the fu Baltimore. Md. 21229 medical 23. PART I. Enter the dieeesaa, or complications that caused the death. Do not anter the mode of dying, euch as cerdiec or reepiratory arrest, filled in by Approximate ehock, or heart feliure. Liet only one ceuse on each line. 0 interval Betw IMMEDIATE CAUSE (Final **Onaet and Death** n and completely fille to burial, cremation, the Ventralor disease or condition resulting in deeth) 1000 event. DUE TO (OR AS A CONSEQUENCE OF): Auto sicle iti (WIN would traumatic CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate the attending physician Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (DR AS A CONSEQUENCE OF): that initiated evente resulting in deeth) LAST 0 Injury, PART ii. Other eignificent conditions contributing to death but not recuiting in the underlying cause given in Pert I. MEDICAL 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? and shows any signed Health a 1 YES 2 NO DE DEATH? 1 TYES 2 NO been t. of 1 PHYSICIAN: certificate has be h the State Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **Tem** HOSPITAL: OTHER: 1 YES 2 NO Inpatient 2 ER/Outpatient 3 DOA ng Home 5 - Raeldence 8 - Other (Specify) 6 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? marked, this c 28d. DESCRIBE HOW INJURY OCCURED Natural 2 Accident 5 Pending Investigation 1 YES 2 NO BY After 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28 is ETED. 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 8 Could not be L DIRECTOR: 1 4 Nomicide determined Hem 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end manner ee stated. COMPL FUNERAL I -MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurad at the time, date end piece, end due to the cause(s) and manner se stated. IMPORTANT: 29b. SIGNATURE AND TITLE OF CERTIFIER THE F 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) REJISENT 日日 9 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) 900 CATOMANE, BALTO Mrs will 9-BURU AGNES HOTE. 57 MD 21219 31. DATE FILED (Month, Day, Year)
NOV 05 1991 Suna Davidson Mindelle

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGIST 1 -

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAN		CE	-NIII	ICALE	L DEVI	п	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH DA		YEAR	TIME OF DEATH
	Joseph Guy 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. In:				ngan			11 02 1991 12:59 A			
	212-94-2048	2-94-2048 1────────────────────────────────────			MONTHS DAYS HOURS MIN (Monti			7. DATE OF BIRTH (Month, Day, Year) 6-15-197	Day, Year) Country)		ACE (State or Foreign
~	9e. FACILITY NAME (If not Institution, give st	reet end number)			96. CITY, TOV	N OR LOCATIO	ON OF DE	ATH	9c. COU	NTY OF DEA	
DIRECTOR	Old Northpoint (S) of Wood A	venue			Edgemere Baltimore						·e
뿐	10e. STATE 10b. COUNTY			10c. CIT	De. CITY, TOWN OR LOCATION 10d. II						
		IMORE				EVG	EMERE			1	LIMITS?
FUNERAL	100. STREET AND NUMBER 2406 ESTELLE AVEN	JUE				10f. ZIP CODE	21219		10g. CIT	U.S.	AT COUNTRY?
3	11. MARITAL STATUS	12. WAS DECEDENT	T EVER IN II S ADI	MED	42 348.6			C ORIGIN? (Specify Yea			
	1 Never Merried 2 Merried	FORCES? 1 IF YES, GIVE W	YES 2 N	0.	If yee	specify Cuber	ı, Mexican	, Puerto Rican, etc.)	or No-		American Indian, White, etc.
BY	3 Widowed 4 Divorced		AIT OIT DATES		''	ES 2 NO	Specify:			Specify:	WHITE
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18e. DEC	CEDENT'S	USUAL OCCUP work done during a retired.)	ATION most of working	n	16b. KIND OF BUS	INESS/IND	DUSTRY	WIII
الا	Elementery/Secondary (0-12)	College (1-4 or 5 +) life.			The second second	,	CD4 DDAW	c Da	71.7	CU COUPAL
N N	11 YEARS 17. FATHER'S NAME (First, Middle, Last)	N/A		STU	JENI					INI H	IGH SCHOOL
	JOHN HOWARD MONGA	ANI						NE (First, Middle, Maiden ANN CHAMB		TKI	
BE	190. INFORMANT'S NAME (Type/Print)	7/4	196	MAILING	ADDRESS (S)			oute Number, City or Town			
2	MR. & MRS. JOHN H	H. MONGAN		2406	ESTEL	E AVE	VUE	BALTIMOR	E, Mi	ARYLAN	ID 21219
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetton 3 Remo 4 Donetton 5 Other (Specify)	oval from State	OAK L	ND DATE O	EMETE!	(Name of	-5-19	991 BA	CATION —	ORE, A	State MARYLAND
	21. SIGNATURE OF EUNERAL SERVICE LIC	ENSEE						RAL HOME			
	TAA	LL			79:	22 WIST	EAVE	ENUE DU	NDAL	K MD	
	23. PART I. Enter the disesses, or c	omplications that	caused the de	th. Do n	ot enter the	mode of dyle	ng, such	ss csrdiac or respi	ratory arr	est,	Approximate
	shock, or heart fellure. List only one cause on each line. MMEDIATE CAUSE (Final lisesse or condition sesuiting in death) S. WULTRE TARONOS S. WULTRE TARONOS										
	disesse or condition resulting in death)	Muson	Mr I	NAU	Mos						
	DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):										
AT	csuse. Enter UNDERLYING										
Ĕ	CAUSE (Disesse or injury that initiated events	DUE TO (OR AS A CONSEO	UENCE OF):						
E	resulting in desth) LAST										
C	PART II. Other significant conditions	contributing to	desth but not re	sulting i	n the underly	lna causa a	iven in F	Part I. 24e. WAS AN	Allmosev	245 100	ERE AUTOPSY FINDINGS
₫					. wo wildon	mg occor g	, ,	PERFOR	MED?	AM	AILABLE PRIOR TO DMPLETION OF CAUSE
MEDICAL								1 FES 2	□ NO	OF	DEATH?
								_		19	TES 2 NO
₹ I	25. WAS CASE REFERRED TO MEDICAL				26	PLACE OF DE	ATH (Chec	ok only one)			
Sic	EXAMINER? 1 XYES 2 NO	HOSPITAL:	ER/Outpetient 3	DOA	OTHER:				n s	treet	
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF (Month, Da		28b. TIM	OF 28c.	INJURY AT		2ad. DESCRIBE HOW IN			
BY F	1 Detural 5 Pending 2 Accident Investigation	11 02	1991	INJI	4.4	WORK? ☐ YES 2 🔀	NO 1	Driver in	211+	0/00	le impact
	3 Suicide a Could not be	28e, PLACE OF	INJURY — At hone			ffice	-	28f LOCATION (Street o	nd Mumber	or Burni Boun	n Alumbar
Ë.	4 Homicide determined		street					(S) of W	old I	North	point Rd
<u>P</u>	29e. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the beet of r	my knowledge, das	th occurre	d at the time, d	ate end plece,	end due t				
COMPLETED	one) 2 X MEDICAL EXAMINER										d menner ea stated.
BE C	296. SCHATURE AND JITLE OF CERTIFIED	16.11				29c. LICEI	NSE NUME	BER	29d. DATE	E SIGNED (Mo	onth, Day, Year)
5 B	maybe me	TUIL				0.0	. M . I		▶ 11	0.2	1991
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (ITEM								
	31. DATE FILED (Month, Day, Year)	32. REGISTRAF	R'S SIGNATURE	LL P	<u>enn S</u>	reel	, Ва	altimore	Mar	ylan	d 21201
	NOV 05 1991 Julia Savidson-Randale										



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Tally and a series of the seri

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 Jurs after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.	ed, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
HE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be execu-	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi se filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic

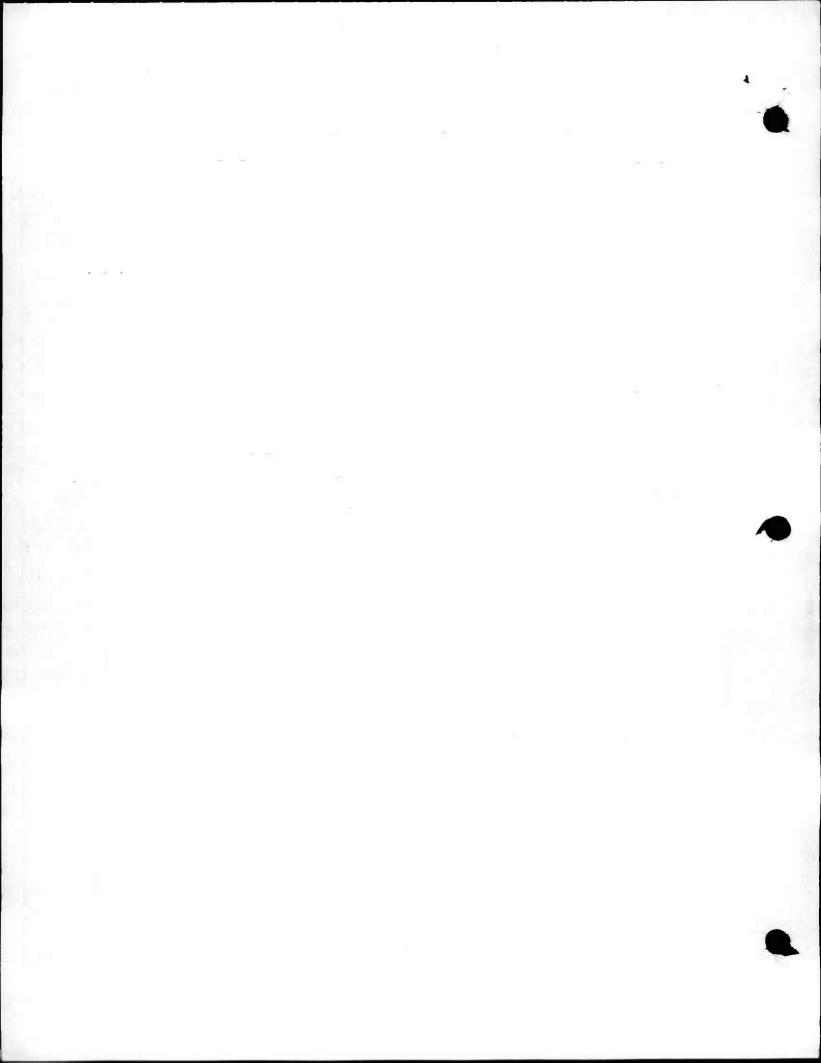
FOR	STATE OF MA	DVI AND / DEDA	DTME	IT OF 1		AND			9	1 3	30209
1 - STATE REGISTRAR	SINIE UP MA	RYLAND / DEPA CERTI	FICAT	E OF	DEA	ANU TH	MENIA	REG. NO.	E		0 2 0 3
1. DECEDENT'S NAME (First, Middle							2. DATE	OF DEATH			3. TIME OF DEATH
	ene Mason	Sr.					MON!	1/ 3		YEAR	0052 A
4. SOCIAL SECURITY NUMBER 415-40-1748	1 💢 M 2 🗆 F	AGE (In yrs. lest birthdey 62 YRS.	MONTHS	ER 1 YEAR DAYS	IF UNDER	24 HRS. WIN.		OF BIRTH 929		Count	NPLACE (State or Foreign ry) NNESSEE
9a. FACILITY NAME (If not institution				TY, TOWN C					9c. COL	INTY OF C	
Union Memor	ial Hospital			Balti	lmore	Ci	ty				
	OUNTY	10c. C	ITY, TOWN	OR LOCAT	ION						10d. INSIDE CITY
MARYLAND	BALTIMORE				DII	NDAL	K				LIMITS?
10e. STREET AND NUMBER				101	. ZIP CODI		-11		10g. CIT	IZEN OF Y	WHAT COUNTRY?
1918 NEVILL ROA	D					21	222			11.	S.A.
11. MARITAL STATUS	12. WAS DECEDENT E FORCES? 1	VER IN U.S. ARMED	1;	. WAS DEC	ENDENT C	F HISPAI	NIC ORIGI	N7 (Specify Yea	or No-		E — American Indian, k, White, atc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		1 YES	2 XXIVO	n, Maxica Specif	n, Puarto	Rican, atc.)		Spec	Hy:
15. DECEDENT	© EDUCATION										WHITE
(Specify only highes	grade completed)	16a. DECEDENT' (Give kind o life. Do NOT	f work don	e durina mo	IN st of workin	ng	168	. KIND OF BUS	SINESS/IN	DUSTRY	
8 YEARS	College (1-4 or 5+) N/A	BOILE		,			- 1	RETUI E	UEM	CTEE	I CUIDUADO
17. FATHER'S NAME (First, Middle, La		DOILE	-1/1/10/1	LIC	16. MOTE	VER'S NA				SICE	L SHIPYARD
EARL L. MASON	T7. FATHER'S NAME (First, Middle, Last) EARL L. MASON 16. MOTNER'S NAME (First, Middle, Malden Surname) GRACE CURTIS										
19a. INFORMANT'S NAME (Type/Print)	19b. MAILIN	G ADDRE	SS (Street a	nd Number			ber, City or Town	, State, Zi	p Code)	
BEAUTELLE MASON				ILL :				ORE. M			222
20a. METNOD OF DISPOSITION	Ramoval from State	20b. PLACE AND DATE	E OF DISPO	SITION (Na	me of		DAY	E 20c LO	CATION -	City or To	wen State
XX Burial 2 Cremation 3 C 4 Donation 5 Other (Specify		SACRED HE	ART	OF J	ESUS	11-	5-91	BA	LTIM	ORE	MARYLAND
21. SIGNATURE OF FUNERAL SERVI	CE LICENSEE		DI	NAME AN	DADDRES	SS OF FA	CILITY DAI	HOME O	E DII	LIDAI	V THE
3/1	LL		7	922	UTSF	AUF	KILLE	DUND			21222
23. PART I. Enter the diseases	, or complications that ca	used the death. Do	not ante	r tha mo	da Df dyl	ng, auc	h as care	diac or reaple	retory ar	rest.	Approximata
IMMEDIATE CAUSE (Final	lure. List Dnly ons causa	Dn aach lina.						•		,	Interval Batween Onset and Death
disease pr condition reaulting in death)	a. MLL /	ti oran	1	inst	21111	1	1/111	-0			two ucek
Todaking in county	DUE TO (OR	AS A CONSEQUENCE	OF):	7510	2000	7011	100				yac aces
Sequentially list conditions,	The COP	AS A CONSEQUENCE	erb	atio	n						three we
If any, laading to immediata											111
CAUSE (Disease or Injury	a pn	AS A CONSEQUENCE	2								three wis
that initiated eventa resulting in death) LAST	DOB/10 (OR	AS A CONSEQUENCE	OF);								
	d										
PART II. Other algnificant con-	ditiona contributing to dea	th but not reaulting	In the L	ındariying	cause g	Ivan In	Part I.	24s. WAS AN		24b	WERE AUTOPSY FINDINGS
								1 TYES 2			AVAILABLE PRIOR TO COMPLETION DF CAUSE
								- 107.1			OF DEATN?
25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:		0711		ACE OF DE	EATN (Ch	eck only on	re)			
1 TYES 2 NO	1 Inpatient 2 I ER	/Outpetlant 3 DOA	OTHE	R: Irsing Nome	5 🗆 Ras	sidence	6 🗆 Othe	r (Specify)			-
27. MANNER OF DEATN 1 Netural 5 Pending	26a. DATE OF INJ (Month, Day,)		JURY	28c. INJU	RK?		28d. DES	CRIBE NOW IN	JURY OC	CURED	
2 Accident Investige	rtion	Himme Asia	М		ES 2	NO					
3 Suicide 8 Could not be 26s. PLACE OF INJURY — A1 home, farm, street, factory, office building, atc. (Specify) 26s. LOCATION (Street and Number or Rural Route Number, City or Town, State)								loute Number,			

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION 29a. CERTIFIER (Check only one) the cause(s) and menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, who completed cause of DEATH (ITEM 27) (Typo, Print)

WIND COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

WIND COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

WIND COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) PITA AS 31. DATE FILED (Month, Day, Year) NOV 05 199 University Parkway, 2018. ASZAC wha Davidson ONMN-16 Rev 1/89



permit. Pages 1, 2, 3 should

PHYSICIAN: MEDICAL CERTIFICATION

ВУ

BE COMPLETED

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										0		00010	
	91-6448-510									9		30210	
	1 - FOR STATE REGISTRAR	STATE OF N	MARYLAND / CE	DEPAR	TMEN	OF H	EALTH	AND I	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH	
		tchell	Ma	tth	ews				11 02	AY 1 C	YEAR	1:59 A M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	birthday)	IF UNDER		IF UNDER		7. DATE OF BIRTH	Ť	8. BIRTH	PLACE (State or Foreign	
	212-86-5279	1 M 2 D F	18	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 1-30-1973	;	Country	RYLAND	
_	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY	, TOWN C	R LOCATI	ON OF O			NTY OF D		
DIRECTOR	Shock Trauma C	enter	-		Ва	lti	more	e					
RE	10a. STATE 10b. COUNTY	t		10c. CIT	Y, TOWN	OR LOCAT	ION					10d. INSIDE CITY	
	MARY LAND BA	ALTIMORE					EDG	EMER	E			LIMITS?	
ĭ.	10e. STREET AND NUMBER					101	ZIP COD			10g. CITI	10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	2407 ESTELLE AVENU		21219						U.S.A.				
ВУ	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES					If yea, spe	ENDENT Color Cuba 2 X X 100	of HISPAN n, Maxica Specify	NIC ORIGIN? (Specify Yearn, Puarto Rican, atc.)	or No-	14. RACE	— American Indian, Whife, etc.	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(Gr	ve kind of	USUAL O	CCUPATIO	N st of workin	10	18b. KIND OF BUS	INESS/IND	USTRY		
٦	Elementary/Secondary (0-12)	College (1-4 or 5+) Me.	Do NOT u	se retired.)								
M	1.1 YEARS N. 17. FATHER'S NAME (First, Middle, Last)	V/A			S	TUDE	_						
		.10					16. MOTH	HER'S NA	ME (First, Middle, Meiden				
8	JEWELL LEE MATTHED 19a. INFORMANT'S NAME (Type/Print)	VS							SHERRILLE			RUTTER	
임		42.							Route Number, City or Tow.			W-10-12	
	SHERRILLE D. Sawa	tis			EST			VUE	BALTIMOR			21219	
	XX Burial 2 Cremation 3 Ramo		20b. PLACE A cemetery, crem MORE	nd date on a color of the color	or Dispos ther place) MEM(ORTA	me of	11-6	-1991 BAL	CATION — C	City or Tov	vn, Stata	
	21. BYOMATURE OF PUNISHAL SERVICE LIC	W. Fr	ih/		22.	DUD!	A-RU	CK F	UNERAL HOM		DUNC		
	23. PART I. Enter the diseases, pr c	omplications that	caused the des	th. Dp r	not enter	the mo	de of dyl	ng, suci	h as csrdisc or reapi	ratory arm	est,	Approximate	
- 1	shock, Dr heart failure. I IMMEDIATE CAUSE (Final	LINE DRIV ONE CSU	se Dn esch line.								-	Interval Between Onset and Death	
	disease or condition	Mulm	0115 T	MI	unu	T						Olleger sing Death	
	disease or condition												

If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events resulting in death) LAST

Sequentially list conditions.

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.

24a. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 XYES 2 NO

5 Pending

6 Could not be

determined

27. MANNER OF DEATH

2 Coldent

3 Suicida

4 Homicide

26. PLACE DF DEATH (Check only one) OTHER: 4 - Nursing Ho

Penn Street.

5 Residence 28c. INJURY AT WORK?

28d. DESCRIBE HOW INJURY OCCUREO

02 12:58'A 1991 28a, PLACE OF INJURY — Al home, farm, streef, factory, office building, atc. (Specify)

286. TIME OF

Passenger involved in auto/pole impact

281. LOCATION (Street and Number of Plural Route Number, City or Town, State) Old Northpoint Road

29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

2 [X MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated.

29c. LICENSE NUMBER 29d. OATE SIGNEO (Month, Day, Yeer)

Baltimore Maryland

COMPLETED CAUSE DF DEATH (ITEM 27) (Type, Print)

O.C.M.E

02 1991

30. NAME AND ADDRESS OF PER 31. DATE FILED (Month, Day, Year)

Lo Nou 32. REGISTRAR'S SIGNATURE

NOV 05 1991 ha Davidson-Rando 02

HOSPITAL:
1 ☐ Inpatiant 2X ER/Outpatient 3 ☐ DOA

28a, DATE OF INJURY (Month, Day, Year)

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22mounts after death. Page 6 may be retained by the interest of the post of the physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARY		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIR				
	1. DECEDENT'S NAME (First, Middle Last)	EVONCE L	1 DOOWNE	11LER	2. DATE OF DEATH	27 9	3. TIME OF DEATH AM		
	320-34-3156	1X M 2 🗆 F 53	YRS. MONTH		7. DATE OF BIRTH (Month, Day, Year, 8-25-3)	8	BIRTHPLACE (State or Foreign Country)		
TOR	Bathmare Lockey RESIDENCE OF DECEMENT	en VA Hosp	ital Bu	TIMOR MD	DEATH	BaH	MORE.		
DIRECTOR	10a. STATE 10b. COUNTY	,		N OR LOCATION TIMORE CITY			10d. INSIDE CITY LIMITS? XXYES 2 \(\sqrt{N}\) NO		
3AL	10e. STREET AND NUMBER			10f. ZIP CODE 21218	· · · · · · · · · · · · · · · · · · ·		OF WHAT COUNTRY?		
FUNERAL	2314 NORTH AIS	NIC ORIGIN? (Specify		. S . A					
B	1 Naver Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1. YES IF YES, GIVE WAR OR		If yes, specify Cuben, Mexic 1 YES 2 NO Specific	an, Puerto Rican, etc.)	18.	. RACE — American Indian, Black, White, etc. Specify: Black		
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 11th Grade 17. FATHER'S NAME (First, Middle, Last) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Disabled 16. MOTHER'S NAME (First, Middle, Maiden Surname)							TRY		
MP	llth Grade		Disabl						
	17. FATHER'S NAME (First, Middle, Last) Harry Mille	ar		Eela	AME (First, Middle, Mak Hawkin	den Surname)			
BE	19a, INFORMANT'S NAME (Type/Print)	<u> </u>	19b. MAILING ADDR	RESS (Street and Number or Pura		Town, State, Zip Co	de)		
ᄋ	Ethel Mae Mayo)	5502 I	vanhoe Aver	ue/Balt	imore,	Md. 21212		
	20a. METHOD OF DISPOSITION Main	oval from State	other place)	(Name of cemetery, crematory or		LOCATION — City			
	4 Donation 5 Other (Specify)			Forest VA. 22. NAME AND ADDRESS OF F		Wings I	Mills, MD.		
	· (alvin 2	1. Will		WM.C.MARCE	F-H- l	101 E.	North Ave.		
	23. PART I. Enter the diseases, or on shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)		aach line.	nter the moda of dying, su	ch as cardiac or re	spiratory arrest	t, Approximata interval Batween Onset and Death		
CERTIFICATION	Sequantially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ANDMIA DUE TO GOR AS THYOMOGCY	CONSEQUENCE OF): O PLA (A) A CONSEQUENCE OF):			E			
PHYSICIAN: MEDICAL	PART II. Other algorificant condition	a contributing to death	but not resulting in the	e underlying cause given in	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIDR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQ6PITAL:	Laz	26. PLACE OF DEATH (C	check only one)		<u> </u>		
YSI	1 YES 2 NO	f Inpatient 2 ☐ ER/O	itpatient 3 DOA 4 D	HER: Nursing Home 5 - Residence					
H.	1 K Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year,		28c. INJURY AT WORK?	28d. DEŞCRIBE HO	W INJURY OCCUP	RED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	2 Accident Investigation 3 Suicide 6 Could not be 28. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28. PLACE OF INJURY — At home, farm, street, factory, office City of Town Station 28. City of Town Station							
COMPLETED	000)			the time, date and place, and domy opinion, death occurred at the					
8	294 BIOMATURE AND TITLE OF CERTIFIED	R		29c. LICENSE NI	UMBER	29d. DATE S	IGNED (Morrth, Day, Year)		
6	Eathware LockRave	~ VA Hospital	L. Bully	ine Maryla	nd	/			
	10 MT (05 1991	Julia Davidson	-Rendell	/					



1 -

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

WILLIAM

4. SOCIAL SECURITY NUMBER

LOUIS

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68760,	
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7. DATE OF BIRTH (Month, Day, Year) 10-12-40 213-03-5342 MONTHS DAYS HOURS MIN 1 X M 2 | F 51 page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH FUNERAL DIRECTOR COKESBURY AVENUE BALTIMORE toc. CITY, TOWN OR LOCATION BALTIMORE MD 10e. STREET AND NUMBER 101. ZIP CODE 638 COKESBURY AVENUE 21218 hours after death. Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Rican, atc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) UNEMPLOYED N/A 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle WILLIAM MULLEN LILLIAN LELA Ħ BE notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, C 0 JANICE NICHOLSON 638 COKESBURY AVENUE/BALTIM 20a. METHOD OF DISPOSITION
1X Burlel 2 Cremation
4 Denation pe 20b. PLACE AND DATE OF DISPOSITION (Name of TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, is be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must Buriel 2 Cremation 3 Removal from State
Donation 5 Other (Specify) ory or other place)
HEART OF JESUS 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Karen margag WM.C.MARCH F.H./110 23. PART I. Enter the diseases, or complications that caused the daeth. Do not enter the mode of dying, such se cerdisc shock, or haert failure. List only one cause on eech ilne. IMMEDIATE CAUSE (Final ardiovascular disease or condition Atheroscleratic executed within recuiting in deeth) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): certificate be DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST the death PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. MEDICAL 24a 15 almonais Po PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) The HOSPITAL:
t | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1X YES 2 □ NO OR ATTENDING PHYSICIAN: 4 Nursing Home 5 ARasidenca 6 Other (Sp 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 286. TIME OF 26d. DESCRI Fo 1 Natural 5 Pending investigation 10/31/91 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, building, stc. (Specify) 2 farm, street, factory, office 281. LOCATIO City or To 3 Sulcide COMPLETED 6 Could not be Home 4 Homicide 1 _ CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, data and place, and due to the cause(a HOSPITAL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and 29b. SIGNATURE AND TURLE OF CERTIFIER 29c LICENSE NUMBER 五五 BE 223 O.C.M.E. 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 PENN STREET BALTIMO 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) NOV 05 wia Davida

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER I YEAR

IF UNDER 24 HRS.

MULLEN

6. AGE (In yrs. last birthday)

30212

3. TIME OF DEATH

12:04

10d. INSIDE CITY

14. RACE — American Indian, Black, White, atc.

1 X YES 2 NO

WHITE

B. BIRTHPLACE (State or Foreign

REG. NO.

3 **i**

1991

9c. COUNTY OF DEATH

10g. CITIZEN OF WHAT COUNTRY?

U.S.A.

2. DATE OF DEATH

MONTH 10

n, Maiden Surname) ND							
ity or Town, State, Zip Code) ORE, MD 21218							
20c. LOCATION — City or Town, State BALTIMORE CO, MD							
1 E. NORTH							
D. Sear	intarval Between						
WAS AN AUTOPSY PERFORMED? (YES 2 NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 \(\square\) NO						
ecity)							
BE HOW INJURY OCCUR	onsive at home						
N (Street and Number or Byral Route Nymber, wn, State) 638 (Oke 8) town,							
and manner as stated.							
	ause(s) and manner as stated.						
29d. DATE SI	GNED (Month, Day, Year)						
▶11/	01/1991						
RE, MARY	LAND 21201						

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O. B.	certificate
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Z Z Z	requires
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N OF VITAL RECORDS, P.O. BOX 68760	ITAL OR ATTENDING PHYSICIAN: TI
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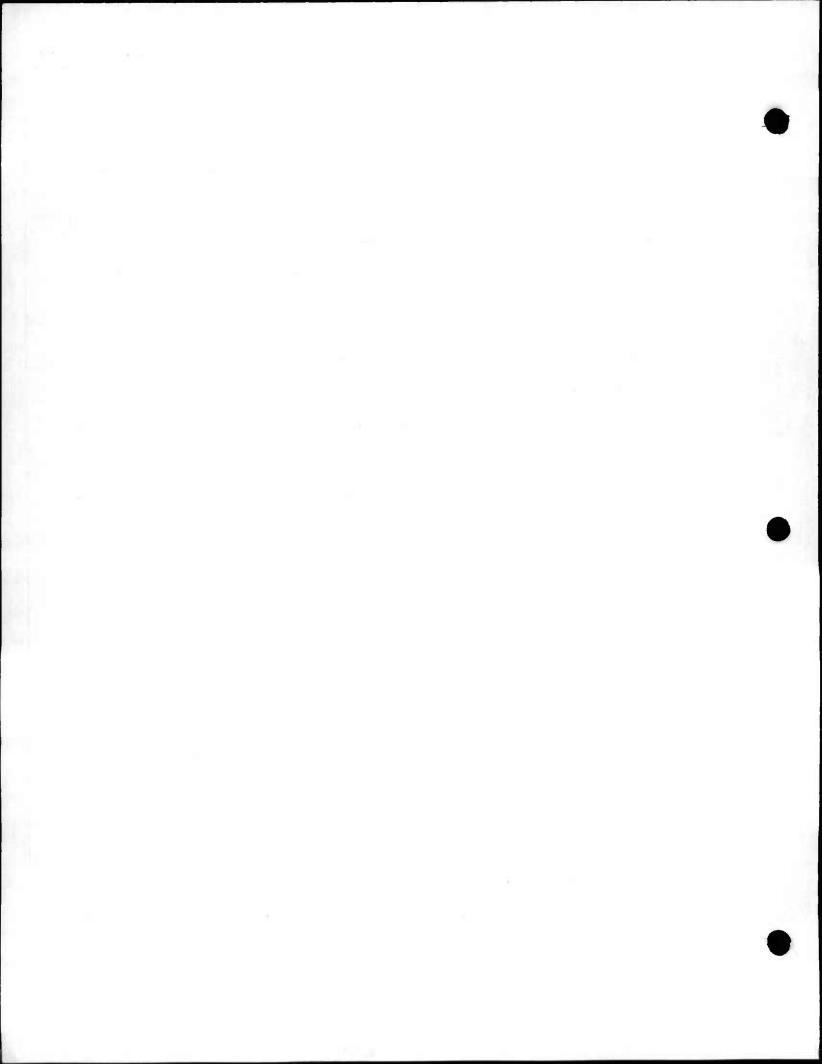
HE MOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	HE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	ORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page to filled within 72 hours after death with the State Dent of Health and Mental Hydion prior to hurral premarism or personnel.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be n

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND M	ENTAL HYGIEN	E			
1	1. DECEDENT'S NAME (First, Middle, Les	, Last)				2. DATE OF DEATH MONTH DA		3. TIME OF DEATH		
1	4. SOCIAL SECURITY NUMBER	MOSES 5. SEX 6. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	AT THE PERSON AS THE			71 10:30 P M		
	088-01-9440 9e. FACILITY NAME (If not institution, give	40 1 M 2 XX 95 YRS. MONTHS DATE			HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) APR. 3, 1		BIRTNPLACE (State or Foreign Country) IARYLAND		
TOR	UNTON MEMORIAL RESIDENCE OF DECEDENT	RE CITY	тн	9c. COUNTY	OF DEATH					
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TO				OWN OR LOCATION IDALLSTOWN					
FUNERAL C	10e. STREET AND NUMBER		ZIP CODE		10g. CITIZEN	XXYES 2 ☐ NO OF WHAT COUNTRY?				
Ë	9100 LIBERTY ROAD				21133		г	ISA		
ВҰ	11. MARITAL STATUS 1			WAS DECENDENT OF NISPANIC ORIGIN? (Specifity see, specify Cuben, Maxican, Puarto Ricen, etc.) YES 2 XXVO Specify:				RACE — American Indian, Black, White, etc. Specify: WHITE		
COMPLETED	15. OECEOENT'S Et (Specify only highest gra	DUCATION	18a. DECEDENT'S U	SUAL OCCUPATIO	N	16b. KIND OF BUS	INESS/INDUS			
E I	Elementary/Secondery (0-12)	College (1-4 or 5+)	life. Do NOT use	rk done during mos retired.)	t of working					
I de		5	CH	EMIST		ILS.	U.S. GOVERNMENT			
Ö	17. FATHER'S NAME (First, Middle, Last)					S NAME (First, Middle, Malden Surname)				
BE (E.L.	MEYER MOS	SES			UNKNOWN	,			
TO B	190. INFORMANT'S NAME (Type/Print) MRS MIRIAM BENG	JAMIN	19b. MAILING A 6029	ODRESS (Street an BERKEL)	d Number or Purel Box	te Number, City or Town	State, Zip Con 21209	de)		
	20e. METHOD CONSISTION 1 Burlel 2 Cremation 3 Re	moval from State 20b.	PLACE AND DATE OF othery, crematory or other	DISPOSITION (Nan				or Town, State		
	4 Donation 5 Other (Specify)		LOUDON	PARK CRI		1-1-91 BAI	LTIMOR	E, MD		
	21. SIGNATURE OF FUNERAL SERVICE I	JAN 13		SOL		& BROS.,				
\vdash	22 DARITU Enter the discourse	AUL		6010	REISTERS	TOWN ROAD	BALT	O., MD 21215		
	23. PART I Enter the diseases, or ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CARDIOGE	cn line.			na cardiac or raapir	atory arrest.	Approximate Interval Between Onaet and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events b. DUE TO (OR AS A CONSEQUENCE OF):									
	resulting in death) LAST	d								
	PART II. Other algolificant condition	ons contributing to death by	the made manufall and land							
PHYSICIAN: MEDICAL	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given					24s. WAS AN A PERFORM 1 YES 2	ED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
AN										
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:									
¥ I	1 TYES 2 NO	1 Inpatient 2 ER/Outpa	tient 3 🗆 OOA 4	☐ Nursing Nome	5 Residence & [Other (Specify)				
ВУ РЬ	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation 28b. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO									
	3 Suicide 8 Could not be determined	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, term, strest, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number,								
3 Sulcide a Could not be determined 226. LOCATION (Street and Number or Rural Route Number, Erm, streat, factory, office at the time, date and place, and due to the cause(a) and manner as attated. 286. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 287. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 288. LOCATION (Street and Number or Rural Route Number, City or Yown, State)										
TO BE C	296. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 10 / 3 / 9									
		HO COMPLETED CAUSE OF DEAT			HWAY	8414	10.	21218		
	31. DATE FILEO (Month, Day, Year)	Julia Davidson-Ra								
	NOV 05 1991	gripha Davidson-No	Marine.							



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DIVISION OF VITAL RECORDS, P.O. BOX 68760	OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 min
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	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
	Harry A.	McKenzie Sr.				2. DATE OF DEATH DAY NOV. 2, 1991		3. TIME OF DEATH 9:30 A
	4. SOCIAL SECURITY NUMBER 229-16-3856 9s. FACILITY NAME (If not institution, give:	1 € M 2 □ F 7	8 YRS.	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) June 15,	1913 n	RTHPLACE (State or Foreign buntry) [aryland
TOR	2607 Thornberry Drive RESIDENCE OF DECEDENT					dgewood Harford		
DIRECTOR	10s. STATE 10b. COUNT Maryland	Υ		TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 💢 YES 2 🗍 NO
FUNERAL	10e. STREET AND NUMBER 5008 E. Preston St. 21							S. A.
B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR OA	2V VNO	If yes, sp	ecity Cuban, Maxica 2 NO Specif	NIC ORIGIN? (Specify Youn, Puerto Ricen, etc.)	es or No— 14. R	ACE — American Indian, liack, Whits, etc. Pecify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentary/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S US (Give kind of word iffe. Do NOT use in							
COMP	NA 17. FATHER'S NAME (First, Middle, Last)	NA	Steel 1	. Worker Steel Company 18. MOTHER'S NAME (First, Middle, Meiden Surneme)			any	
TO BE	Joseph McKenzie 19s. INFORMANT'S NAME (Typo/Print) Unwerst A Mel/Con-d	- I (G)		Elizabeth Finzel DDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Thornberry Drive, Edgewood, Maryland 21040				
	Harry A. McKenzi	oval from State 20b.	PLACE AND DATE OF	DISPOSITION (Ne	me of	DATE 20c. L	OCATION — City of	Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIN		rdens of	22. NAME AN Schim	D ADDRESS OF FA		, Inc.	, Maryland
CERTIFICATION	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF):		une	J		Interval Between Onaet end Death
MEDICAL	PART II. Other significant conditions contributing to deeth but not resulting in the					Part i. 24a. WAS AF PERFO 1 YES	RMED?	24b. WERE AUTOPSY FINDINGS AWAR ABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpe		THER:	ACE OF DEATH (Che			•
ВУ РНУ	27. MANNER OF DEATH 1 Alatural 5 Pending 2 Accident Investigation	28s. OATE OF INJURY (Month, Day, Year)	28b. TIME (PF 28c. INJI	JRY AT	28d. OESCRIBE HOW	INJURY OCCURED	
IMPORTANT: If Item 28 is marked D BE COMPLETED BY PH	3 Suicids 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, atc. (Specif	— At home, ferm, stre	et, factory, office		281. LOCATION (Street City or Town, State	and Number or Run	al Route Number,
	29s. CERTIFIER (Check only one) CERTIFYINO PHYSICIAN: To the best of my knowledgs, death occurred at the time, data and placs, and due to the cause(a) and manner as stated. DESTIFYINO PHYSICIAN: To the best of my knowledgs, death occurred at the time, data and placs, and due to the cause(a) and manner as stated.							
O BE C	296. SIGNATURE AND TITLE OF CERTIFIEF	3. D.			29c. LICENSE NUM	BER	29d. DATE SIGN	ED (Month, Day, Year)
_	David S. Dunn M. D., 1131 Belair Road, Baltimore, Md.							
	31. DATE FILED (Month, Day, 1601) A2, REGISTRAR'S SIGNATURE NOV 0.5 1991 Sichia Daydoon-Randelle							



DHMH-16 Rev 1/89

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	1 - FOR STATE OF MARYLAND C	/ DEPARTMENT OF	F HEALTH AND	MENTAL HYGIEN REG. NO.	E	00110		
	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH	2. DATE OF DEATH 3. TIME OF DEATH					
	Minnie MCCULLOH	November	3. 1991	1:20AM M				
	214-74-1671 10 M X F 90		EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Count	HPLACE (State or Foreign Inv)		
<u>«</u>	9a. FACILITY NAME (If not Institution, give street and number) Franklin Square Hospital		WN OR LOCATION OF D	DEATH	9c. COUNTY OF E			
5	RESIDENCE OF DECEDENT BAILLINGTE COUNTLY							
DIRECTOR								
ERAL	3826 Hudson Street		101. ZIP COOE 2/224		10g. CITIZEN OF			
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES 2 XI IF YES, GIVE WAR OR DATES	NO If ye	DECENDENT OF HISPA s, specify Cuben, Mexic YES 20 NO Speci	ANIC ORIGIN? (Specify Yas or No— 14. RACE — American Indian, con, Puerto Rican, atc.) Specify: White				
ETED	(Specify only nignest grade completed)	ECEDENT'S USUAL OCCU Give kind of work done during b. Do NOT use retired.)	PATION g most of working	16b. KIND OF BUS	INESS/INDUSTRY	W CCC		
립	Elementary/Secondary (0-12) College (1-4 or 5+)	At Home						
once. COMPL	17. FATHER'S NAME (First, Middle, Lest)		18. MOTHER'S NA	AME (First, Middle, Maiden				
ed at	John Liebig			ilde Nolte				
be notified at once. TO BE COM	Carroll E. Mc Culloh	4811 King 1	Avenue Bal	to., Md. 212	, State, Zip Code)			
must	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of compatible property) 20c. LOCATION — City or Town, State							
iner	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	IR Lawn eme	E ANO ADDRESS OF FA	1-5-91 Eas	stwood, 1	nd.		
i examiner	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Charles S. Zeiler & Son Inc. Conkling St.							
or other traumatic event, the medical	DUE TO (OR AS A CONSE	rosepsis	mode of dying, ede	in ea cerulec or reepir	atory arrest,	Approximete Interval Between Onsat and Death		
ry, or other traumatic CERTIFICATION	If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							
CAL CAL	PART II. Other significant conditions contributing to deeth but not recuiting in the underlying cause given in Pert I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMMUNICATION OF TH							
shows ME				1 TYES 2	X ^{NO}	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	2	B. PLACE OF DEATH (Ch	reck only one)				
or item	1 YES 2 NO 1 Photlant 2 ER/Outpetient 3	OTHER:	Home 5 Residence					
marked, or BY PHY:	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28b. TIME OF 28c.	INJURY AT WORK?	28d. DESCRIBE HOW IN	JURY OCCURED			
28 is TED	3 Suicide a Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
IMPORTANT: If item 28 O BE COMPLETE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date and place, end due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(a) end menner as stated.							
IMPORTA TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER WILLIAM LEA		29c. LICENSE NUI	MBER	29d. OATE SIGNED 11/3			
	Dr. William Ghee, M. D. 9000 Franklin Square Drive - 21237							
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE							
de L	NOV 05 1991 Julia Savidson Rand	600						

- F Y 18 Yerk. .

FOR STATE REGISTRAR

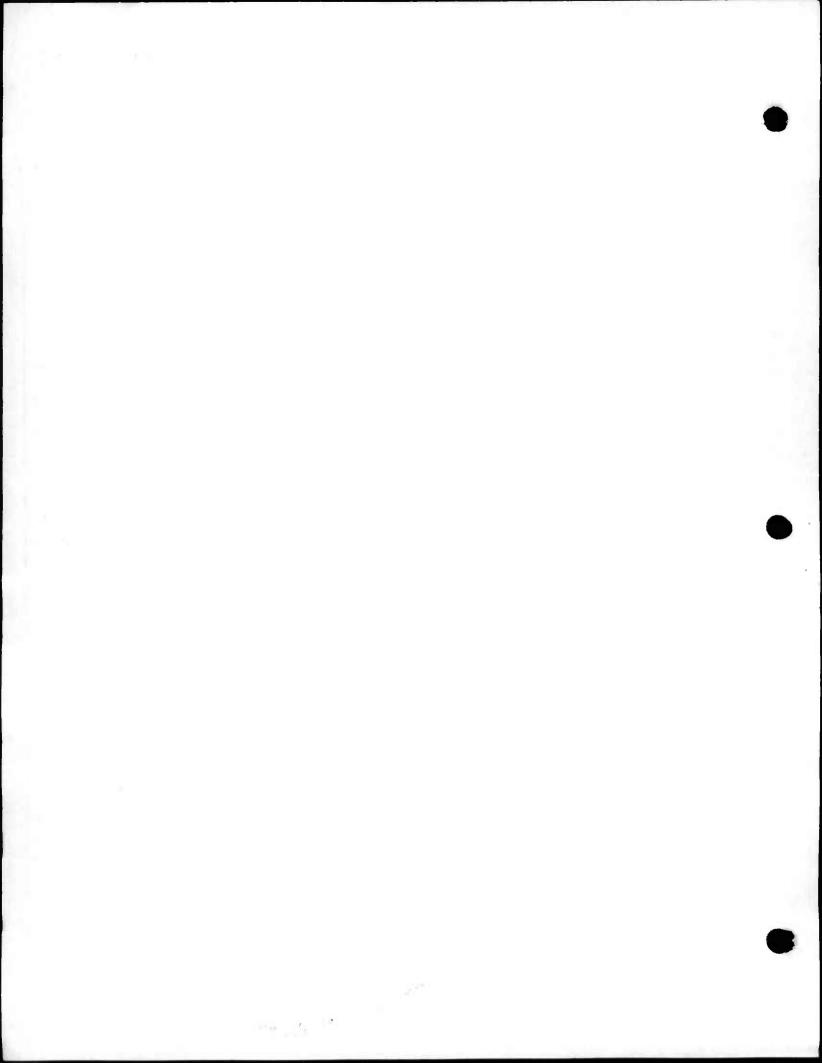
HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH **EDWARD** 3. TIME OF OEATH CLINTON MYERS Myers Edward 1350 NOV. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 215261386 Day Youry 1 M 2 - F YRS. Hagerstawn permit, Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give stree 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Washington County Hospital ASSA. Washington DIRECTOR Hagerstown RESIDENCE OF DECEDENT 10a. STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Ma Shar psburg 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? 184 20 Mountain Lock Hill 21782 use as the bunal-transit USA 24 nours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 1 Never Married 2 Married Specify: no ВY 1 YES 2 NO SpecHy: White 3 Widowed 4 Divorced no. COMPLETED 15. DECEOENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INOUSTRY jo Elementary/Secondary (0-12) College (1-4 or 5+) funeral director, page 5 should be detached it Retired Sawmill/Farming 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) James Clinton Myers notified at Mazie Viola Shank BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Hilda Myers 18420 Mt. Lock Hill Road, Sharpsburg, MD 21782 Wife ě 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must 1 🗆 Buriel 2 🗆 Cremation 3 🗆 Removal from State Donation 5 Other (Specify) medical examiner 21. SIGNATURE OF FUNERAL SERVICE LIGENSEE 22. NAME AND ADDRESS OF FACILITY Ronald Wade, Dir STATE ANATOMY BOARD 11-4-91 655 W. Baltimore St, Balto., MD 21201 filled in by the fi 23 PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line Interval Batween **IMMEDIATE CAUSE (Final** this certificate has been signed by the attending physician and completely file with the State Dept. of Health and Mental Hyglene prior to burial, cremation, the Onaat and Death disease or condition 214 reaulting in death) other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): 10candos CERTIFICATION Sequentially liat conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST 6 Injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY 23 shows any Dulin 1 TYES 2 DIMO OF DEATH? SMSta 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL Hem 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: 1 YES 2 NO OTHER: ient 2 ER/Outp nt 3 [] DOA ng Home 5 17 Residence 6 C Other (Specify) 0 27. MANNER OF OEATH 28s. DATE OF INJUSTY (Month, Day, Year) 28 is marked, 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural WORKT L DIRECTOR: After the hours after death w BY 1 YES 2 NO 2 Accident Investigation 26a. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 3 Suicide 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide determined Item 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. TO THE FUNERAL D
be filed within 72 h
IMPORTANT: It IN 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER TO THE P BE 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) m D00936 2 30. NAME AND ADDRESS OF PERSON COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Williamsport

102, REGISTRAR'S SIGNATURE

1991

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



31. DATE FILED (Month, Day, Year), NOV 4 1991

BALTIMORE, MARYLAND 21215-0020	Tours after death. Page 6 may be retained by the hospital or attending physician	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should follow after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mous after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	1 - STATE REGISTRAR	STATE OF N	MARYLAND /	DEPAR	RTMEN	OF H	EALTH	AND I	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Las						DE		2. DATE OF DEATH			3. TIME OF DEATH
	G	ENEVIE	EVE 1	MI	120,	NE			10-30-9°	AY	YEAR	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les		IF UNDER	_	IF UNDER	24 HRS.	7. DATE OF RIPTH		8. BIRTHP	2:AM M
	513 09 6190	1 ☐ M 2 😿 F	66	YRS.	MONTHS	DAY8	HOURS	MIN.	(Month, Day, Year) 1-5-1925		Country)	ENDE (Didde of Foreign
	9a. FACILITY NAME (If not institution, give	street and number)			9b, CITY	, TOWN O	R LOCATIO	ON OF OF		I ao cou	NTY OF DEA	NTH.
E E	Francis Scott K		l Center		100	Balt			Ain	96. 000		
DIRECTOR	RESIDENCE OF DECEDENT					Dux C.	TUIOT				na	
Ä	10a. STATE 10b. COUN	TY		10c. CIT	Y, TOWN	OR LOCATI	ION				1	0d. INSIDE CITY
	Maryland	na			Ba	altin	nore				,	LIMITS?
AL	10e. STREET AND NUMBER					101.	ZIP CODE			10g. CIT		AT COUNTRY?
8	5481 Cedonia A	venue						2120	6			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13.	WAS DECE			IC ORIGIN? (Specify Yes	or No.	14 PACE -	American Indian
F	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	YES 2 N	10	- 1	If yes, spe	cify Cuba	n, Maxicar	n, Puerto Rican, etc.)	100		– American Indian, Whita, afc.
ВУ	3 Widowed 4 Divorced					1 123	2 110	specify.		- 1	Specify:	Whjite
ETED.	15. DECEDENT'S ED (Specify only highest grad	UCATION To complete of	16a, DE	CEOENT'S	USUAL O	CCUPATIO	N		16b, KIND OF BU	SINESS/INC	OUSTRY	
m.	Elementary/Secondary (0-12)	College (1-4 or 5 +	Min.	Do NOT u	work done se retired.)	during mos	t of workin	g				
P.			·									
COMPL	17. FATHER'S NAME (First, Middle, Last)			_			18, MOTH	IER'S NAM	WE (First, Middle, Maiden	Sumame)		
						- 1			The first through the control	Cornaine		
BE	19a. INFORMANT'S NAME (Type/Print)		198	MAILING	ADDRESS	S /Street as	of Mumber	or Paint O	loute Number, City or Tow			
6	=5.44.5		""	a mraille	ADDITEG	Outed an	IC NUMBER	or nurer n	oute Number, City or low	n, State, Zip) Code)	
	20a. METHOD OF DISPOSITION		20b. PLACE A	NDOATE	0000000	1710h (1)						
	t Burial 2 Cremation 3 Red 4 Donation 5 Other (Specify)	in state	cemetery, cres			HON (Nan	ne or		DATE 20c. LO	CATION —	City or Town	n, State
	21. SIGNATURE OF FUNERAL SERVICE L		- 1		T 00							
	200011111	Ronald	Wade,	Dir		NAME AN			State	Anato	Omy B	oard
- 2	FRAMI/IN	elle	11-4-9	1	6	55 W	.Bal	timo	re St, Ba	lto.,	MD 21	201
	23. PART I. Enter the disesses, or shock, or heart failure	complications that	caused the de	ath. Do r	not enter	the mod	le of dyla	ng, auch	as cardiac or reapi	retory arr	rest.	Approximate
	shock, or heart failure iMMEDIATE CAUSE (Final	. List only one cau	se on each line.								75.0	intervsi Between
	disesse or condition	15 UF	= Mal	115	NOT	N	CE	ac'	7			Onset and Death
	reaulting in desth)	D. COROL	OR AS A CONSEC	UENCE O	アノベー	7~7	161	73	<u> </u>			
-1		COOR	alamie a	I ~~	1.	1	-	nne	-			
ERTIFICATION	Sequentially list conditions,	DUE TO	OR AS A CONSEC	HENCE OF	s.A	131	>51	736	-			
AT	if any, leading to immediate cause. Enter UNDERLYING	302 10	(OIT AS A CONSEC	DENCE OF	7.							
윤	CAUSE (Disease or Injury that initiated events	C. DUE TO	OR AS A CONSED	HENCE OF	n.							-
E	resulting in death) LAST			OLHOL O	<i>)</i> -							i
CE		d										
_ 1	PART ii. Other aignificant condition	na contributing to	desth but not re	suiting	n the un	derlying	cause g	iven in F	Part i. 24a. WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
2	FAIL URE, DE	HEART	FAILUI	E.	CHO	eoni.		DEN	PERFOR		A	VAILABLE PRIOR TO OMPLETION OF CAUSE
	FAIL WAF DA	EMESSIN	AU IIIA	100	101	=	mi	0	1 TYES 2	□ NO		F DEATH?
Σ	THILDRE, DE	-1123-2010	17	700	VL		119	75.			1	YES 2 NO
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL											
ᅙ	EXAMINER?	HOSPITAL:		T	OTHER		CE OF DE	ATH (Chec	ck anly one)			
YS	1 TYES 2 NO	a impittant 2 🗆		00A			5 🗆 Rat	eldenca 8	Other (Specify)			
F	27. MANNER OF DEATH Selection 5 Pending	28a. DATE OF (Month, Da		28b. TIM	E OF URY	28c. fNJU WOR			28d. DESCRIBE HOW II	JURY OCC	URED	
BY	2 Accident Pending Investigation				M	1 🗌 YE	~	NO				
	3 Suicida 8 Could not be	28e. PLACE OF building,	FINJURY — At honetc. (Specify)	no, farm, s	treat, facto	ory, offica			28f. LOCATION (Street a	nd Number	or Rural Rout	te Number,
E	4 Homicide detarmined		,,,						City or Town, State)			
2	29a. CERTIFIER	SICIAN: To the best of	my knowledge des	th occurr	d at the st	me dete e	nd alasa	and 4 = 4	o the cause(s) and man			
COMPL	(Check only one) 2 MEDICAL EXAMIN	ER: On the basis of ax	amination and/or in	vestigatio	n. in my o	pinton de	ith come	end dua t	o the cause(s) and man lime, data and place, an	nor aa state	Jd.	
- 11	299 SIGNATURE AND TITLE OF CERCIFIE			yarro	, my 0					gua to the) Cause(s) a	nd manner as stated.
B	THE AND THE OF CERTIFIE	(),	000				29c. LICE	NSE NUME	BER	29d. DATE	SIGNED (M	onth, Day, Year)
2	Harry H	Mr.	· /4 ()				D4(J31	11	P 10	213019	q_1
- 1	30. NAME AND ADDRESS OF PERSON W	O COMPLETEO CAUS	E OF OEATH (ITEM	27) (Type,	Print)						- 1	

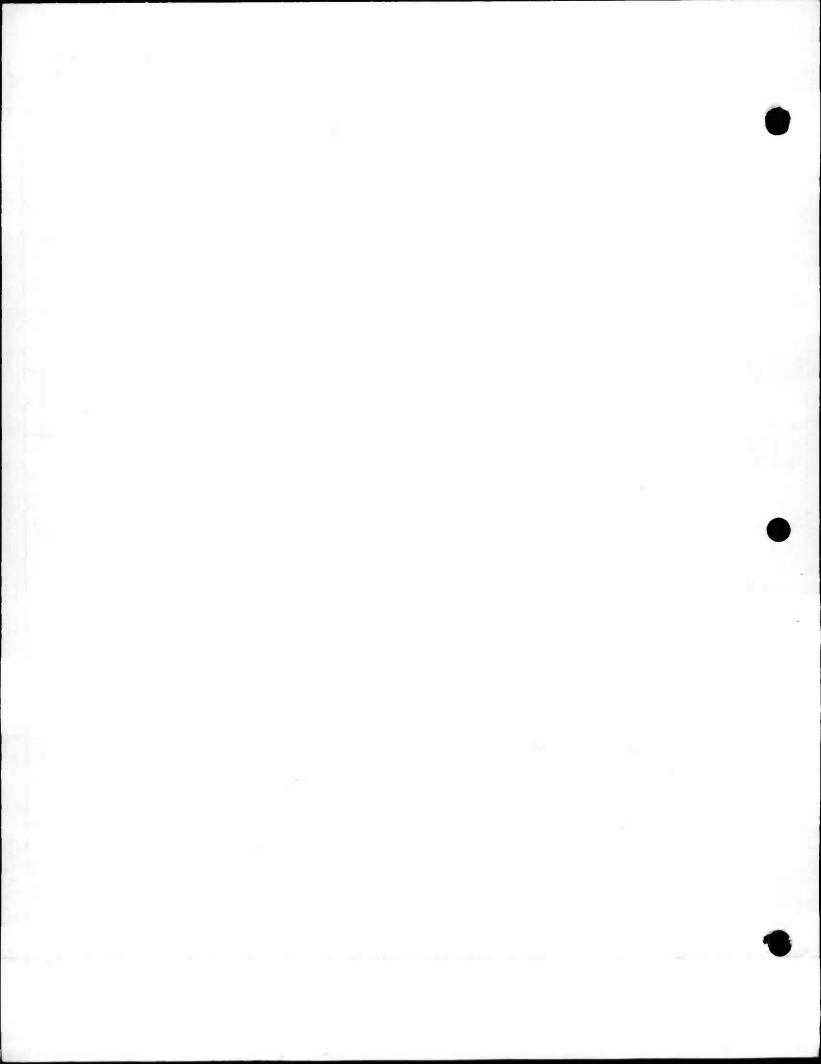
FIRECIS

Julia Davidson-Hand

SCOTT

HOSP.

BAUTMONE



BALTIMORE, MARYLAND 21215-0020 urs after death. Page 6 may be retained by the hospital or attending physician. in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should removal.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR 1 - STATE	STATE OF I	MARYLAND /	DEPAF	RTMENT	OF H	EALTH	AND N	MENTA	L HYGIEN		9	30218
	REGISTRAR		C	ERTIF	ICATE	OF	DEAT	H		REG. NO).		
	1. DECEDENT'S NAME (First, Middle, Last)	Nen	rel Gr	- 2 N 17	ille	7\	Mond	101	2. DATE MONT	OF OEATH	MY ,	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		# UNDER	_	IF UNDER	-	7. DATE	OF BIRTH		A BIST	DSZO M
	212-18-9142	1 🔀 M 2 🗆 F	69	YRS.	MONTHS	DAYS	HOURS	MIN.	12/	23/19	921	Count	yland
~	Se. FACILITY NAME (If not institution, give st				9b. CITY,	TOWN O	R LOCATIO	ON OF DE			-	INTY OF D	- 10.
DIRECTOR	Merch Hospital	Center	<u> </u>		В	alt	0.C	ty,	Md.				
RE	Maryland		-		Y, TOWN O								10d. INSIDE CITY LIMITS?
	10e, STREET AND NUMBER			B	alto								1 X YES 2 NO
FUNERAL	1406 Woo	.d=11 C+	•				21P CODE				A-4.5		WHAT COUNTRY?
N	11. MARITAL STATUS	12. WAS DECEDEN		MEO	13. V				IIC OBIGIN	1? (Specify Ye		USA	E Amadaan ladii-
BY F	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1	TYES 2 1	40	11	yes, spe	cify Cuber 2 R NO	ı, Maxicer	n, Puerto !	Rican, etc.)	4 OF 110-	Blac	E — American Indian, k, White, etc.
	15. DECEDENT'S EDUC											- upac	White
ETE	(Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5 -	(G	CEDENT'S ive kind of a Do NOT us	USUAL OC work done d se retired.)	CUPATION Juring mos	N it of workin	g	16b	. KIND OF BU	SINESS/IN	DUSTRY	
COMPLETED	12th.Grade		"	E10	ectr	icia	an			Belve	eder	≘ Но	tel .
00	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NAM		Aiddle, Maiden	_		
BE	Henry 19a. INFORMANT'S NAME (Type/Print)		Neng					oph			Unkı	nown	
5	Mr.Henry A.Bro	₩.	194							oer, City or Tou			
	20e. METHOD OF DISPOSITION		20b. PLACE	ND DATE	OF DISPOSI	TION (Nan	na ol			E 20c. LO			own, Stata Md
v n	4 □ Donetion 5 □ Other (Specify)		Mea d	OWI:	r d g e	Mer	m.Pa	rk					Howard Co.
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE /			22. N	AME AND	ADDRES	S OF FAC					1.21230
	Vanuel	1.1/0	yb?		M	cCu:	11y	Fun	era	1 Hom	ne,13	30 E	Fort Ave.
	23. PART i. Enter the diseases, or contact the enterty of the ente	omplications that	sused the de	ath. Do r	not enter	the mod	le of dyli	ng, such	as card	liac or reep	iratory en	reet,	Approximete
	IMMEDIATE CAUSE (Finel disease or condition	0 01	. 1										Interval Between Onset and Deeth
	resulting in death)	DUE TO	OR AS A CONSEC	UENCE OF	Tic	na	rev	301	n				
z	C h	arker	occles	200	. 0	li3	برصعة	J					MAC.
NT S	Sequentisily list conditione, if eny, leading to immediate	DUE TO	(OR AS A CONSEC	UENCE OF	7):						-		3
임	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	OUE TO	OR AS A CONSEC	LIENCE OF	n.								
CERTIFICATION	resulting in deeth) LAST			JENOE OF	,								
C	PART II. Other eignificent conditions	contribution to	death but not a	- autologa I		41-1							
	Ser Eve dis	older	deeth but not re	esuiting i	n the unc	leriying	ceuse g	lven in F	Part I.	24e. WAS AN PERFOR	AUTOPSY RMEO?	24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
NED	hu per tension	20							-	1 YES 2	□ NO		OF DEATH?
PHYSICIAN: MEDICA	OV.								- 1				YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					CE OF DE	ATH (Chec	ck only on	9)			
IXSI	1 YES 2 NO	1 Inpatient 2 -		□ DOA	OTHER:		5 🗆 Ras	idence 8	3 ☐ Other	(Specify)			
	27. MANNER OF OEATH 1 Neturel 5 Pending	28e. DATE OF (Month, Da		28b. TIMI		WOR	K?	_	28d. DE\$	CRIBE HOW I	NJURY OC	CURED	
ВУ	2 Accident Investigation 3 Suicida 8 Could not be	28a. PLACE OF	INJURY — At hor	na, farm, s	treet, factor		S 2 🗌		281 1 001	TION (Street	and Mumbac	as Burnt D	
COMPLETED	4 Homicide determined	building,	etc. (Specify)						City	r Town, State)	ind realiber	or norer n	oute Namber,
PLE	29a. CERTIFIER Check only 1 CERTIFYING PHYSIC	IAN: To the best of	my knowledge, des	th occurre	d at the tim	ne, date e	nd place,	end due to	o the cau	e(e) end men	ner as sist	ed.	
Š.	one) 2 MEDICAL EXAMINER	On the basic of ex	emination end/or is	rvestigation	n, In my op	Inlon, des	sth occure	d at the ti	lme, date	end plece, en	d due to th	a Cause(e) end menner ee stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	10				1	29c. LICE	ISE NUME	BER		29d. DAT	E SIGNED	(Month, Day, Year)
5	30, NAME AND ADDRESS OF PERSON WHO	COMPLETE STATE	~~								> /	111	191
	Muriorie K	. W a	e of Death (Item	27) (NPO.	Print)	Me	12	00	2	er t	3.0	17	40
				-	" Suell as				A See		11.8 0	_ /	
	31. DATE FILED (Month, Day, Year) NOV 05 1991	32 REGISTRAL	S'S SIGNATURE		J						00, 7	1	

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BOX 68760,
P.0.
RECORDS,
VITAL
OF
DIVISION

	_	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	HEALTH AND	MENTAL HYGH		
		1. DECEDENT'S NAME (First, Middle, Last) Hia Wa Ha	Pet wa	4			2. DATE OF DEATH		3. TIME OF DEATH
19			M 2 G F		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	41	BIRTHPLACE (State or Foreign Country) N. C.
2, 3 should	TOR	99. FACILITY NAME (If not institution, give street Francis Sco	H Key	9	Ba.	PLOCATION OF D	_		Y OF DEATH
t. Pages 1,	DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 YES 2 NO
physician. burlat-transit permit. Pages	FUNERAL	100. STREET AND NUMBER 820 MONTPELIER STR	EET		101	1218	<u> </u>		N OF WHAT COUNTRY?
	BY FUN	11. MARITAL STATUS 1 Never Married Merried 3 Widowed 4 Divorced	P. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	N U.S. ARMED 2 NO ATES	13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (Specify an, Pusrto Rican, atc.) fy:		6. RACE — American Indian, Black, White, etc. Specify: BLACK
al or att	COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)	ION npleted) College (1-4 or 5+)	16s. DECEDENT'S US (Give kind of wor life. Do NOT use r	k done during mo-	ON st of working	16b. KIND OF E	BUSINESS/INDUS	
by the hospital be detached fo at once.	OMPI	12 TH 17. FATHER'S NAME (First, Middle, Lest)				18, MOTHER'S NA	BALTIN		ORAGE COMPANY
3	BE	WILLIAM LUTHER PET 190. INFORMANT'S NAME (Type/Print)	WAY			AMY L.	BARNES		
y be retained sage 5 should be notified	5	JOAN A. PETWAY					Route Number, City or 1		
6 may stor, pa		20a. METHOD OF DISPOSITION 1 X Burlsi 2 Cremetion 3 Removal 4 Donation 5 Other (Specify)	from State 20b.	PLACE AND DATE OF	DISPOSITION / Na.	me of	DATE 20c.	LOCATION - CIP	y or Town, Stats
death. Page tuneral direct.		21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE			ID ADDRESS OF FA		NUALLS	TOWN, MD
0 - 0		Karen Ma	00	oger	WM.C.	MARCH F.	H./1101 E	• NORTH	AVENUE
ted within 24 hours after completely filled in by th ial. cremation, or remova event, the medical		23. PART I. Enter the diseases, or com shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	asust	l _	enter the mod	de of dying, suc	h as cardiac or res	piretory arrest	t, Approximate interval Between Onset and Death
th certificate be executed ending physician and con I Hygiene prior to burial, or other traumatic et	CERTIFICATION	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	n o	rgom Pal ance	scess	line	Dongs Months year
by and	MEDICAL C	PART II. Other algorificant conditions of	ontributing to death bu	ut not resulting in the	the underlying	j cause given in	PERF	AN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
PHYSICIAN: The law requires the this certificate has been signed with the State Dept. of Health riked, or Item 23 shows as		25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch			
ertificate h the State C or Item	PHYSICIAN:	EXAMINER?	OSPITAL: Inpetient 2 - ER/Outpi		THER:		a Cother (Specify)		
NG PHYSI fter this co eath with t marked,	ву РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Y WOF	JRY AT RK?	28d. DESCRIBE HOW	INJURY OCCUR	IED
OR ATTENDING P DIRECTOR: After I hours after death Item 28 is mar		3 Suicide a Could not be 4 Homicide determined	28s. PLACE OF INJURY building, etc. (Special	At home, ferm, atre		_	28f. LOCATION (Street City or Town, State	t and Number or i	Rural Route Number,
A PA	COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN 2 MEDICAL EXAMINER: 0	t: To the best of my knowle in the basis of examination	edgs, death occurred a	nt the time, date of	and piece, and due	to the cause(s) and m	anner ss stated. and dus to the c	ause(s) and manner as atated.
TO THE HOSPI TO THE FUNER be filed within IMPORTANT:	BE	296. SIGNATURE AND TITLE OF CERTIFIER	JX.	each	mp	29c. LICENSE NUM	MER	29d. DATE SI	IGNED (Month, Day, Year)
	2	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Pri	int)	ohns 1	Hopkin	15 /4.	050.
P		31. DATE FILED (Month, Day, Year) NOV 05 9991 Ju	32. REGISTRAR'S SIGNA	ndell.				7 110	-/



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O. BOX 68760, BALTIMORE, MARYLANI	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Inj

	91-6477-5	10											0.1	00000
	FOR 1 - STATE REGISTRAR		STATE OF I	MARYLAND	DEPAR	TMENT	OF HE	ALTH	AND N	MENTAI			91	30220
	1. DECEDENT'S NAME (First, Midd	dle, Last)			LAIII	ICATE	OF	JEAI	<u> </u>	2 DATE	REG. NO.			A TIME OF DEATH
	Stanlev		WII	LIAM	D.	irks	TT			MONTH 1 1	l Di		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. I		IF UNDER		IF UNDER	24 HRS.	0 1	0 4 DE BIRTH	15		3:30 A M PLACE (State or Foreign
	216-56-5756		1 🔀 M 2 🗌 F	39	YRS.	MONTHS	DAYS I	HOURS	MIN.		, Day, Year) 4-52		Country	")
	9a. FACILITY NAME (If not institution	on, give str	net and number)			9b. CITY,	TOWN OR	LOCATIO	ON OF DEA		4-32	9c. COU	NTY OF DE	LAND
OR	St. Agnes H	ospi	ital			Ral.	timo	ra				N/A		
ដ្ឋ		COUNTY										IN/A		
DIRECTOR			ARUNDEL			Y, TOWN O		IN .						10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	TAINE	AKUNDEL		<u> </u>	EN BU		IP CODE				10- CIT	75N 05 W	1 YES 2 NO
FUNERAL	1009 THOMAS	RD.						106						HAI COUNTHY?
N N	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1	LEVER IN U.S. A	RMED	13. V	MAS DECEN	DENT O	F HISPANI	C ORIGIN	? (Specify Yes	U.S		- American Indian,
ВУ Е	1 Never Married 2 Marrie 3 Wildowed 4 ADivorced	led	FORCES? 1		NO	- 11	YES 2	fy Cuba	n, Mexican	, Puerlo F	lican, etc.)		Black, Specifi	White, atc.
			1969 to											WHITE
COMPLETED	15. DECEDEN (Specify only high	est grade c	ATION completed)	18a. D	ECEDENT'S Give kind of e. Do NOT u	VSUAL OC	CUPATION luring most	of workin	g	16b.	KIND OF BUS	INESS/INC	DUSTRY	
2	Elementary/Secondary (0-12)		College (1-4 or 5 +	,										
OM	17. FATHER'S NAME (First, Middle,	Last)		- 1 ((OMPUT	ER OF			ED'S NAM		M.C.			
	STANLEY W. PA	RKS	SR									Sumame)		
) BE	19a. INFORMANT'S NAME (Type/Pri		OIC.	11	b. MAILING	ADDRESS	(Street and	Number	or Rural Ro	oute Numb	ELMAN er, City or Town	. State. Zic	Code)	
10	ANITA R. ACKM	IAN									EE, MD			
	20a. METHOD OF DISPOSITION 1 IX Burial 2 II Cremation 3	☐ Remov	val from State	20b. PLACE cemetery, cr	ANDDATE	OF DISPOSI				DATE	_		City or Tow	n, State
	4 Donetion 5 Other (Special Signature Of Funeral Ser	**	TAIDER.	GLEN	HAVE	N MEM				11-	7 GLEN	BUR	NIE,	MD
	TOWER SER	WICE LICE	Diele	10	_	- 22. N	INGL	ETO!	V FUN	ILTY VERAI	HOME			
- 0					ر	1	SEC	OND	AVE.	S.V	. GLE	N BU	RNIE,	MD 21061
	23. PART I Enter the disease ahock, or heart f	ea, or co failure. Li	mpiications that iat only one cau	caused the d	eath. Do r	not enter	the mode	of dyl	ng, such	aa card	lac or reapi	ratory arr	eat,	Approximate
l	iMMEDIATE CAUSE (Final disease or condition		AL		1	0	1				0-			interval Between Onsat and Death
	resulting in death)	a.	100 100	1,02ch	LLIS	Ca	rdi	12-3V	cule		Vise	ase		
_			DUE TO	OR AS A CONSE	OUENCE O	F):								
CERTIFICATION	Sequentially list conditiona, if any, leading to immediate	Б.	DUE TO	OR AS A CONSE	OUENCE OF	F):								+
2	cause. Enter UNDERLYING CAUSE (Disease or injury	c												
	that initiated eventa resulting in death) LAST		DUE TO	OR AS A CONSE	OUENCE OF	7):								
Ü	3500 5050	d.												-
A.	PART ii. Other algnificant co	nditiona	contributing to	death but not	resulting i	n the unc	derlying c	ause g	iven in P	art i.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
MEDICA	MAILM									_	PERFOR		1	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
¥	Circhos	13	of (ine	V						_ 1	/		- 1	1 TYES 2 NO
Ž														
	25. WAS CASE REFERRED TO MED EXAMINER? 1 X YES 2 NO		HOSPITAL:	-2		OTHER		E OF DE	ATH (Chec	k only one)			
PHYSICIAN:	27. MANNER OF DEATH		1 Inpatient 2X		28b. TIM		ing Home 28c. INJUR							
	1 Natural 5 Pendir		(Month, Da		INJ	URY	WORK	?		280. DE\$(CRIBE HOW IN	JURY OCC	URED	
D BY	2 Accident Investi 3 Suicide 6 Could	igation not be	28a. PLACE OF	INJURY — At he	ome, facm, s	traet, facto				281. LOCA	TION (Street as	nd Number	or Aural Ro	ute Number
ETED	4 Homicide determ		building, 6	rtc. (Specify)						City o	r Town, State)			
2	29a. CERTIFIER (Check only	G PHYSICI	AN: To the best of	my knowledge, d	outh occurre	d at the tin	ne, date an	d placa,	end due to	the caus	e(s) and men	ner se stat	ed.	
COMPL	2 ^X MEDICAL E	XAMINER:	On the beals of ax	emination and/or	investigatio	n, in my op	inlon, deat	h occure	d st the ti	me, date a	and place, and	due to th	e cause(s)	and manner as stated.
BEC	295 CHATURE AND TITLE OF CE	ENTIFIER	0 1	0			25	9c. LICEI	NSE NUMB	ER		29d. DATE	SIGNED (Month, Day, Year)
	- aw	0	ren	9				0.	С.м.	Ε.		▶11	04	1991
-	30. NAME AND ADDRESS OF PERS			E OF DEATH (ITE	M 27) (Type,	Print)								
	31. DATE FILED (Month, Day, Year)	cke	-	TO SHOW THE	11 P	enn	Stre	eet	. Ва	lti	more	Mar	ylan	d 21201
	NOV 05 1991	Lu	32. REGISTRAL	1 S & KINATURE										
الـــــــــــــــــــــــــــــــــــــ	MUA 09 1991	0												



BALTIMORE, MARYLAND 21215-0020

THE HIGH THAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE ERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be after the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

PORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

91-6463-510

	1 - STATE REGISTRAR STATE OF MARYLAND	/ DEPARTMENT OF	HEALTH AND ME	ENTAL HYGIEN REG. NO.	E 91	30221
	1. DECEDENT'S NAME (First, Middle, Last)			DATE OF DEATH	Y YEAR	3. TIME OF DEATH
	Dottie L. Pettie		1	1 02	1991	
	4. SOCIAL SECURITY NUMBER 230-20-3690 5. SEX 1 □ M 2 1 F 62	YRS. FUNDER 1 YEAR DAYS	IF UNDER 24 HRS. 7.	A DATE OF BIRTH	29 8. BIF	THPLACE (State or Foreign (ptpy) 1 rginia
œ	9e. FACILITY NAME (If not institution, give street end number)		OR LOCATION OF DEAT	н	9c. COUNTY OF	DEATH
510	604 N. Grantley Street	Baltin	ore			
FUNERAL DIRECTOR	MD .		ore City			10d. INSIDE CITY LIMITS? 1 TYES 2 NO
VERAL	604 N. Grantley Street	10	21229		10g. CITIZEN O	A.
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3. Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO It yes, s	CENOENT OF HISPANIC ecify Cuben, Mexican, F 2 NO Specify:	ORIGIN? (Specify Yea Puerto Ricen, atc.)	Bi	CE — American Indian, ack, White, etc.
COMPLETED	(Specify only highest grade completed) ((ECEOENT'S USUAL OCCUPATI Give kind of work done during m e. Do NOT use retired.)	DN sst of working	16b. KIND OF BUS	Housew	
CON	17. FATHER'S NAME (First, Middle, Last) Willie Clark			(First, Middle, Melden		
BE				ie Clar		
2	Coriless Jones	96. MAILING ADDRESS (Street 1313 N. Bo	nd Stree			1213
	20e. METHOD OF OISPOSITION Lack Burlet 2 Cremetton 3 Removel from State 4 Donation 5 Other (Specify)	and date of disposition (N	ame of	OATE 20c. LOG		Town, State
ļ	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME A	ND AGORESS OF FACILI			
V =	NOWAS JACON C.	281 E.L.	Phillips	F/HBal	to.,MD	.Monroe St. 21217
CERTIFICATION	23. PART I. Enter the diseasea, or complications that caused that shock, or haart failure. List only one cause on each line immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e Loneum opence on levere overegion	flux flux lowe	e cardiac or reapil	ratory arrest,	Approximata intarval Batwean Onsat and Death
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not Acute alcohol intoxication	resulting in the underlyin	g causa given in Pai	240. WAS AN PERFORI	MED?	4b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 \(\subseteq NO
SA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. P	ACE OF DEATH (Check	only one)		
XSI(1 XYES 2 NO 1 Inpatient 2 ER/Outpatient 3	OTHER:	e 5 Residence 6	Other (Specify)		
	27. MANNER OF OEATH 28e. DATE OF INJURY (Month, Day, Year)		RK?	d. DESCRIBE HOW IN	JURY OCCURED	
ED BY	Actident investigation Suicide 8 Could not be determined 28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, ferm, atreet, factory, office		It. LOCATION (Street a City or Town, State)	nd Number or Rura	l Route Number,
COMPLETED	29e. CERTIFIER (Check only (Check only In CERTIFYING PHYSICIAN: To the best of my knowledge, do	eath occurred at the time, date	end place, end due to t	the cause(s) and men	ner es atated.	
SO	One) 2 K MEDICAL EXAMINER: On the beels of examination end/or	investigation, in my opinion, o	eath occured at the time	e, date end place, end	I due to the ceuse	e(s) end manner as stated.
#	296. SIGNATURE ME TATLE OF CERTIFIER		29c. LICENSE NUMBE	R	29d, DATE SIGNI	EO (Month, Day, Year)
٥	50. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH LITE	M 27) (Sype, Print)	O.C.M.	E	11 03	1991
	ENTUR - PERE TT, MOIN	1 Penn Str	eet. Ral	timoro	Marula	nd 21201
	51. DAYE GIVED (1000), 0 1991 Julia Variation 1	2	ulife Dal	LIMUTE	uaryla	111/2/1/2/1

TO BE COMPLETED BY FUNERAL DIRECTOR

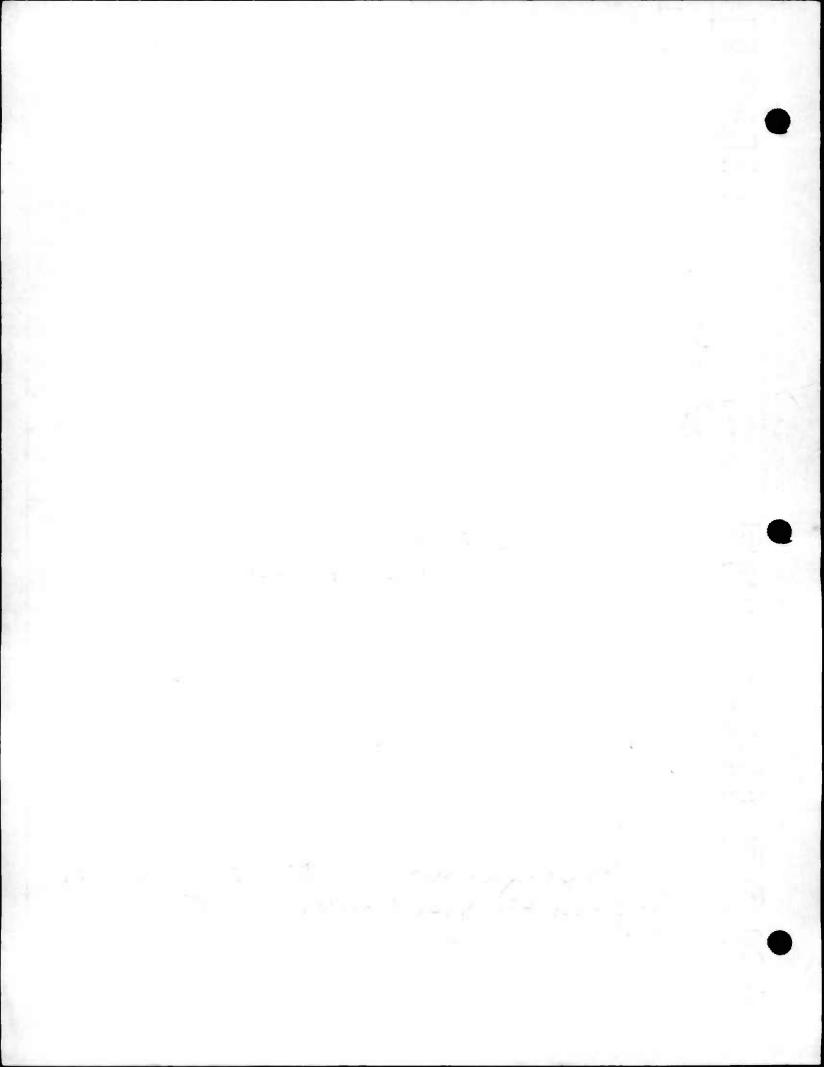
FOR

2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
D THE HOSPITAL OR ATTENDING PHYSICIAN: The	THE FUNERAL DIRECTOR: After this certificate it	IMPORTANT: It item 28 is marked, or item

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

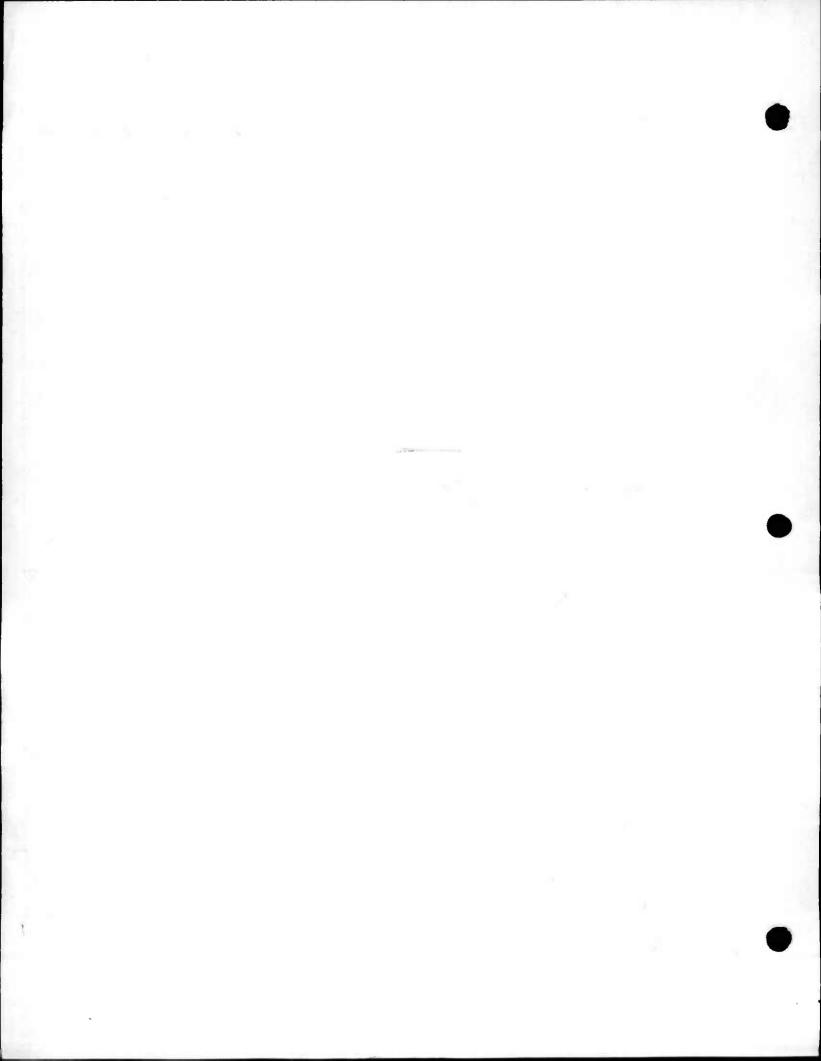
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR		C	ERTIF	CATE O	F DEATH	REC	S. NO.		
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DE	DAY	RASY	3. TIME OF DEATH
Hortens	se	Per			_	11-03	3-91		12:35 A
4. SOCIAL SECURITY NUMBER 000-82-0851	5. SEX 1 M 2 F	6. AGE (In yrs. I	(est birthday) YRS.	MONTHS DAYS		7. DATE OF BIR (Month, Day,	tn rear) -15	Count	NPLACE (State or Foreign ry) aryland
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOW	N OR LOCATION OF D			UNTY OF	
Inns of Evergi	reen N.V	<i>.</i>		<u>Bal</u>	timore				0.7
10a. STATE 10b. COUNT	Y		10c. CITY	Y, TOWN OR LO	CATION				10d. INSIDE CITY LIMITS?
Maryland			Ва	altimo					1 X YES 2 - NO
2525 W. Belv	edere A	venue			21215		10g. CI	US	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 25		If yes,	BECENOENT OF HISPA specify Cuban, Mexic (ES 2 M NO Spec	an, Puarto Rican, e		14. RAC Blac Spec	E — American Indian, kk, White, atc.
15, DECEDENT'S EDU (Specify only highest gradi Elementary/Secondary (0-12)	College (1-4 or 5		(Give kind of w life. Do NOT us	USUAL OCCUPA work done during se retired.)	most of working	16b. KIND	OF BUSINESS/IP	NDUSTRY	
17. FATHER'S NAME (First, Middle, Last)			нои	sewif		AND COLOR MAN			
Fhedrick Don	CON					AME (First, Middle,			
19a. INFORMANT'S NAME (Type/Print)	sey		19h. MAILING	ADDRESS (Stra	et and Number or Rura	a Grime		Tin Code)	
Inns of Everg	een				lvedere				MD 2121
20s. METHOD OF DISPOSITION		20b. PLAC	CE ANO OATE	E OF OISPOSITI			Oc. LOCATION -		
1 ☑ Buriel 2 ☐ Cremation 3 ☐ Ren	noval from State	of cemeta	ov crematory	or other place)	1 Park	4 1 2 2			Column 1
21. SIGNATURE OF FUNERAL SERVICE L	CENSEE		ng ne	22. NAME	AND ADDRESS OF F	ACILITY		,	
- Swew Carr	oll				vin Carr 12-14 W				е
23. PART I. Entar the diseases, or ehock, or haert fallure.									Approximate Interval Between
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	. U	Lew	uã						Onset and Dec
Sequentially list conditions,	a Ch	OR AS A CONS	Reu	al	Failu	re			
if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONS	SEQUENCE OI	F):					
CAUSE (Disease or injury that initieted events resulting in deeth) LAST	d.	(OR AS A CONS	SEQUENCE OF	F):					
PART II. Other significent condition	na contributing to	deeth but no	t resulting	in the underly	ing ceuse given in		MAS AN AUTOPS	Y 24	b. WERE AUTOPSY FINDING
							PERFORMED? YES 2 NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	1000174				PLACE OF DEATH (C	check only one)			
1 YES 2 D NO	HOSPITAL: 1 Inpatient 2	☐ ER/Outpatient	3 DOA	OTHER:	lome 5 🗆 Residence	6 Other (Spec	elfy)		
27. MANNER OF DEATN 1 Natural 5 Pending		F INJURY Day, Year)	26b. TIM	JURY	INJURY AT WORK?	28d. OESCRIBE	NOW INJURY O	CCUREO	
2 Accident Investigation 3 Suicide 6 Could not be determined	28a. PLACE (OF INJURY — At, atc. (Specify)	home, ferm,		1111	26f. LOCATION City or Town	(Street and Numb n, State)	per or Rural	Route Number,
onel					iste and place, and do				(s) and menner as stated
296. SIGNATURE AND LITTLE OF CENTIFIC					29¢ LICENSE N	IMBER-			D (Month, (Day, Year)
Jack	mag	L,M	D		035	685	>	11/	4/91
30. NAME AND ADDRESS OF PERSON W	1 22/	SE OF DEATH (I	TEM. 27) (Type	718 DN	tal	2121	5		
31. DATE FILED (Mortel Day, Year) V	32. REGISTR	AR'S SIGNATURE	2.00	1					/



TO THE HISPITAL ON CHEMICIAN PROBLEMS: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attend TO THE PRINTEAL DIRECTOR. Annu this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as 1 be the warm of the problems. Thous after certificate has been signed by the attended for the asset in the problems. The manual person is a manual of the problems are manual or the problems.
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	1 - FOR STATE OF MAI REGISTRAR GERALD A. PRENTICE	RYLAND / DEPAI CERTIF	RTMENT OF H	EALTH AND	MENTAL HYGIEN	E	() () ()
		PRENTICE				1/01/9	3. TIME OF OEATH 7.40 A M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. 368-78-1646 1 7 2 F	AGE (In yrs. lest birthday) 32 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3/13/59	M	IRTHPLACE (State or Foreign outly) ICHIGAN
CTOR	6543 SEEDLING LANE		COLUMB	OR LOCATION OF DE	EATH	HOWA	
_ DIRECTOR	MARYLAND 10b. COUNTY HOWARD	10c. CIT COI	TY, TOWN OR LOCAT LUMBIA	TION	10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
FUNERAL	6543 SEEDLING LANE		101	21045		U.S.	OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVEN FORCES? 1 IF YES, GIVE WAR (YES 2 XXO	If yes, sp	CENDENT OF HISPAN secify Cuben, Mexica 2 X NO Specify	NtC ORIGIN? (Specify Yes an, Puarto Rican, atc.) fy:		RACE — American Indian, Black, White, atc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 4	(Give kind of life. Do NOT us	S USUAL OCCUPATION Work done during most retired.) ICAL ENGI	est of working	18b. KIND OF BUS	INC.	Υ
BE CON	17. FATHER'S NAME (First, Micdile, Lest) EDWIN PRENTICE			LILLIA		ID .	
2	190. INFORMANT'S NAME (Type/Print) LINDA PRENTICE (WIFE) 200. METHOD OF DISPOSITION	6543	SEEDLING		COLUMBIA,	MD 2	1045
NO Buriet 2 Cremation 3 Removal from State 200. LOCATION - City or Town, State 1 1 6 9 1 MUSKEGON, MICH							, MICHIGAN
	Lusseson	Le	5555	TWIN KNO	SSELL C WIT	COLUM	NERAL HOME BIA, MD 21045
	23. PART I. Enter the diseases, or complications that can ahock, or heart failure. List only one cause of IMMEDIATE CAUSE (Final disease or condition resulting in death) 23. PART I. Enter the diseases, or complications that can always and cause of the	on each line.	ailure	da of dying, auci	h as cardiac or reapi	retory arreat,	Approximata interval Between Onset and Death
CERTIFICATION	cause. Enter UNDERLYIN CAUSE (Disease or Injury	AS A CONSEQUENCE OF	oiratory	Inte	ction		7 12418
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to dear	ith but not resulting i	Disea	SL_	PERFORI	MED?	24b. WER AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
YSICI	EXAMINER? 1 YES 2 NO HOSPITAL: 1 inpellent 2 ER/	VOutpatient 3 □ DOA	26. PL OTHER: 4 \(\text{Nuraing Home}	ACE OF DEATH (Che	8 Other (Specify)		
B	27. MANNER OP DEATH 1 Netural 5 Pending (Month, Day, Ye) Accident Investigation	(bar) INJ	M 1 Y	URY AT RK? FES 2 NO	28d. DESCRIBE HOW IN	JURY OCCURED	
	4 Homicide detarmined				281. LOCATION (Street as City or Town, State)		ral Route Number,
COMPLETED	29. CERTIFYING PHYSICIAN: To the best of my k 2 MEDICAL EXAMINED On the best of examin	cnowledge, death occurre	n, in my opinion, de	eath occured at the	time, dats and place, and	ner as stated.	se(s) and manner as stated.
TO BE	aum of Windly, 1	F DEATH (ITEM 27) (Type,		DI24	70	29d. DATE SIGN	NED (Month, Day, Year)
	21. DATE FILED (MONTH, Day Hand) 32 SEGISTRAR'S	fal ho	1. Onh	ns Hay	Ams H	050. 1	Batto. MD
- 1	NOVOS 1991 Odera Devidron	-pandalle					



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R ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. LOMECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be used to attend the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. Nous after death with the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal. New York of the Complete of the State Dept. New York of the Complete of the State Dept. New York of the Complete of the State Dept. Nous after death with the State Dept. or the transit permit. Pages 1, 2, 3 should be supplied to the State Dept. Nous after death with the State Dept. or the attending physician and completely filled in the State Dept. Nous after death with the State Dept. or the attending physician and completely filled in the State Dept. Nous after death with the State Dept. or the attending physician and completely filled in the State Dept. Nous after death with the State Dept. or the standard permit. Nous after death with the State Dept. or the State Dept. Nous after death with the State Dept. Nous after death with the State Dept. Nous after death with the State Dept. Nous after death with the State Dept. Nous after death with the State Dept. Nous after death with the State Dept. Nous after death with the State Dept. Nous after death with the State Dept. Nous after death with the State Dept. Nous after death with the State Dept. Nous after death with the State Dept. Nous after death with the State Dept. Nous after death with the State Dept. Nous after death with the State Dept. Nous after death with the State Dept. Nous after death with the State Dept. Nous after death with the State Dept. Nous after death with the State Dept. Nous after death with the State Dept. Nous after death wit
THE HOSPITAR OR ATTENDING PHY THE FUNERAL DIRECTOR: After this filed within 72 hours after death wit PORTANT: If Item 28 is marke

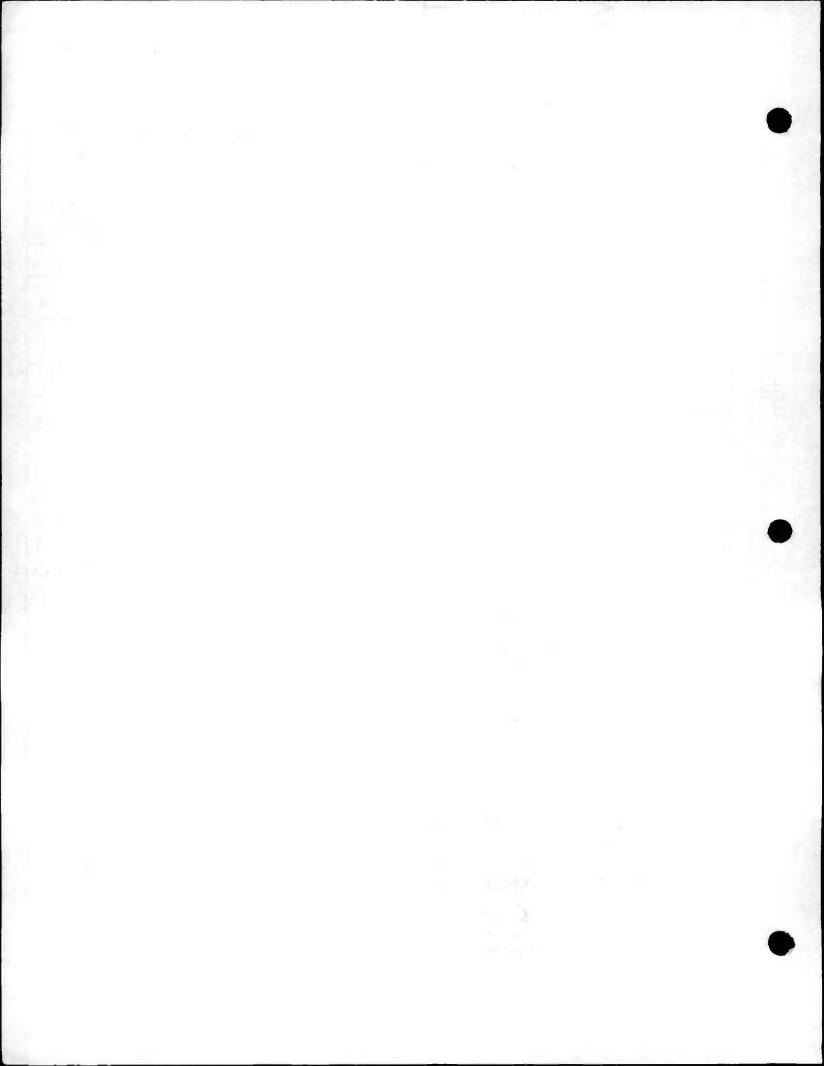
91,36 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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OHMH-16 Rev 1/89

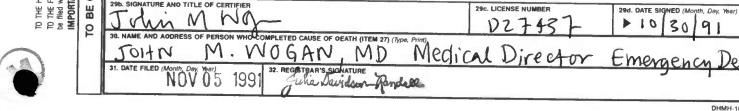
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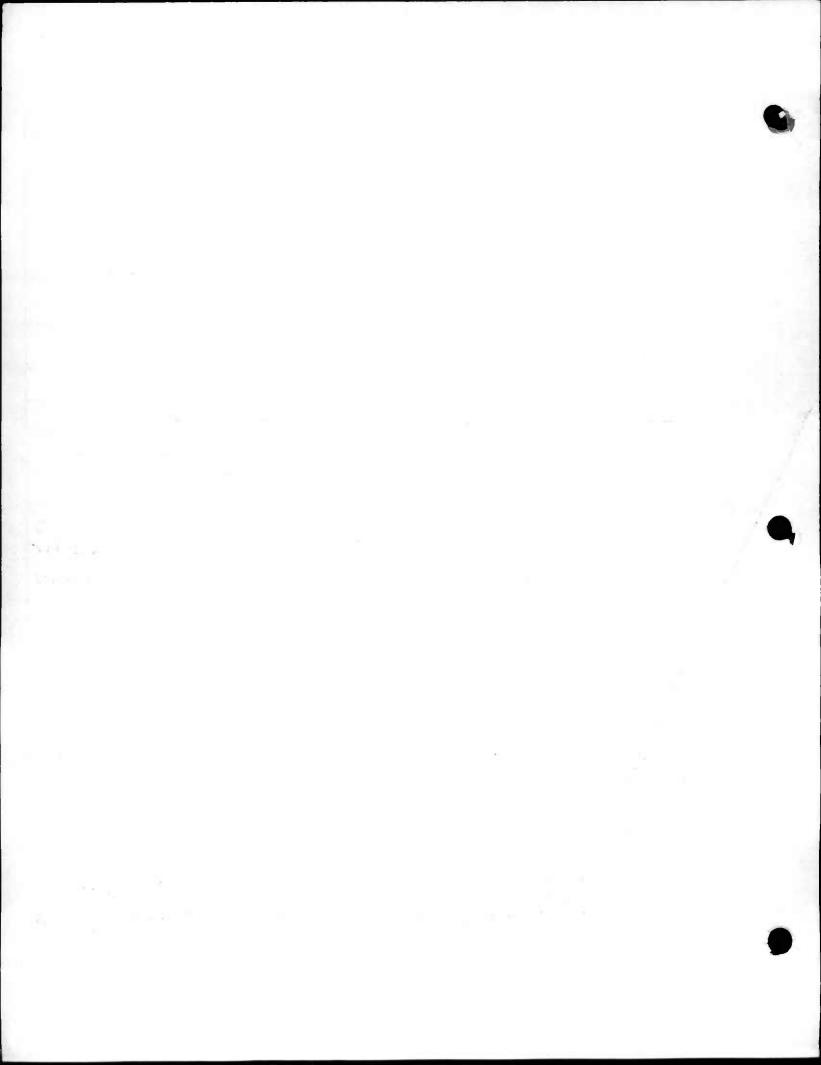
	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIENI REG. NO.	E			
200	1. DECEDENT'S NAME (First, Middle, Last) IRENE	S. ROTH				2. DATE OF DEATH				
7	214-09-7512	□ M 2 X F	95 YRS. 10	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1-30-1896	5 Ma	HETHPLACE (State or Foreign country) LINY Land		
TOR		96. FACILITY NAME (If not institution, give atreet and number) Good Samaritan Hospital Baltimore								
Hon. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSI LIMI 10d. STREET AND NUMBER 1d. STREET AND NUMBER 1d. STREET AND NUM							10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 M Widowed 4 Divorced	2. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	2 (X) NO	If yes, spe		iiC ORIGIN? (Specify Yee n, Puerto Rican, atc.) '?		RACE — Americen Indian, Bleck, White, etc. Specify: hite		
COMPLETED	15. DECEDENT'S EDUCA' (Specify only highest grade co	FION mpleted) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use re	done during mos attred.)	N It of working	16b, KIND OF BUS	SINESS/INDUST	RY		
BE COM	17. FATHER'S NAME (First, Middle, Last) Benjamin Shai	nk	Tiomemake		18. MOTHER'S NA	ME (First, Middle, Maiden th Drape				
TO B	Gregory J. Lewis		5125 Hi	llburn	Ave. B	altoMd.	21206			
20s, METHOD OF CISPOSITION 1 (X) Burlet 2 Cremetton 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place) Rest Haven Cemetery 11-9-91 Hagenstown, Md.										
	Roy H. Cather Roy H. Ca	ther		Leonard	J. Ruck,I	nc.,5305 Har		,Balto.,Md. 21214		
	23. PART I. Enter the diseases, or conshock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)	st only one cause on o	each line.	TIVE	HEAT	I FAIL		Approximata Intarval Batween Onset and Death MMN TH		
SATION	Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING	DUE TO (OR AS	REN A CONSEQUENCE OF):	AL	FAIL	URE		MONIAS		
CERTIFICATION	CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):							
CAL	PART II. Other aignificent conditions	contributing to death	but not resulting in	tha underlying	j ca∪se given in	Part I. 24s. WAS AN PERFOR	RMEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
AN: ME								1 🗆 YES 2 NO		
PHYSICIAN: MEDI	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: I I Inpatient 2 ER/Ou 26e. DATE OF INJURY (Month, Day, Year)	tpatient 3 DOA 4	OTHER: Nursing Hom OF 26c. INJ		6 Cher (Specify) 26d. DESCRIBE HOW	NJURY OCCUR	ED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28a. PLACE OF INJUR building, etc. (Sp	RY — At home, ferm, streecify)			28f. LOCATION (Street City or Town, State)		Bural Route Number,		
COMPLETED	CONTROL OF THE CONTRO	AN: To the best of my kno						suse(e) end manner se stated.		
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	feicey	MD		29c. LICENSE NUI	MBER	29d. DATE SI	GNED (Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WHO	SAMAR	MATH	H08	P 5	601 COCH	+ RAU	EN BLUD.		
	NOV 05 1991	se REGISTRAR'S SIG	- Randell							



BALTIMORE, MARYLAND	24 nours after death. Page 6 may be retained by the hospil	r filled in by the funeral director, page 5 should be detached tion, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospita	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

_	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND C	/ DEPAF	TMEN	T OF H	IEALTH DEA	AND I		HYGIEN REG. NO.			
	1. DECEOENT'S NAME (First, Middle, Last)								2. DATE OF	DEATH	AY	YEAR	3. TIME OF DEATH
	MELVIN 4. SOCIAL SECURITY NUMBER		ZYNSKI						OCTOR				12:30 P M
- 8		5. SEX	6. AGE (In yrs. In		IF UNDE	DAYS	IF UNDER	MIN.	7. DATE OF (Month, L			6. BIRTHI	PLACE (State or Foreign
	215-12-8264	1 🛣 M 2 🗌 F	70	YRS.					Feb.		1921		ryland
m.	Se. FACILITY NAME (If not institution, give :				9b. CIT	Y, TOWN	OR LOCATI	ON OF DE	EATH		9c. COL	JNTY OF DE	
ᅙ	UNION MEMORIA	L HOSPITA	L			BAL	rimo:	RE					
<u> </u>	10s. STATE 10b. COUNT	Y		10c. CIT	Y. TOWN	OR LOCAT	TON						10d, INSIDE CITY
DIRECTOR	MARYLAND			1		IMOR							LIMITS?
	10e. STREET AND NUMBER					101	ZIP COD	E			100 CIT		XX YES 2 ☐ NO
18	3633 ELMORA	AVENUE						2121	1.3			S. A	
BY FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	T.EVER IN U.S. AI	RMEO	13	WAS DEC	ENDENT O	OF HISPAN	VIC ORIGIN? (Specify Vee			— American Indian,
F	1 Never Merried 2XX Married	FORCES? 1 IF YES, GIVE W	X YES 2	NO		If yes, spi	echty, Cube	n, Maxica	n, Puerto Ric	an, atc.)	or No-	Black,	White, etc.
	3 Wildowed 4 Divorced	WW				1 123	-	Specify	y:			Specify	WHITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a, Di	ECEDENT'S	USUAL (OCCUPATIO	ON st of working		16b. K	ND OF BUS	SINESS/IN	DUSTRY	
E E	Elamentary/Secondary (0-12)	College (1-4 or 5 +	·)	live kind of a									
MP	N/A	N/A			CL	AIMS	EXA	1INE	R SC	CIAL	SECU	URITY	
	17. FATHER'S NAME (First, Middle, Last)	v T							ME (First, Mid				
BE	BERTHA ALEKSANDROWICZ												
2	198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
Ellilan M. Kybczyński (wile) 5055 Elmora Ave., Baltimore, Md. 2													
							on - City or Town, State imore, Maryland						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Schimungly Fungral Homos							al Homes					
	John Fil	Elli				Bal	ltimo	re.	Marvl	and 2	21213	3	Inc.
	23. PART./. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CA VO	OR AS A CONSE	OUENCE OF		r tha mo	da of dyl	ng, auch	h aa cardia	or reapl	ratory an	rest,	Approximata interval Batween Onaet and Death
ATION	Sequentially list conditions, if any, laading to immediata cause. Entar UNDERLYING		OR AS A CONSE		7):								5 years
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	(OR AS A CONSE	OUENCE OF	ŋ:								
MEDICAL C	PART II. Other algnificant condition	e contributing to	death but not (raaulting i	n tha ui	nderlying	causa g	iven in i		a. WAS AN A	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIDR TO COMPLETION OF CAUSE
A: ME									_ '				OF OEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					28. PL	ACE OF D	EATH (Che	eck only one)				
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	AOG D	OTHE	R:				Sec.			
27. MANNER OR DEATH 26a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCUREO													
BY P	1 Natural 5 Pending Investigation	(Month, Da	ry, Year)	INJ	JRY M	WOI	RK? ES 2	NO				JONEO	
	Accident Investigation Accident Investigation	26a. PLACE OF building,	FINJURY — At ho	ome, farm, s	treet, fac				281. LOCATIO	ON (Street as own, State)	nd Number	or Rural Ro	ute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and menner as attend. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data end place, and due to the cause(e) and menner as attend.												





DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	91- Items: 23 1- STATE REGISTRAR	STATE OF	27, pe	MEO (/ DEPARTI	G-681 MENT OF	11/25/91 HEAUTH AND F DEATH	MENT/	AL HYGIENI	91	3 (1226	
	1. DECEDENT'S NAME (First, Middle, LI Nicole (Nicco	ist)	anford			DEATH	_	E OF DEATN	-	YEAR.	TIME OF DEATH	n Pm
	4. SOCIAL SECURITY NUMBER 212-06-4485	5. SEX 1 M 2 F	8. AGE (In yrs.	YRS.	F UNDER 1 YEAR DAYS	HOURS MIN.	2-	E OF BIRTH oth, Day, Year) -15-19	A 7	Country)	ACE (State or For	reign
DIRECTOR	9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 1615 St. Stephens Street Baltimore											
	Md . 10e. STREET AND NUMBER	INTY	h		ltimo	re					d. INSIDE CITY LIMITS?	
FUNERAL	100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT 101. ZIP CODE 109. CITIZEN OF WHAT 11. MARITAL STATUS 12. WAS DECEMENT EVER IN U.S. ARMED 13. WAS DECEMENT OF HISPANIC ORIGIN? (Specify Yea or No.— 14. RACE—											
B	1 X Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE	YES 2X	NO	II yes,	specify Cuban, Maxie ES 2 NO Speci	an, Puarto	Ricen, etc.)	or No- 14	Black, W Specify:	American India /hita, atc. Blac!	
PLETED	15. DECEOENT'S E (Specify only highest gr Elementary/Secondary (0-12)	EDUCATION ade completed) College (1-4 or 5		DECEDENT'S US (Give kind of work the. Do NOT use n None	done during r	TION most of working	18	b. KIND OF BUS	one	TRY		
BE COMP	17. FATHER'S NAME (First, Middle, Lest) Allen Dyer	Stafford					inia	a Smit	h			
10	19a. INFORMANT'S NAME (Type/Print) Virginia Smit) 20a, METNOO OF DISPOSITION		$\overline{}$	1615 \$	St. S	t and Number or Rural tephens	St.	Balt	0., 1	1d.		
	1 CABurled 2 Cremetion 3 Ramovel from State 20b. PLACE AND DATE OF DISPOSITION (Name of Cemetery, Cremetory or other place) New Cathedral Cemetery 11-6 Balto., Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	Denick	C. for	ه		4611	Park H	eigh	Derric	enue	212	es F.I 15	н.
	23. PART I. Enter the disease, o ehock, or heert failur IMMEDIATE CAUSE (Final disease or condition resulting in death)	Hangin	ise on eech iir	re. Tark	enter the m	ode of dying, suc	h as cer	diac or reapin	atory errae	t,	Approxima Intervel Be Onsat and	tween
CERTIFICATION	Sequentially list conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST	с	(OR AS A CONSI									
MEDICAL	PART II. Other eignificant condition	ione contributing to	death but not	resulting in t	ha underlyle	ng ceuse given in	Pert I.	24s. WAS AN A PERFORM 1 SEES 2	IED?	OF	RE AUTOPSY FIN NLABLE PRIOR TI MPLETION OF CA DEATH?	NUSE
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 💥 YES 2 🗌 NO	HOSPITAL:	ER/Outpatiant	3 🗆 DOA 4 1	THER:	PLACE OF OEATN (Ch						
D BY PHY	27. MANNER OF OEATN 1 Natural 5 Cending 2\(\times\) Accident Investigatio 3 Suicide 8 Could not 8	28a. DATE OF (Month, D) 1 1 0 2 28a. PLACE O	INJURY ay, Year) 1991 FINJURY — At h	28b. TIME OF INJURY	28c, IN W	UJURY AT ORK? YES 2 NO	Sub	SCRIBE NOW IN. iect h CATION (Street an	ange	d s	elf	
COMPLETE	4 Nomicide determined 29a. CERTIFIER (Check only 1 CERTIFYING PN	YSICIAN: To the best of	OM P my knowledge, d	leath occurred at	t the time, dat	in and place, and due	1615	St.	Stepl	nens	Stre	
BE COI	2 & MEDICAL EXAM	NER: On the basis of ex	ramination and/or	Investigation, in	n my opinion,	29c, LICENSE NUI					d menner as ate	ited.
10	30. NAME AND ADDRESS OF PERSON V	NHO COMPLETED CAUS	SE OF DEATH (IT)	EM 27) (Type, Prir	n)	0.C.	M.E.		▶ 11	03	1991	\dashv
	7-NANK J. PERE 31. NUV (15 ^{th, 0} 1991	32. REGISTRA	R'S SIGNATURE	11 Per	n St	reet, B	alti	more	Mary	land	2120	1



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

91-6412-510 FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR	CERTIFIC	CATE OF	DEATH		REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF	DEATH			3. TIME OF D	EATH	
	Janice	Simps	on		1 O	31		991	5:12	Ам	
	4. SOCIAL SECURITY NUMBER 5. SEX 8	3. AGE (In yrs. lest birthdey)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH		8. BIRTI	PLACE (State o		
	218-42-3811 1 M 2 X F	46 YRS.	HONTHS DAYS	HOURS MIN.	(Month, Di			Count	" MD		
	9e. FACILITY NAME (If not institution, give street end number)		9b. CITY, TOWN C	R LOCATION OF DE			9c. COU	NTY OF D			
DIRECTOR	1600 blk. E. Favette Si	treet	Balti	more							
2	1600 blk. E. Fayette Street Baltimore RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. COUNTY										
E	MD ISSUED		TOWN OF LOCAT	ION					10d. INSIDE C	ITY	
	10e. STREET AND NUMBER								1 VES 2		
RA			-	ZIP CODE 21231			10g. CIT	U.S.	VHAT COUNTRY	7	
FUNERAL	220 SILVER COURT 11. MARITAL STATUS 12. WAS DECEDENT I	EVER IN IL C. ADMED									
	1 Never Merried 2 Married FORCES? 1	YES 2 V NO	If yes, sp	ENDENT OF HISPAN ocify Cuban, Mexices	1, Puerto Rice	pecify Yee n, atc.)	or No-	14. RACE Black	— American i	idian,	
В	3 💢 Wildowed 4 🗌 Divorced	OR DATES	1 YES	2 NO Specify	:			Speci	BLACK		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S U	SUAL OCCUPATION	N	18b, KIA	D OF BUS	SINESS/INC	DUSTRY	52,10.1		
91	Elementary/Secondary (0-12) College (1-4 or 5+)	Hie. Do NOT use	rk done during mo retired.)	st or working						- 1	
MP	9TH	DISABLED									
8	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAI			Sumeme)				
BE	JOHN COOPER			MARATHA	SIMMS						
2	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING A	DDRESS (Street a	nd Number or Rural F	loute Number, (City or Town	n, State, Zip	Code)	1		
	ANTHONY SIMMS			R COURT/	RALIIN	TURE,	MD	2123	1		
	20a. METHOD OF DISPOSITION 1 D Burlel 2 Cremetion 3 Removal from State	20b. PLACE AND DATE OF	DISPOSITION /Na	ne of	DATE		CATION -				
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	T			LAN:	SDOWI	NE, I	4D			
	TE SERVICE BLENSEE		22. NAME AN	D ADDRESS OF FAC	HLITY						
	trance of the	w	WM.C.	MARCH F.	1./110	1 E.	NOR	TH AV	/ENUE	l l	
	23. PART I. Enter the diseases, or complications that c shock, or heart felium. List only one cause	eused the death. De no	enter the mo	le of dying, euch	ea cerdiac	or respli	retory an	reat,	Approx		
	IMMEDIATE CAUSE (Final Onset and Death										
	disease or condition resulting in death)	M,P									
	DUE TO (OI	R AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentielly list conditions,	R AS A CONSEQUENCE OF):									
E	If any, leading to immediate cause. Enter UNDERLYING	H AS A CONSEQUENCE OF):									
임	CAUSE (Disease or Injury	R AS A CONSEQUENCE OF):									
E	resulting in death) LAST								İ		
	0								+		
DICAL	PART II. Other significant conditions contributing to de	eath but not resulting in	the underlying	cause given in I	Part I. 24s	. WAS AN		24b.	WERE AUTOPSY AVAILABLE PRICE		
	FATTY LIVER				_ 18	YES 2			COMPLETION O		
×									1 DYES 2) NO	
PHYSICIAN: ME											
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		THED.	CE OF DEATH (Che							
ΙλS		R/Outpetlant 3 DOA 4	☐ Nursing Home	5 Residence	Other (Sp	ecify) O	n st	tree	t		
	27. MANNER OF DEATH 1 Netural 5 Pending 28e. DATE OF IN. (Month, Day.		Y WO	IK?	26d. DESCRIE	BE HOW IN	JURY OCC	CURED			
à	2 Accident Investigation	M III III III III III III III III III I		ES 2 NO							
입	3 Suicide 6 Could not be determined 28e. PLACE OF II building, etc	NJURY — At home, farm, atre (Specify)	et, fectory, office		281. LOCATIO City or To	N (Street al wn, Stete)	nd Number	or Rural A	oute Number,		
	29e. CERTIFIER										
COMPLETED	(Check only CERTIFYING PHYSICIAN: To the best of my	knowledge, death occurred	at the time, data	and place, end due t	o the cause(e	end man	ner es stat	ed.			
ខ្ល	2 MEDICAL EXAMINER: On the beele of exam	nination end/or investigation,	in my opinion, de	ath occured at the t	lme, date end	place, end	due to th	le cause(e)	end manner e	stated.	
H H	296 BIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUM	BER		29d. DATI	E SIGNED	(Month, Day, Yes	(r)	
2	product line with			O.C.M.	Ε.		10	3	1 19	91	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE (OF DEATH (ITEM 27) (Type, Pr	int)								
		MD 111	Penn	Street,	Balt	imo	re N	Mary	land	2120	
		SIGNATURE									
	NOV 05 1991 Julia Barrilson	softmings									
									_	111111111111111111111111111111111111111	

cuted within 24 neurs after death. Page 6 may be retained by the hospital or attending physician.	D THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should a flat within 27 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be also should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be a should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	tic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune standard and burner standard with the State Dect. of Health and Mental Hotiene prior to burner, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMENT CERTIFICATI		MENTAL HYGIEN REG. NO		
1. OECEDENT'S NAME (First, Middle, Last) BENJAMIN 4. SOCIAL SECURITY NEABER		UCH SUSS	a wrap I w imper or the	2. DATE OF DEATH MONTH 7. DATE OF BIRTH	191	3. TIME OF DEATH
9a. FACILITY NAME (If not institution, give a	1 X M	YRS. MONTHS	DAYS HOUR" MIN.	(Month, Day, Year)		SHRTHPLACE (State or Foreign Country) OF DEATH
RESIDENCE OF DECEDENT	Coky					
10a. STATE 10b. COUNTY MARYLAND BALT	rimore	10c. CITY, TOWN	CESVILLE		10d. INSIDE CITY LIMITS? 1 YES 2 XNO	
100. STREET AND NUMBER 2741 MOORES VA	ATTEV DD		101. ZIP CODE 21209		10g. CITIZEN	OF WHAT COUNTRY?
11. MARITAL STATUS 1. Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	WAS DECENDENT OF HISPA If yes, specify Cuben, Maxic 1 YES 2 NO Specif	an, Puarto Rican, atc.)	a or No- 14.	RACE — American Indian, Black, White, atc. Specific WHITE	
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) NONE: 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) NONE: 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)						
17. FATHER'S NAME (First, Middle, Lest)	V35		Aan		RBER	
19a. INFORMANT'S NAME (Type/Print) NORMAN SUSS		21411	S (Street and Number or Rural MORRES V	alley R	d Balt	md 21209
20a. METHOD OF DISPOSITION Date 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place) ARLINGTON CEM 21. SIGNATURE OF FUNDIAL SERVICE LEGISEE 20c. LOCATION — ARLINGTON CEM 21. AME AND ADDRESS OF FACILITY						
· finf	Deren		SOL LEVINSON 5010 REISTER		BALTO.	, MD(21215)
23. PÄRT I. Enter the diseases, or shock, or heert fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on CARDIA					, Approximata Interval Betwee Onset and Dea
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	A CONSEQUENCE OF):				
PART II. Other significent condition	ns contributing to deeth	but not resulting in the u	nderlying cause given in		RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PLACE OF DEATH (C	check only one)		<u> </u>
1 TES 2 NO	HOSPITAL:		rsing Home 6 - Residence			
27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF NJURY AT WORK? M 1 YES 2 NO					ED
2 Accident investigation 3 Suicide 6 Could not be 4 Homicide detarmined	26e. PLACE OF INJUF building, atc. (Sp	TY — At home, farm, street, fac ecify)	ctory, office	261, LOCATION (Street City or Town, State	and Number or (Rural Route Number,
(Original Orin)		wiedge, death occurred at the				ause(a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIE	Telui r	S	29c. LICENSE N		29d. DATE S	IGNED (Modith, Day, Year)
30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF D	DEATH (ITEM 27) (Type, Print)				



(A) Section (A)

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2	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TAL OR ATTENDING PHYSICIAN
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	en signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should of Health and Mental hygiene prior to burial, cremation, or removal.		N N	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ector, pa	MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.		19a. MR 20a 4 □
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HE HOS	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	ORTAN	O BE COMPLETED BY PHYSICIAN: I	29b.
5	5 d	MP	0	

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIFI	TMENT OF H	EALTH AND	MENTAL HYGIEN			
1	1. DECEDENT'S NAME (First, Middle, Lest) STANLEY L	EONARD	SCHWART	Z		2. DATE OF DEATH OCTOBER 3		3. TIME OF DEATH 7:22P	
	4. SOCIAL SECURITY NUMBER 216-32-2022	5. SEX 6. AGE	(In yrs. lest birthday) 56 yrs.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) FEB. 21,	Count	NPLACE (State or Foreign ny) MARYLAND	
œ	9a. FACILITY NAME (If not institution, give s				OR LOCATION OF D	EATN	9c. COUNTY OF E	DEATH	
CTO	THE JOHNS HOPK	INS HOSPITAL		BALT	IMORE CI	TY	14-11-12		
DIRECTOR	MD 10a. STATE 10b. COUNT	Y		ALTIMOR				10d. INSIDE CITY LIMITS? YYES 2 NO	
FUNERAL	100. STREET AND NUMBER 3737 CLARKS LAN	E, APT. 1B		10	21215		10g. CITIZEN OF	AA .	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 [A] YES IF YES, GIVE WAR OR D	2 NO	If yea, sp	ENDENT OF NISPAI ecity Cuban, Mexica 2 VIV NO Specif	NIC ORIGIN? (Specify Yea in, Puerlo Rican, etc.) y:		E — American Indian, k, White, atc. #y: WHITE	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		life. Do NOT use	ork done during mo	DN st of working		SINESS/INDUSTRY	GOVERNMENT	
BE CON	17. FATHER'S NAME (First, Middle, Linst) MAX SCHWARTZ					ME (First, Middle, Malden BASS	Surname)		
10	190. INFORMANT'S NAME (Type/Print) MRS PHYLLIS SCHWA		19b. MAILING . 3737 C	ADDRESS (Street a	nd Number or Rural	- 1B BALTI	n, State, Zip Code) MORE, MD	21215	
	20a METNOD OF DISPOSITION A Burlal 2 Cremetlon 3 Rem 4 Donation 5 Other (Specify)	M	IKRO KODE			DATE 20c. LO 11-3-91 B	CATION — City or TO ALTIMORE		
	21. SIGNATURE OF FUNERAL SERVICE LIK	L Bun	20-			EUTÉROS., IN TOWN RD. B		, MD 21215	
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Severe metabolic ocides() DUE TO (OR AS A CONSEQUENCE OF):								
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF		5 days				
CERTIFICATION	CAUSE (Disease or Injury that initiated avents resulting in desth) LAST		A CONSEQUENCE OF	hed introvoscular cologulation					
	PART II. Other significant condition		out not resulting in	the underlying	t course stress to	Book I as amount			
PHYSICIAN: MEDICAL				- tha dideriying	, cause given in	Part I. 24s. WAS AN PERFOR 1 TYES 2	MED?	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATN (Ch	eck only one)			
IYSI	1 VES 2 NO 27. MANNER OF DEATH	HOSPITAL:	patient 3 DOA			6 Other (Specify)			
ВУ РЬ	1 Naturel 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	M 1 1	RK? 'ES 2 NO	28d. DEŞCRIBE NOW II	NJURY OCCURED		
	3 Suicide 8 Could not be detarmined	28e. PLACE OF INJURN building, atc. (Spec	f — At home, farm, str cify)	reat, factory, office		281. LOCATION (Street a City or Town, State)	and Number or Rural F	loute Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSH	CIAN: To the best of my know R: On the besis of examination	riedga, death occurred n and/or investigation	at the time, date	and place, and due	to the cause(a) and man	ner as stated.) and manner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUN		29d. DATE SIGNED		
2	30. NAME AND ADDRESS OF PERSON WIN		ATN (ITEM 27) (Type, F	Print)	49120	1	19/3/14	/	
	725. N Walk								
	31. DATE FILED (Month, Day, Year) NOV 05: (1991	32. REGISTRAR'S SIGN	ature undell					-112	

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

italicing. The law equites that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.	
TO THE HOSFITAL OR ALLENDING PRISIDING THE INV THE WAY THE USE THE USE THE DESCRIPTION WITH	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY BUYSICIAN: MEDICAL DESTICIONATION

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

					-11111	ICATE	JI DE	4111		REG. NO.			
3	SELMONISE VOSE					WARTZ)			2. DATE OF MONTH	DATE OF DEATH DAY YEAR 3. TIME			3. TIME OF DEATN /O P M
	212-18-2479 1 N 2 Tr 85				MONTHS D	The state of the s			6	8. BIRTHI Country	RUSSIA		
ا ۾	9a. FACILITY NAME (If not instit SINAI HOSPIT		set and number)				WN OR LOCA BALTI		ATH		9c. COUN		
Ĕ	RESIDENCE OF DECE	DENT			_								
DIRECTOR	MARYLAND 1	Ob. COUNTY			10c. CIT	10c. CITY, TOWN OR LOCATION BALTIMORE							10d. INSIDE CITY LIMITS?
A	10e. STREET AND NUMBER						10f. ZIP COOE					EN OF W	HAT COUNTRY?
INER	2500 W. BELL	VEDER				-		2121			US	SA	
BY FUNERAL	in the bederett Even in o.s.			YES 2 V		If ye	DECENDENT s, specify Cu YES 2 X N	ban, Mexicar	n, Puerto Rica	IGIN7 (Specify Yes or No— 14. RACE — Am Black, White Specify: TATE!			- American Indian, White, etc. WHITE
Ω.	15. DECED	ENT'S EDUCA	ATION	16e D	FCEDENT'S	USUAL OCCU	DATION		400 400				
COMPLETED	(Specify only highest grade completed)				Bive kind of a Do NOT us	d of work done during most of working Of use retired HOUSEWIFE					HOME		
BE CO	17. FATNER'S NAME (First, Midd JACOB	BA	ASS				18. MOTNER'S NAME (First, Middle, Meiden Sumame) SYLVIA ROZBOFSKY						
10	19a. INFORMANT'S NAME (Type MR. MAX SCH)	WARTZ		19	b. MAILING 2500	ADDRESS (SI	VEDER	er or Rural R E AVE	oute Number,	City or Town	State, Zip (Ľ'n.	,MD 21215
	20a METNOD OF DISPOSITION 1 General 2 Cremation 4 Donation 5 Other (Sp.	pecify)		20b. PLACE cemetery, cre BNAI	ematory or or							1	
	21. SIGNATURE OF FUNERAL S	SERVICE LICE	NSEE			22. NAN	E AND ADDR	ESS OF FAC	ON & I				
	Joy V	ray	Luz			60	10 RE	ISTER	STOWN	RD.	BALT	0.,	MD 21215
CERTIFICATION	23. PART / Entar tha diseases, of complications that caused that death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Batween Onset and Dasth Due To (of As A conscouence of): Due To (of As A conscouence of): Due To (of As A conscouence of): Due To (of As A conscouence of): Due To (of As A conscouence of): Due To (of As A conscouence of): Due To (of As A conscouence of): Due To (of As A conscouence of):												
MEDICAL	PART II. Other aignificant conditions contributing to death but not resulting						ying cause	given in F	ren in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 □ YES NO				WERE AUTOPSY FINDINGS RAMLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO M	EDICAL					DI 400 0-	DE 1711					7
흥	EXAMINER?		HOSPITAL:	STATE OF THE STATE		OTHER:	B. PLACE OF	DEATH (Chec	ck only one)				
≥	1 YES 2 NO	/		ER/Outpatient 3		4 - Nursing	Nome 5 🗆 F	Realdence 6	8 🗆 Other (Sp	pecify)			
ВУ РН	1 Netural 5 Pen 2 Accident Inve	nding etigetion	28a. DATE OF II (Month, Day	, Year)		M 1	WORK?		28d. DESCRI	BE NOW IN	JURY OCCU	RED	
	3 Suicide 8 Cou 4 Nomtcide dete	ald not be ermined	28e. PLACE OF building, e	INJURY — At ho lc. (Specify)	me, term, s	treet, factory,	office		28t. LOCATIO City or To	N (Street ar wn, State)	nd Number of	Rural Ro	ute Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFY 2 MEDICAL	ING PHYSICI	AN: To the best of m	ny knowledge, de mination end/or	ath occurre	d at the time, n, in my opinio	data and plac	e, end due t	to the cause(a) and manr place, and	ner as eteled	I. Cause(a)	and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER						CENSE NUME					Month (Day, 16st)	
٤ ا	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)												
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE												
	NOV 05 19	991	Juna Davie	con-Mana	a sile								

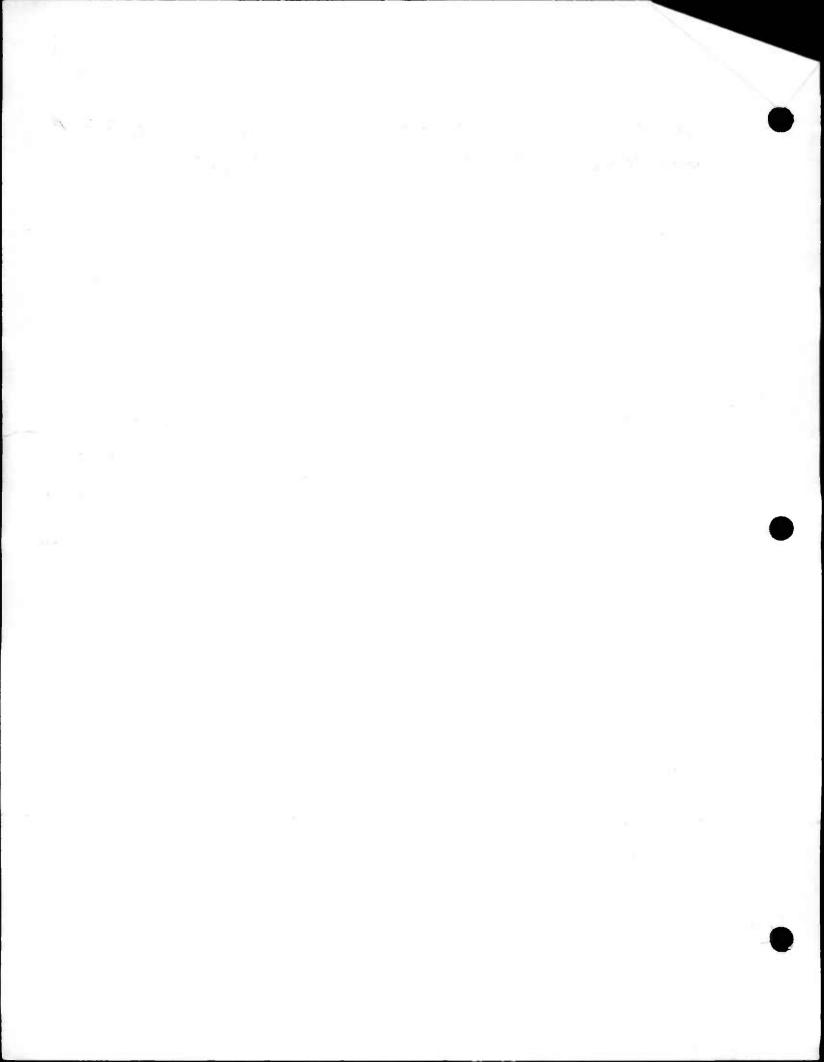


1 - FOR STATE REGISTRAR

10	after
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o o	within
1314	executed
×	2
0. 80	certificate
۳.	death
S	the
H	that
ECO	requires
	W.
₹	The
OF VII	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 from after
5	8
	HOSPITAL

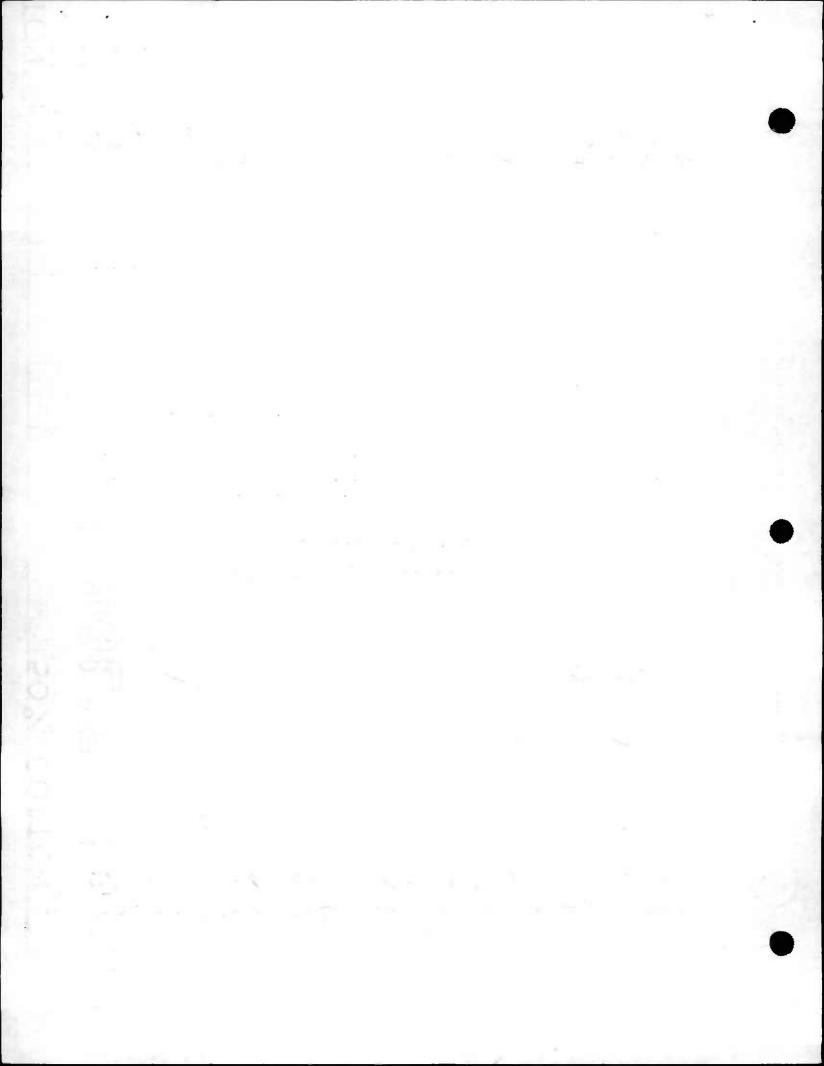
	REGISTRAR		CE	ERITIC	AIE	IF DE	EATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, La.	5H	IFF					2. DATE OF MONTH	DEATH DAY	y v	47 d	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 220-16-06-16	1 □ M 2V□ F	GE (In yrs. las	YRS.	F UNDER 1 YE	YS HOL		7. DATE OF		8.	BIRTHPLA Country) VIRG	NCE (State or Foreign
TOR	9e. FACILITY NAME (If not institution, git SHADY GROVE A	VENTIST HOSE	PITAL	9		WH OR LO	CATION OF DE LLE	ATH		9c. COUNTY		H NTGOMERY
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COU MD. MC			10c. CITY, 1	GER.	OCATION MANT	OWN	_			1 1	d. INSIDE CITY LIMITS? YES 2 NO
	10e. STREET AND NUMBER	T DOAD I -4	t 47			10f. ZIP	CODE			10g. CITIZE		T COUNTRY?
FUNERAL	19515 FREDERIC	K ROAD Lot		HED	T 42 1400	DECEMBE	20 ENT OF HISPAN	874	0	USA		American Indian,
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 Y	ES 2 X		If yes	s, specify	Cuban, Mexica NO Specify	n, Puerto Ric	an, atc.)	or No.	Bleck, W Specify:	WHITE
TED	15. DECEDENT'S E (Specify only highest gr	ade completed)	(G	CEDENT'S US live kind of wor . Do NOT use I	k done durin	PATION g most of	working	16b. K	ND OF BUS	INESS/INDUS	TRY	
COMPLET	Elementary/Secondary (0-12) 4.	College (1-4 or 5+)		HOMEM					HOME			
BE CO	17. FATHER'S NAME (First, Middle, Last) WESTLEY SHIFFLETT				16. MOTHER'S NAME (First, Middle, Meiden S ELEANOR CONNELL							
2	190. INFORMANT'S NAME (Type/Print) EDITH O. JAMES			b. mailing at 545 PO			umber or Rural F			n, State, Zip Co LE, M		20756
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 R 4 Donetion 5 Other (Specify)	20b. PLACE other place FORE	LACE OF DISPOSITION (Name of cometery, cremetery or her place) OREST OAK CEMETERY 20c. LOCATION — City or Town, State GAITHERSBURG, M									
	▶ Muri	I H. Bi	uh) '4 - 2	MUR	IEL	H. BAR	BER F				20882 ILLE, MD.
FICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLY/ING CAUSE (Disease or injury that initiated events	DUE TO (OR DUE TO (OR OR DUE TO (OR OR DUE TO (OR DUE T	AS A CONSE	OUENCE OF):	ohve	1	Pul nu e	any	Dis	Seas		Onset and Daeth
CERTIFI	resulting in death) LAST									1		
MEDICAL	PART II. Other arguitteent condi-	ur but not r	resulting in	the undar	tying ce	use given in		PERFOR	MED?	AM CC OF	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL	.]				6. PLACE	OF DEATH (Ch	eck only one)				
YSICI,	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/	Outpatient 3		OTHER:	Home 5	☐ Realdence	8 Other (Specify)			
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident trivestigat		ear)	28b. TIME INJUI	M 1		AT 2 NO	28d. DEŞCI	RIBE HOW II	NJURY OCCU	RED	
ETED	3 Suicide 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)							e Number,				
COMPLI	one) —	IYSICIAN: To the best of my in MINER: On the bests of examin										nd manner as stated.
TO BE C	200 GENATURE AND TITLE OF CENT	ourby 1	un.			1	C. LICENSE NUI	540.		29d. DATE :	SIGNED (M	onth, Dey, Year)
-		ho en berger	16	27) (Type, F	F,	rede	rck 1	Rd.	Ga	Thes	bure	MA.
	31. DATE-FILED (Month, Day, Year) NOV 05 1991	Julia Davidson		22								
	1101	U										DHMH-16 Rev 1/

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



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	FOR STATE REGISTRAR	STATE OF MARYLA		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Lest)	m, Stea	Jart		2. OATE OF OEATH DAY	YEAR 91	3. TIME OF OEATH				
	4. SOCIAL SECURITY NUMBER 216 34 5 50 4 96. FACILITY NAME (If not institution, give s	1 M 2 4	52 YRS. MONT		Min. (Month, Day, Year) Sq Maryland						
TOR	Mercy Hospital	reet end number)	96. 0	Baltimore		9c. COUNTY OF	DEATH				
FUNERAL DIRECTOR	100. STATE 10b. COUNT	(10с. СТУ, ТОУ	n or Location timore Cit	у	10d. INSIDE CITY LIMITS? 1 JYES 2 NO					
ERAL	190. STREET AND NUMBER 1907 Wheeler	Aven y e		21216			WHAT COUNTRY? S.A.				
BE COMPLETED BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DAT	200	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES 2 NO Speci	an, Puerto Rican, etc.)	Blee	CE — American Indian, ck, White, etc. city: Black				
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		Isa. OECEDENT'S USUA (Give kind of work of life. Do NOT use retin Hecht	one during most of working od.)	16b. KIND OF BUSIN						
E COM	17. FATHER'S NAME (First, Middle, Lest) Benjamin J. V	Villiams		16. MOTHER'S W. AUC	ME (First, Middle, Maiden St. rey Inman	imame)					
TO B	190. INFORMANT'S NAME (Type/Print) Audrey Hanna		196. MAILING ADDI	ness (Street and Number or Rural neeler Ave.	Balto., MI	State, Zip Cocies 212	16				
	20e. METHOD OF DISPOSITION 1 & Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE ANO DATE OF DISPOSITION (Name of complay, crematory of other place) Arbutus Mem. Park 11-8-91 Arbutus, MD.										
	21. SIGNATURE OF FUNERAL SERVICE LI	Hector	#281	22. NAME AND ADDRESS OF F E.L.Philli St. Balto.			N.Monroe				
N	23. PART I. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, euch es cerdiec or reapiratory arreet, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions										
CERTIFICATION	Sequentially liet conditione, If any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events recuiting in death) LAST										
PHYSICIAN: MEDICAL (PART II. Other significent conditions contributing to daeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 PMO 1										
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OT	26. PLACE OF DEATH (C	heck only one)						
IX I	1 TYES 2 AND 27. MANNER OF DEATH	1 Aripatient 2 ER/Outpe		Nursing Home 5 Residence	6 Other (Specify) 28d. DESCRIBE HOW IN.	JURY OCCURED					
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WORK7 1 YES 2 NO							
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY - building, etc. (Specif	At home, farm, street,	factory, office	28f. LOCATION (Street an City or Town, State)	d Number or Rura	l Route Number,				
COMPLETED	(orion only	SICIAN: To the best of my knowle ER: On the beele of examination					o(e) end menner ee stated.				
8E	296. SIGNATURE AND TITLE OF CERTIFIE	? heliOm	on was	29c. LICENSE NO	7 9 3 0	29d. DATE SIGNE	ED (Month, Day, Year)				
5	30. NAME AND ADDRESS OF PERSON W	FELDIM N		1 St. Poul	Place.	Belt	=1202 more, MD.				
	31. DATE FILED (Month, Day, Year) NOV 05 1991	32. ABGISTRAR'S MONA									



3. TIME OF DEATH

REG. NO.

2. DATE OF DEATH

FOR STATE REGISTRAR

OECEDENT'S NAME (First, Middle, Last)

1 -

BOX 68760, DIVISION OF VITAL RECORDS,

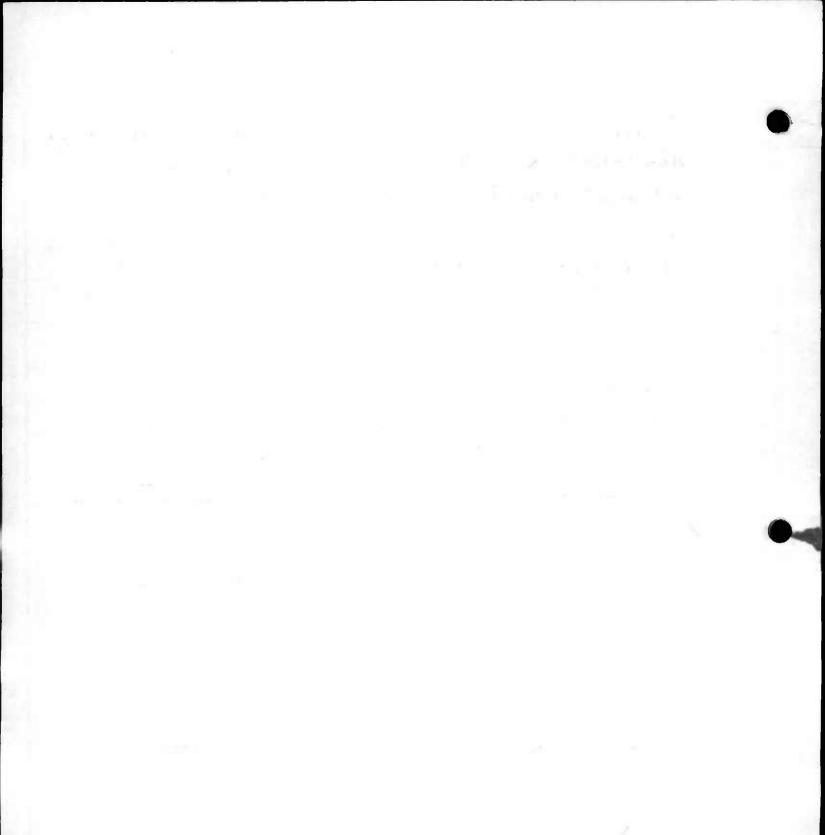
stevens erome MON 02 6.15 P M 91 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 218-07-1945 08 th. Day, Year, 1 M 2 - F 75 Maryland 11916 page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Good Samantunt Baltimore Lospital DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Marghd Inn 34 YES 2 NO FUNERAL 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? Rd Hill on wood U-SA 21239 urs after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR OATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indien, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Mexicen, Puerio Ri 1 YES 2 NO Specify: В 3 Wildowed 4 Divorced Specify: WHITE WWII 6 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEOENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp COMPLET Maryland Racing Elementary/Secondary (0-12) College (1-4 or 5+) NA NA Admissions Comm. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) Edward Stevens notified at Ida Esler BE 19a. INFORMANT'S NAME (Type/Print) 19b, MAILING ADDRESS (Street and Number or Rural Reute Number, City or Town, State, Zip Code) 2 Audrey Stevens (Wife) 1922 Hillenwood Road, Baltimore, Md. 21239 þe 20e, METHOD OF DISPOSITION

KIX Buriel 2 Cremation 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Nama of must OATE 20c. LOCATION - City or Town, State director, Most Holy Redeemer Cemetery Baltimore, Md. the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY the attending physician and completely filled in by the funeral 8 Mental Hygiene prior to burial, cremation, or removal. Schimunek Funeral Homes, Inc. 3331 Brehms Lane, Baltimore, Md. 21213 23. FART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, ahock, or heart failure. List only one ceuse on each line. Approximate interval Between IMMEDIATE CAUSE (Final Onset and Deeth disease or condition direspiratory HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event. resulting in deeth) Massine Cardre esteling M.I 055: ble traumatic CERTIFICATION Sequentielly list conditione, DUE TO (OR AS A CONSEQUENCE OF) if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury or other QUE TO (OR AS A CONSEQUENCE OF) that initisted events resulting in death) LAST Injury, PART II. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS has been signed by t Dept. of Health and PERFORMED? AVAILABLE PRIOR TO 23 shows any COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) FUNERAL DIRECTOR: After this certificate I within 72 hours after death with the State ITANT: If Item 28 Is marked, or Item EXAMINER? OTHER:
4 | Nursing Home 5 | Rasidence 6 | Other (Specify) 1 TES 2 NO 1) Inpatient 2 - ER/Outpatient 3 - DOA 27, MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural М 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and menner as stated. TO THE HOSPITAL OF THE FUNERAL DE FILE WITHIN 72 ho 2 MEDICAL EXAMINER: On the besis of ax tion and/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) and menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 9 5 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)
Bryan Nolah M.D. 560 Loch Raven Blvd Bultom. 21232, Goodamentan rosp. tal 31. DATE FILEO (Month, Day, Year) NOV 05 1991 d. pegisyaar's signature DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH





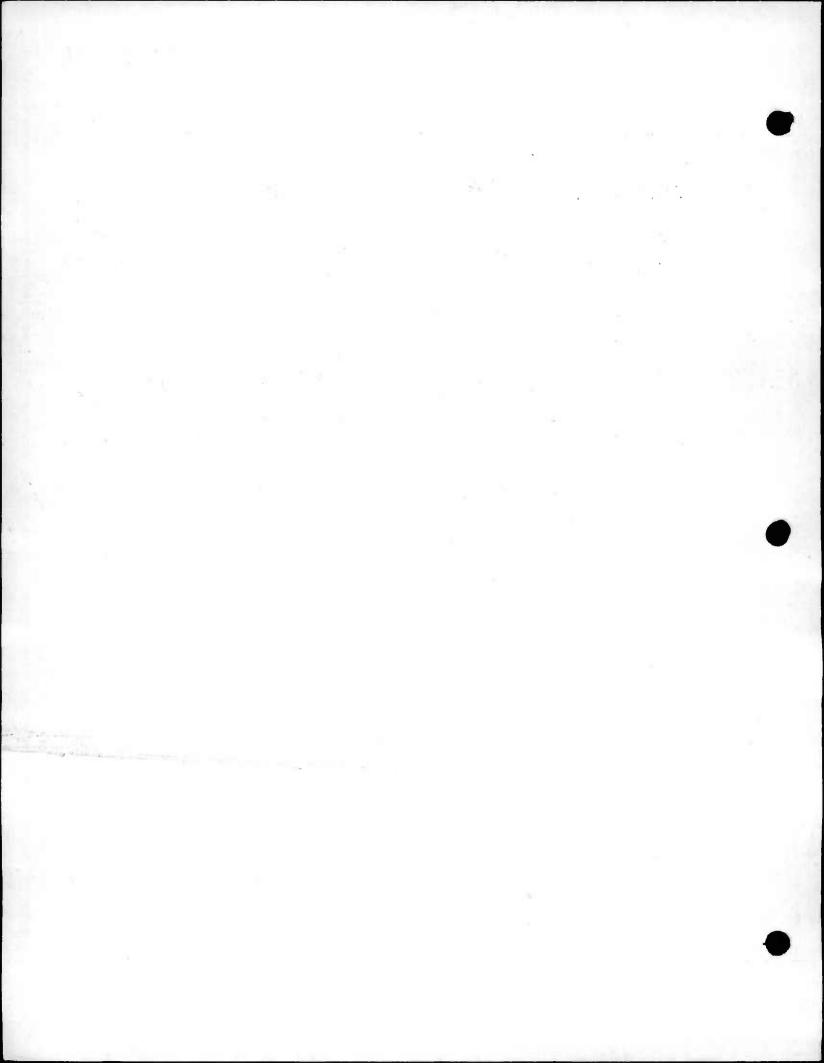
BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146	YSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	on, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within.	TO THE FLIMERAL DIRECTOR: After this certificate has been signed by the attending physician and completely	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunal, cremation, or removal,	IMPORTANT: If Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG.	NO.				
	1. DECEDENT'S NAME (First, Middle, Last) GREG-ORY		STEE	ELE		2. DATE OF DEAT	DAY 17	YEAR 91	3. TIME OF DEATH 3.30 P M		
	4. SOCIAL SECURITY NUMBER	5. SEX	(Month Day Year)				ar)	6. BIRTI	IPLACE (State or Foreign		
	9a. FACILITY NAME (If not institution, give str	reet asid number)	1 61	9b. CITY, TOWN	OR LOCATION OF DI			INTY OF D	DEATN		
DIRECTOR	Schon Chi	11 Nh	Hi.	1	Bulte	7-					
EC	10a. STATA 10b. COUNTY		10c. CI	TY, TOWN OR LOC	ATJON /				10d. INSIDE CITY		
8	YMD			164	40.				1 LIMITES 2 NO		
FUNERAL	100. STREET AND NUMBER 2204 BR	ook to	eld Ane	2	2/2	17	10g. Ci	U I	WHAT COUNTRY?		
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARMED YES 2 NO	If yes,	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— I4. RACE — A Black, Wh 1 (Yes, specify Cuben, Merican, Puerto Rican, etc.) Specify: Specify:						
BY	3 Widowed 4 Divorced	11 123, 0112 1	AN ON DATES		so z gento opecii	у.		Spec	Black		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	CATION completed) College (1-4 or 5 -	(Give kind of	1	nost of working	16b. KIND O	F BUSINESS/IN	DUSTRY			
AP	12		/	be							
	TO MANUE OF THE MANUE THEO	Ste	ele		16. MOTHER'S NA	AME (First, Middle, M	laiden Surname)	0	BROWN		
TO BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City of Town, State, Zip Code)										
	20a. METHOD OF DISPOSITION 1 Burliel 2 Cremetton 3 Removal from State other place)										
	4 Donation 5 Other (Specify)	muner.		gegs	1 Ceme	1024	- ALM	me	111 /10		
	by While	Di	10.	5 e	AR M.	lex F	H /2	39	on lever		
	23. BART I. Enter the diseases, or c	ompilcations tha	t caused the death. Do	not antar tha r	noda of dying, suc	ch as cardiac or	respiratory s	rrest,	Approximata		
	shock or heart fallers. I IMMEDIATE CAUSE (Finsi	List only one cau	se on asch ilna.						intarval Batween Onsat and Dasth		
	disease or condition a. DEMENTIA										
	DUE TO (OR AS A CONSEQUENCE OF):										
NO.	Sequentially list conditions, DISTRICT OR AS A CONSEQUENCE OF										
A	if any, laading to immediata cause. Entar UNDERLYING										
CERTIFICATION	CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):										
E	resulting in death) LAST										
	PART ii. Other significant condition	a contributing to	death but not resulting	in the underly	ing causa given in	Part I. 24a. W	AS AN AUTOPS	24	b. WERE AUTOPSY FINGINGS		
EDICAL				PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE					
	1 TYES 2 1 10								OF DEATH?		
2		1 YES 2 NO									
M	25. WAS CASE REFERRED TO MEDICAL			-	PLACE OF GEATH (C	heck only one)					
Sign	EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)										
Y PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF (Month, L		NJURY	NJURY AT WORK?	28d. DESCRIBE	HOW INJURY O	CCURED			
D BY	3 Suicide 8 Could not be	28e. PLACE C	PF INJURY — At home, farm atc. (Specify)	, street, factory, o	fica	28t. LOCATION (S City or Town,	Street and Numb	er or Rural	Route Number,		
EE	4 Homicide determined										
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.										
	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dgy, Year)								D (Month, Day, Year)		
TO BE	1/9 Mass										
	30. NAME AND ADDRESS OF PERSON WHO		SE OF DEATH (ITEM 27) (Ty)	pe, Print)	BALTIMA	RE.MA	RF	= cl	HABSON, MD		
	31. DATE FILEO (Month, Day, Year)	32. REGISTRA	AR'S SIGNATURE	1.00	, , = , [, , , , ,					
	NOV 05 1991	La Lavid	son-Aandells								
								-	CAMAN AS Day ASSO		



TO THE HOSPITAL DR ATTENDING PHYS ON The course that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this or a signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be filled within 72 hours after death with missing the properties of the purial transit permit. Pages 1. 2. 3 should be filled within 72 hours after death with missing the purial transit permit. Pages 1. 2. 3 should be filled within 72 hours after death with missing permit. Pages 1. 2. 3 should be filled within 72 hours after death with missing permit. Pages 1. 2. 3 should be filled within 72 hours after death with missing permit. Pages 1. 2. 3 should be filled within 72 hours after death with missing permit. Pages 1. 2. 3 should be filled within 72 hours after death with missing permit. Pages 1. 2. 3 should be filled within 72 hours after death with missing permit. Pages 1. 2. 3 should be filled within 72 hours after death with missing permit. Pages 1. 2. 3 should be filled within 72 hours after death with missing permits. Pages 1. 2. 3 should be filled within 72 hours after death with missing permits. Pages 1. 2. 3 should be filled within 72 hours after death with missing permits. Pages 1. 2. 3 should be filled within 72 hours after death with missing permits. Pages 1. 2. 3 should be filled within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours DIVISION OF VITAL RECORDS, P.O. BOX 68760,

_	1 - STATE REGISTRAR	STATE OF N	C	ERTIF	ICATE	E OF	DEAT	H		REG. NO			
	1. DECEDENT'S NAME (First. Middle, La		y CLARA	SCHE	ACK				MONTH			YEAR 9/	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I		IF UNDER		IF UNDER			OF BIRTH	0	S. BIRT	IPLACE (State or Foreign
	217-28-0370	1 □ M 2 XX	63	YRS.	MONTHS	DAYS	HOURS	MIN.	4-1	6-192	8	Court MA	RYLAND
œ	9a. FACILITY NAME (# not institution, git		l orien	-	ļ		R LOCATIO				9c. COU	NTY OF	PEATH
DIRECTOR	FPANCIS SCOTT	CEY MEDICA.	L CENTE	:K	<u>B</u>	ALTI	MORE	CIT	У				
뿐	10a. STATE 10b. COU	NTY		10c. CIT	Y, TOWN C								10d. INSIDE CITY
	MARYLAND 100. STREET AND NUMBER				B	-	MORE		У				1 XXVES 2 NO
ERA	1403 CURIE WAY					101	. ZIP CODE	2122	1		10g. CIT		WHAT COUNTRY?
FUNERAL	11, MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. A	RMED	13.	WAS DEC	ENDENT O	F HISPANI	IC ORIGIN	? (Specify Yes	or No-		S.A. E — American Indian, k, White, atc.
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 IF YES, GIVE W	AR OR DATES	JNO		If yes, spi	CITY Cubar	i, Maxican	i, Puario F	lican, etc.)		Spec	ffv:
	15. DECEDENT'S E	DUCATION	18a, D	ECEDENT'S	USUAL O	CCUPATIO	N.		165	KIND OF BUS	WESS ON	Meter	WHITE
COMPLETED	(Specify only highest gri	college (1-4 or 5+		Give kind of view. Do NOT us	vork done o se retired.)	during mo:	st of working	7	166,	KIND OF BUS	MESS/INI	DUSTRY	
M M		2 YEARS			HOME	MAK	ER			- t	HOME		
	17. FATHER'S NAME (First, Middle, Last)	OQUILETTO.					111.			liddle, Maiden			
8	WILLIAM ALBERT 19a. INFORMANT'S NAME (Type/Print)	SCHAFFEK	1	95 MAILING	ADDRESS	(Stance of				ILIA L			
임	FRANK SCHAFFER									ALTIMO			21224
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Re	amoval from State	20b. PLACE	ANDDATE	OF DISPOS	ITION (Na)	me of		DATE	20c 1'O	CATION _	City or To	wa State
7	4 Donation 5 Other (Specify) 22. NAME AND ADDRESS OF FACILITY A DONATION OF THE PROPERTY OF												
	11. SIGNATURE OF PRINCIPAL SERVICE	DOMEST Y			1 22.	NAME AN	D ADDRES	S OF FAC	H ITV				ALK INC.
	23. PART I. Enter the diseases, o	10 - ku	en	<u></u>	1 7	922	WISE	AUF	NUF	DIINIT	MIK	MO	21222
CERTIFICATION	interval Batween Onset and Death Lepsis Cordear on hythrica Sequentially liet conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in deeth) LAST Lepsis Cordear on hythrica Lepsis Cordear on hythrica Interval Batween Onset and Death Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):												
OICAL C	PART II. Other significent conditi	ons contributing to	leath but not	resuiting i	n the un	derlying	ceuee gi	ven in P	Part i.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
ᇤ									-	1 YES 2	ALC:		AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
Z.									-				1 YES 2 AND
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF DE	ATH (Chec	k only one)			
YSI	1 VES 2 NO	1 Finpetlant 2 🗆		DOA	OTHER 4 - Nurs		5 🗆 Res	idenca 6	☐ Other	(Specify)			
ву Рну	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF I (Month, Day		28b, TIME	OF JRY M	26c. INJU WOR	RK?		26d. DE\$C	RIBE HOW IN	JURY OCC	CURED	
	3 Suicide & Could not b	be 26a. PLACE OF INJURY — At home, farm, street, factory, office building sets (Specify)							281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
TED	4 Homicide 6 Could not b	building, e	(-)//										- S S S S S S S S.
OMPLETED	4 Homicide detarmined 29a. CERTIFIER (Check only	SICIAN: To the best of n	ty knowledge, de	eath occurre	d st the tir	me, deta a	and place, a	and due to	o the caus	e(s) and man	ner as stat	ed.	and manner as stated.
BE COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMI 29b. SIGNATUFE AND TITLE OF CERTIF	SICIAN: To the best of an NER: On the basis of axa	ny knowledge, de minetion and/or	Investigation	n, In my op	me, deta a	and place, and occurred	SE NUMB	me, deta s	e(s) and mani	dua to th	SIGNED	and manner as stated. (Month, Day, Year)
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMI	SICIAN: To the best of an NER: On the basis of axa	ny knowledge, de minetion and/or	Investigation	n, In my op	olnion, de	29c. LICEN	SE NUMB	BER	and place, and	29d. DATE	SIGNED 0 3	

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Zamara,	

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

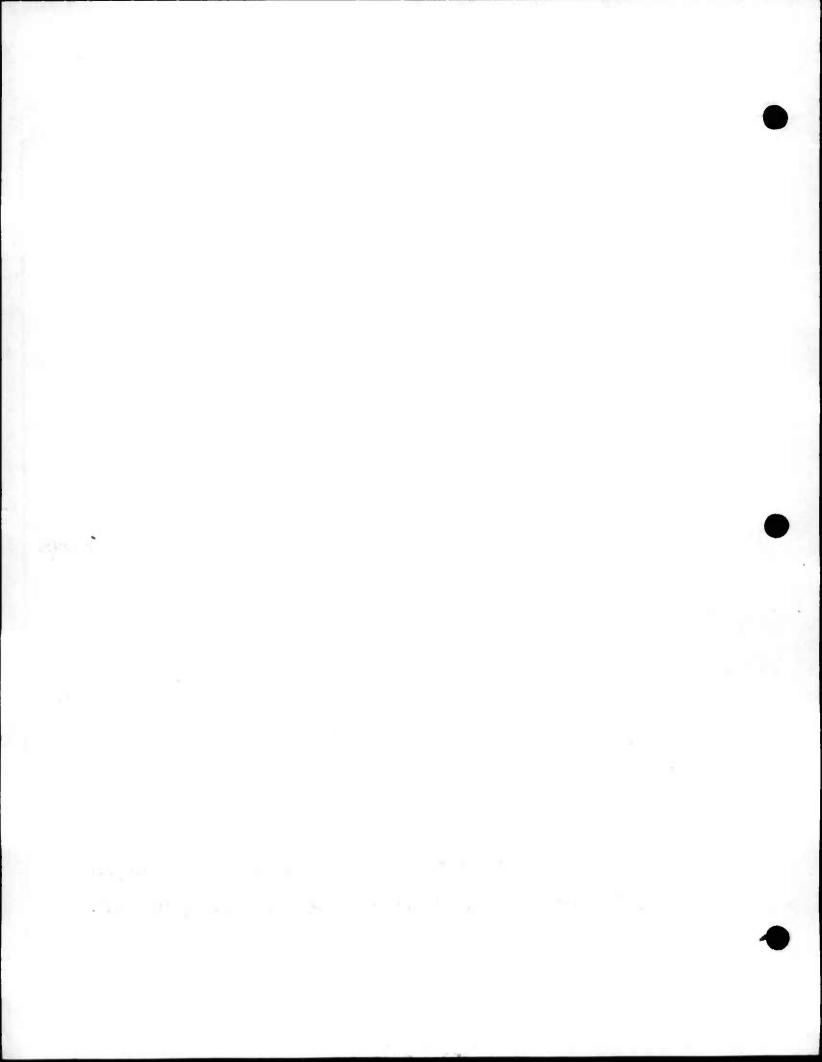
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

	1 - FOR STATE REGISTRAR	STATE OF MARYLAI	ND / DEPARTA	TENT OF HEA	LTH AND I	MENTAL HYGIEN		0 2 0 0		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
	William Aa	aron Sage	c			11 01	AY YE	7.45 a M		
				UNDER 1 YEAR	UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign		
	ILZ LZ - UD - UBD 3		77 YRS. MO	NTHS DAYS H	DURS MIN.	(Month, Day, Year) 05/25/14	10.0	arvland		
	9a. FACILITY NAME (If not institution, give stre	et and number)	96	CITY, TOWN OR L	OCATION OF DE		9c. COUNTY			
DIRECTOR	Greater Baltimore	Medical Cent	ter		Towson			Baltimore		
H	10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCATION				10d. INSIDE CITY LIMITS?		
	MD Baltin	nore	Ba	ltimore				1 YES 2 NO		
AL	10e. STREET AND NUMBER				CODE		10g. CITIZEN	OF WHAT COUNTRY?		
FUNERAL	6014 Lakeview Road	t		212	10					
څ		12. WAS DECEDENT EVER IN U FORCES? 1 YES	S. ARMED	13. WAS DECEND	ENT OF HISPAN	IIC ORIGIN? (Specify Ye	s or No- 14.	RACE — American Indian,		
ВУ	1 Never Married 2 X Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE		1 Yes, specify		iban, Mexicen, Puerto Rican, atc.) Black, White, atc.				
	1	WW II 1943			no			White		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	rion (inpleted)	Ba. DECEDENT'S USL (Give kind of work	done during most of	working	16b. KIND OF BU	SINESS/INDUST	RY		
Ë	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	tired.)		Vice Pr	esident	t ·		
₽ I	12 +	4	Retir	ed		Waver:	y Pres	s		
8	17. FATHER'S NAME (First, Middle, Last)			18	MOTHER'S NA	ME (First, Middle, Maider	Surname)			
B	Louis Aaron Sager			L	ouise M	liddlekauf	£			
ဥ	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and A	lumber or Rural f	noute Number, City or Tov	n, State, Zip Coc	fe)		
	Nina Sager	Wife	6014	Lakeview	Road,	Baltimore	, MD 2	1210		
	20e. METHOD OF DISPOSITION 1 □ Burial 2 □ Cremation 3 □ Ramovi 4 ☆ Donation 5 □ Other (Specify)		ACE AND DATE OF D ary, cremetory or other		of	DATE 20c. LC	CATION — City	or Town, Stata		
İ	21. SIGNATURE OF FUNERAL SERVICE LICEN	see Ronald Wad	e Dir	22. NAME AND A	DDRESS OF FAC	SHOTY CHORO	7-2-0	an Decad		
	Smull Ald	Jall 11-4				more St, B		ny Board MD 21201		
CERTIFICATION	23.PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cerdiec or reepiratory arreet, shock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)									
PHYSICIAN: MEDICAL CE	PART ii. Other eignificent conditions	contributing to death but	not resulting in th	ne underlying ce	use given in i	Part I. 24s. WAS AN PERFOI	IMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 K NO		
<u>₹</u>	25. WAS CASE REFERRED TO MEDICAL			26. PLACE	OF DEATH (Che	ck only one)				
Sign		IOSPITAL:		HER:						
숲	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME OF			28d. DESCRIBE HOW I	N IIIOV OCCUBE	n		
	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WORK?	2 NO	TA.S.	noon cocone			
BY	2 Accident investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY —	At home, farm, street			281. LOCATION (Street	and Number or B	umi Boute Number		
	4 Homicide detarmined	building, etc. (Specify)		N. 1912		City or Town, State)	THE PURPLE OF THE	arer riodio ridisson,		
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated.									
O BE	296. SIGNATURE AND TULE OF CENTIFIER	Sadgett	us)		DISS	BER 46	29d. DATE SIGNED (Month, Day, Year)			
F	30. NAME AND ADDRESS OF PERSON WHO CO	COMPLETED CAUSE OF DEATH	Lock Pac	en Blue	e., B	alfimore				
	31. DATE FICED (Month, Day, 1999) 192, REGISTRAR'S SIGNATURE SIGNATURE JUNE DAY WOOD PARTICLES									



1 - STATE REGISTRAR	OINIE OI III	C	ERTIF	TICATE	OF	DEATH	MENIA	REG. NO				
1. DECEDENT'S NAME (First, Middle, Last)				10/1	<u> </u>	DEATH		OF DEATH			3. TIME OF DEA	ATH
Charles		Τ		Thon	mas		MONTH 1 1		AY 1	9 9 1	4:12	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	ast birthday)			IF UNDER 24 HRS.	7 DATE	OF BIRTH		8. BIRT	HPLACE (State or I	A M
217-30-4051	1 🔀 M 2 🗆 F	57	YRS.	MONTHS	DAYS	HOURS MIN.	(Month	29 34	1	Count	nessee	(Norge)
9a. FACILITY NAME (If not institution, give a	atreet and number)	- 37		9b. CITY,	TOWN C	OR LOCATION OF D		29 5	_	UNTY OF C		
3233 Westmont	A						EATT		90.000	MITOF	DEATH	
RESIDENCE OF DECEDENT	Avenue			Balt	Im	ore						
10a. STATE 10b. COUNT	Y		10c, CIT	TY, TOWN OR							10d. INSIDE CIT	Y
MD				Balt	imo	re					LIMITS?	
100. STREET AND NUMBER 3233 Westmont Ave	nue				10f.	21216			10g. CIT	USA	WHAT COUNTRY?	
11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. A	RMED	1 13, W	MS DEC	ENDENT OF HISPAI	MIC ORIGIN	2 (Enacify Var	ar No.	T 44 BAC	E American Inc	
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1V	YES 2	NO	111	yes, spe	2 NO Specif	en, Puello F	flean, etc.)	Of NO-	14. RAC Blac Spec	,	
15. DECEDENT'S EDU	CATION	18a. D	6a. DECEDENT'S USUAL OCCUPATION				16b.	KIND OF BUS	CINESS/IN	PHIETRY	Black	
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	(G	Bive kind of the Do NOT u	work done du ise retired.)	uring mos	st of working		KIND OF BU	MESSINA	DOSINI		
, , , , ,	College (1-4 of 5 +)							i	15.	Air	Force	
17. FATHER'S NAME (First, Middle, Last)						16. MOTHER'S NA	THE WINE A			АП	10100	
Charlie Thomas						Elizab	oth (Middle, Maiden	Sumame)			
19a. INFORMANT'S NAME (Type/Print)												
						nd Number or Rural				p Code)		
Roseanne Thoma	15		3233	Westr	nont	t Avenue	. Bal	timor	e. M	d _2	1216	
20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Rem	coval from State	20b. PLACE	ANDDATE	OF DISPOSIT	TION (Na	ma of	DATE				own, State	
4 Donation 5 Other (Specify)		Garr	ison	Fores	ct \	/ A Cem	11/5	101 0	dina	- Mi	lls, Md	
21. SIGNATURE OF FUNERAL SERVICE LIC						ID ADDRESS OF FA	CILITY	///	WILLY:	5. 191	115, 110	
	regaret							4300	Wah:	ach /	1 Home Avenue	
23. PART I. Enter the diseases, pro	complications that	caused the di	aath. Do r	not enter t	ha mod	da of dyling, auc	h as card	iac or reapl	ratory ar	reat,	Approxim	nate
ahock, or heart failure. IMMEDIATE CAUSE (Final	List only Dne cause	e Dn aach line	· Ath	Deers	oroti	rc.		·			Interval E	Batween
disease Dr condition	11 000	Lange	111	1	U-,	1	7	۸.			Onset an	d Daeth
resulting in death)	a. Type	TEVILIVE	2	ardi	000	ascular		15 es	ill			
	/ Bos 10 to	H AS A CUNSE	OUENCE OF	F):								
Sequentially list conditions.	b											
If any, laading to immediata cause. Entar UNDERLYING	טו שטע	OR AS A CONSE	OUENCE OF	F):								
CAUSE (Disease or Injury	c											
that initiated events reaulting in death) LAST	DUE TO (O	OR AS A CONSEC	OUENCE OF	F):								
readiting in death, LAST	d											
PART II. Other algolificant condition	a contribution to d	4- sab but mod	: [a]									
0 = (s contributing to a	BRIT DUI HOLI	/asulting i	in tha unce	erlying	cause givan in	Part i.	24a, WAS AN PERFOR		24b	WERE AUTOPSY F	
Schizoph	renie						_	YES 2			COMPLETION OF OF DEATH?	
J.											1/X YES 2	NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			-		26. PL/	ACE OF DEATH (Che	ack only one	1				
1 X YES 2 NO	HOSPITAL:	FR/Outpatient 2	2 C DOA	OTHER:		5 Ansidence						
27. MANNER OF DEATH	28a. DATE OF IN		28b. TIMI		Bc. INJU					211222		
1/Netural 5 Pending	(Month, Day,		INJ	JURY	WOF	PK?	260. DES	Formal	LIGHT OLI	CURED	dive at	home
2 Accident Investigation	DATE DI ACE OF		1		1 Y					- 1		
3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF I building, et	INJURY — At ho tc. (Specify)	Home		y, offica		28f. LOCA City o	TION (Street a	nd Number	or Burgi F	Poute Number, Jestmont	1. 14.
			97 07 76				-	Balt.	MOY	2 Cof	K, MD	100
29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the beef of m	ıy knowledga, de	eath occurr	ed at the tim	e. data i	and place, and due	to the caus		_)	
2 MEDICAL EXAMINE	R: On the basis of exer	mination and/or !	Investigatio	ın, in my opir	nion, de	ath occured at the	time, data o	and place, and	d due to th	ne cause(a	i) and manner as s	stated,
29b. SIGNATURE AND TITLE OF CERTIFIER	· 1 1	1.				29c. LICENSE NUM	ABER		29d. DAT	E SIGNED	(Month, Day, Year)	
Kleun	111	rute	ans			O.C.M.	E'		1 11		1 100	1
30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE	OF DEATH (ITE	M 27) (Type,	, Print)		U.U.H.	D,			0	1 199	
						. n						
31. DATE FILED (Month, Day, Year)	32. REGISTRAR	S SIGNATURE	IFE	nn S	Ere	eet, Ba	ltin	loreM.	ary	and	<u>21201</u>	
	32. REGISTRAR!	Jandres	Band	1.00								
MUANA	171 //	JICHO INCIDI-	may la . la	-								

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours within 72 hours within 72 hours within 72 hours within 72 hours within 72 hours within 72 hours within 73 hours within 73 hours within 73 hours within 74 hours within 75 hours w BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Ye a

Care at the first term of the second care to the se

THE RESERVE TO THE RE

For the Property of the Control of t

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medical

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event.

traumatic

shows any

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DAVID ROSE,

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1991

32. REGISTRAN'S SIGNATURE.
Julia Davidson-Randall.

68760, BALTIMORE, MARYLAND 21215-0020	ecuted within 24 nours after death. Page 6 may be retained by the hospital or attending physics	ind completely filled in by the funeral director, page 5 should be detached for use as the burial	stic event, the medical examiner must be notified at once
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial. Defined within 72 hours after death with the State Dent, of Health and Mental Hydiene polor to burial community or community.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event; the medical examiner must be notified at once

30238 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MONTH THOMAS THERON ()PAY TAYLOR 04:50 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH a. BIRTHPLACE (State or Foreign 391-44-3654 1 X M 2 | F 23 01 1946 WISCONSTN 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE A.A. COUNTY RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND ANNE ARUNDEL GLEN BURNIE 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY 1113 SUNNYBROOK DRIVE 21060 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yea, specify Cuban, Maxican, Puarto Rican, atc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 X Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced Specify WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a. OECEOENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12 NONE SENIOR TELEPHONE COM.OFF. CIVIL SERVICE 17. FATHER'S NAME (First, Middle, Last) 18, MOTHER'S NAME (First, Middle, Maiden Surname) KENNETH BE TAYLOR GERALDINE E. TESS 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 2 CAROL J. TAYLOR 1113 SUNNYBROOK DRIVE BURNIE, GLEN MD 21060 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State 1 Burlel 2 Cremation 3 Ramoval from State
4 Donation 5 X Other (Specify) ENTOMBMENT CEDAR HILL CEMETERY 11-6 BROOKLYN PARK, MD 21. BIGHATURE OF FUNERAL SERVICE CICENSEE 22. NAME AND ADDRESS OF FACILITY Son SINGLETON FUNERAL HOME SECOND AVE. S.W. GLEN BURNIE, MD 21061 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final **Onaet and Death** disease or condition Honoras 3 OTASTIM reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS all Many PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 🗌 YES 2 🎒 NO PREMHONSTOS 1 YES 2 NO MULTIPLE PHYSICIAN: SciEFOSIS 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER 1 TES 2 NO 1 @ Inpatient 2 ER/Outpatient 3 DOA 4 Nurs ne 5 - Rasidenca 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b, TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 🚱 Natural 5 Pending м ВУ 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) ETED 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) a Could not be 4 Homicide 29a. CERTIFIER

(Chack only

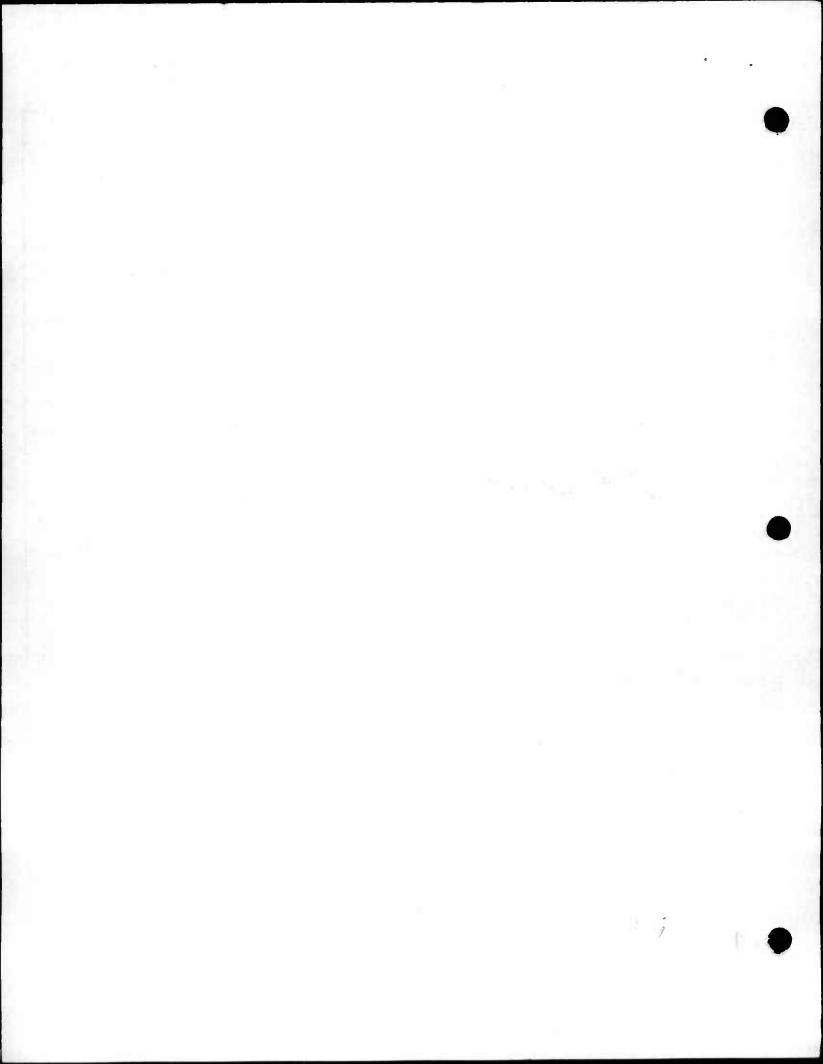
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the ceuse(a) end manner ea stated. COMPL 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CHITIFIER BE

29c. LICENSE NUMBER

M.D./200 HOSPITAL DR. #500/GLEN BURNIE, MARYLAND 21061

2:30 PM

29d. DATE SIGNEO (Mogth, Day,



Tarique A.
31. DATE FILED (Morith, Day, Year)

NOV 04 1991

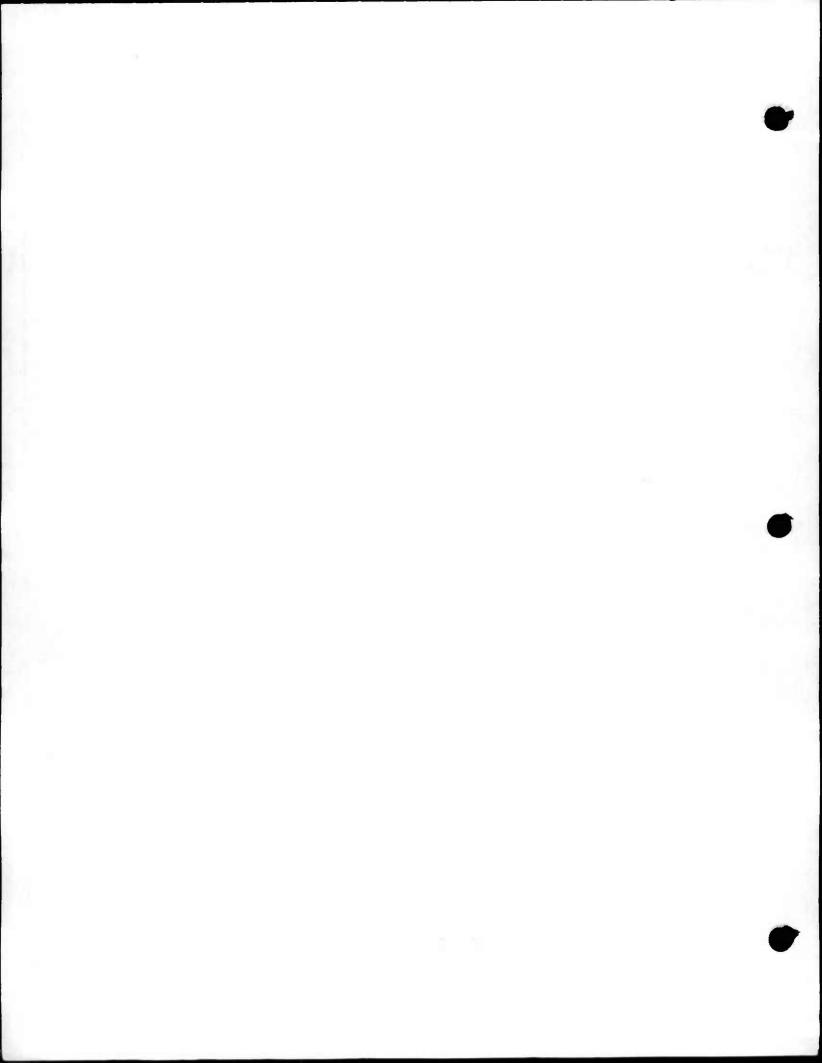
Firozvi

M.D

32. REGISTRAR'S SIGNATURE
Suna Savidson-Rondolle

	200									C)	30239
	1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR	TMENT O	F HEALTH	AND I	MENTA	L HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)	VELMA	Р.		TROXELI			MONT	OF DEATH	AY	YEAR	3. TIME OF DEATH 2:40 A.
	4. SOCIAL SECURITY NUMBER 177-16-5327	5. SEX	6. AGE (In yrs. last	birthday) YRS.	IF UNDER 1 YE		R 24 HRS. MIN.	7 DATE	OF BIRTH			PLACE (State or Foreign
<u>~</u>	9e. FACILITY NAME (If not institution, give s					WN OR LOCAT		EATH		9c. COUNTY OF DEATH		
5	Ivy Hall Nursing	Home			[N	<u>liddle</u>	Rive	r		В	altir	nore
DIRECTOR	Md .	Baltimor	e	10c. CIT	y, town on Li Baltin		LIMIT			10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
FUNERAL	409 Armstrong Ro					101. ZIP COE	220		-	10g. CITIZEN OF WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 XWidowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	TEVER IN U.S. ARM YES 2 MAR OR DATES	RED D	13. WAS	n. Puerto I	GIN? (Specify Yae or No- to Ricen, etc.) 14. RACE — American Ind Black, White, etc.					
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)	CATION completed) College (1-4 or 5	(Giv	e kind of i	NT'S USUAL OCCUPATION of of work done during most of working Of use retired.)							
BE COM	17. FATHER'S NAME (First, Middle, Lest) Samuel Kimberling Laura B. Kauffman											
TO B	Sherrill Meekins 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 409 Armstrong Road Baltimore, Md. 21220)		
	20s. METHOD OF DISPOSITION 1X. Burlel 2 Cremation 3 Ram 4 Donetion S Other (Specify)	oval from State		ND DATE (F DISPOSITIO	N (Name of		DAT	E 20c. LO	CATION —		rn, State
	21. SIGNATURE OF FUNERAL SERVICE INC.	elden				AND ADDRE		D	altimo	ore,M	D 2	1214
	23. PART I. Enter the disesses, or cahock, or heert fellure.	omplications the	t csused the dea	th. Do r	ot enter the	mode of dy	ing, such	es cerd	iec or respi	retory en	Har	ford Rd.
	IMMEDIATE CALLET (Fine)											
CERTIFICATION	Sequentielly list conditions, if smy, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Due To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF):											
PHYSICIAN: MEDICAL C	PART II. Other significent condition	s contributing to	desth but not re	suiting i	n the underl	ying ceuse	given in l	Part i.	24a. WAS AN PERFOR 1 YES 2	MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
N.								_				I NES 2 NO
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	Haracetti.		OTHER:	PLACE OF D						
H.	27. MANNER OF DEATH	28e. DATE OF		28b. TIME	4 Nursing i	INJURY AT			(Specify)	JURY OCC	CURED	
ĕ I	1 Naturel 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF	F INJURY — At home	iNJi	M 1	WORK? YES 2			TION (Street e			irla Numbar
ETE	4 Homicide determined City or Town, State)											
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC one) 2 MEDICAL EXAMINEI	CIAN: To the best of ex	my knowledga, deat amination end/or inv	h occurre	d at the time, o	late end place	end due t	to the caus	end place, end	ner ee state	ed. e ceuse(e)	and menner ee stated.
出	296. SIGNATURE AND TITLE OF CERTIFIER			•		29c. LICE	NSE NUMI	BER		29d. DATE		Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (ITEM :	27) (Type,	Print)		,	,			-/-/	- / /

223 Eastern Ave.



BALTIMORE, MARYLAND 21215-0020

ITEMS:23 thru G-683 1/7/92							91	30240		
FOR 1 - STATE		MARYLAND A	DEPARTMI	ENT OF H	EALTH AND	MENTAL HYGIEN		0 0 0 0		
REGISTRAR		С	ERTIFICA	TE OF	DEATH	REG. NO				
1. DECEDENT'S NAME (First, Mid						2. DATE OF DEATH MONTH D.	AY YI	3. TIME OF DEATH		
RODNEY			WILLIS			10 30		1 7:26 a M		
214-84-8729	5. SEX 1 ☑ M 2 ☐ F	6. AGE (In yrs. le:	MONT	HS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)		
94. FACILITY NAME (If not institute		29	YRS.			2-10-19	62 M	aryland		
				b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						
FRANCIS SC	OTT KEY HO	DSPITAL		BAL	<u> </u>					
	COUNTY		10c. CITY, TOV	VN OR LOCAT	ION			10d. INSIDE CITY		
Md.			Ba]	ltimo	re			LIMITS?		
10e. STREET AND NUMBER			1 200		ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
10e. STREET AND NUMBER 715 E. 21 S	st Street			2	1201		11	SA		
11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S. AF	MED	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yas		RACE — American Indian, Black, White, atc.		
1 Never Married 2 Married 3 Widowed 4 Divorced		1 YES 2 X	МО	If yea, spe	2 X NO Specify	n, Puarto Rican, atc.)		Black, White, atc. Specify: Black		
			-					Didek		
15. DECEDEI (Specify only high	NT'S EDUCATION nest grade completed)	16a, DE	ECEDENT'S USUA live kind of work of Do NOT use retin	L OCCUPATIO	IN st of working	16b. KIND OF BU	SINESS/INDUST	TRY		
Elementary/Secondary (0-12)	College (1-4 or 5	+) // //	. Do NOT use retin	ed.)						
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 th 17. FATHER'S NAME (First, Middle, Lest) 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use relied.) Unemployed 16. KIND OF BUSINESS/INDUSTRY										
Edward Randall On this Willis 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
Angela and	Veronica V	Willis	715 E	21	st. St					
20a. METHOD OF DISPOSITION 1 M Buriel 2 Cremation 3 Removel from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place) DATE 20c. LOCATION — City or Town, State										
4 Donation 5 Other (Spe 21. SIGNATURE OF FUNERAL SE		_ Wood	lawn C			Wood	dlawn	Maryland		
1	10			22. NAME AN	D ADDRESS OF FA	Derri	ck C.	Jones F.H.		
Nem	V C- X	cone		4611	Park H	eights A	ve. B	alto Md 15		
23. PART I. Enter the disease abook, pr heart	es, Dr complications the	t caused the da	ath. Do not ar	ter tha mod	da of dylng, suci	n sa cardiac or raapi	ratory arreat	Approximata		
IMMEDIATE CAUSE (Final	Tanara Elat Dilly Dile an	use on gavn mig	1.					Intarval Batwean Onset and Daath		
disease or condition reaulting in death)	a. MIXED	COCAINE	AND NAI	RCOTIC	INTOXIC	MOTTA				
	DUE TO	OR AS A CONSE	DUENCE OF):			2222021				
Sequentially list conditions	b									
If any, lasding to immediate cause. Enter UNDERLYING		OR AS A CONSE	QUENCE OF):							
CAUSE (Disease Dr Injury	c.	OR AS A CONSE	DUENOE OF							
that initiated events resulting in death) LAST	DOE IC	OH AS A CONSE	DUENCE OF):							
	Sequentially list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.									
PART II. Other significant conditions contribution to death but and coulding to death but and could to death but and coul										
PART II. Other significant c	onditiona contributing to	daath but not r	aaulting in tha	underlying	causa givan in			24b. WERE AUTOPSY FINDINGS		
PART II. Other significant c	onditiona contributing to		aaulting in tha	underlying	causa givan in	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
PART II. Other significant c			aaulting in tha	underlying	causa givan in	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
			aaulting in tha	underlying	causa givan in	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
PART II. Other significant of SHOTGUN WOULD SHOTGUN WOULD SHOTGUN WOULD SHOW THE SHOTGUN WOULD SHOW THE SHOTGUN WOULD SHOW THE SHOTGUN WOULD SHOW THE SHOTGUN WOULD SHOW THE SHOTGUN WOULD SHOW THE SHOTGUN WOULD SHOW THE SHOTGUN WOULD SHOW THE SHOTGUN WOULD SHOW THE SHOTGUN WOULD SHOW THE SHOTGUN WOULD SHOW THE SHOTGUN WOULD SHOW THE SHOTGUN WOULD SHOW THE SHOTGUN WOULD SHOW THE SHOW THE SHOTGUN WOULD SHOW THE SHOTGUN WOULD SHOW THE SHOTGUN WOULD SHOW THE SHOTGUN WOULD SHOW THE SHOTGUN WOULD SHOW THE SHOTGUN WOULD SHOW THE SHOTGUN WOULD SHOW THE SHOTGUN WOULD SHOW THE SHOTGUN WOULD SHOW THE SHOTGUN WOULD SHOW THE SHOW	ND OF SHOULE		aaulting in tha			PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PART II. Other significant of SHOTGUN WOU	ND OF SHOULE	ER	ОТН	26. PL/	ACE OF DEATH (Che	YES 2	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
SHOTGUN WOUL 25. WAS CASE REFERRED TO ME EXAMINER?	DICAL HOSPITAL: 1 Inpetient 2 280. DATE O	ER/Outpatient 3	DOA OTH	26. PL/ 1E.R: Nursing Home 28c, INJU	ACE OF DEATH (Che	PERFOR YES 2 Ck only one) 6 Other (Specify)	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pend	DICAL HOSPITAL: 1 Inpertant 2 28e. DATE O (Month, I)	ER/Outpatient 3 F INJURY	DOA OTH	26. PL/ HER: Nursing Home 28c, INJU WOF	ACE OF DEATH (Che	PERFOR 1 YES 2 Inck only one) 6 Other (Specify) 28d. DESCRIBE HOW H	NO NO	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO ME EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pend 2 Accident Inves 3 Suicida 6 X Couli	DICAL HOSPITAL: 1 InputInt 2 28e. DATE 0 10 / 3 (28e. PLACE 6	ER/Outputtent 3 FINJURY DOY, 1967) D/ 1991	DOA OTH	26. PL/	ACE OF DEATH (Che To Desidence IRY AT IRY 2 RES 2 NO	PERFORM 1 YES 2 1 Other (Specify) 2ed. DESCRIBE HOW III	MED? NO NUTY OCCUPY SHOT	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO ME EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pend Inves 2 Accident Inves 3 Suicida 6 Could	DICAL HOSPITAL: 1 InputInt 2 28e. DATE 0 10 / 3 (28e. PLACE 6	ER/Outpatient 3 FINJURY Day, Year) DF INJURY — Al ho	DOA OTH	26. PL/ HER: Nursing Home 28c. INJL WOF 1 Y	ACE OF DEATH (Che 5	PERFOR 1 YES 2 1 Other (Specify) 28d. DESCRIBE HOW H S U B J F C T 281. LOCATION (Street a City or Town, State)	SHOT	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO TED DRUGS UNIT Route Number. UNANO MORAVIA PAR		
25. WAS CASE REFERRED TO ME EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pend Inves 2 Accident Inves 3 Suicida 6 Could	DICAL HOSPITAL: 1 Inpertant 2 10 Morth, 1 10 / 3 (28e. PLACE c building	ER/Outpatient 3 F INJURY Day, Year) O / 1991 OF INJURY — Al ho, ells, (Specify)	DOA OTHEOF	26. PLI HER: Nursing Home 28c. INJL WOF 1	ACE OF DEATH (Che 5	PERFOR 1 YES 2 1 YES 2 1 Other (Specify) 2ed. DESCRIBE, HOW H SUBJECT 2et. LOCATION (Street as City or Town, State) DRIVE	NJURY OCCURS SHOT AND AND AND AND AND AND AND AND AND AND	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO TED DRUGS UNIT Route Number, UNANO MORAVIA PAR		
25. WAS CASE REFERRED TO ME EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pend Inves 2 Accident Inves 3 Suicida 6 Could	DICAL HOSPITAL: 1 Inpatiant 2 10 / 3 (10 / 3 (28s. PLACE obtiding of the best of	ER/Outpatient 3 F INJURY Day, Year) D / 1991 OF INJURY — AI ho els. Specify If my knowledge, de	DOA OTH 28b. TIME OF RIJURY The Court of the court of	26. PLI IER: Nursing Home 28c. INJU I UVOF 1 U Y factory, office	ACE OF DEATH (Che	PERFOR 1 YES 2 1 YES 2 1 Other (Specify) 28d. DESCRIBE, HOW, H SUBJECT 281. LOCATION (Street as City or Town, State) DRIVE	NUTY OCCUPIED SHOT BALTI	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO OF DEATH? VED DRUGS OF DRUGS OF AVIA PARK MORE, MARYLA		
25. WAS CASE REFERRED TO ME EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pend Inves 2 Accident 3 Suicida 6 Couli 4 Namicida 6 Couli detar 29a. CERTIFIER 1 CERTIFVIN	DICAL HOSPITAL: 1 Inpertant 2 28e. DATE O (Month, I) 1 O / 3 (28e. PLACE o building mined	ER/Outpatient 3 F INJURY Day, Year) D / 1991 OF INJURY — AI ho els. Specify If my knowledge, de	DOA OTH 28b. TIME OF RIJURY The Court of the court of	26. PLI IER: Nursing Home 28c. INJU I UVOF 1 U Y factory, office	ACE OF DEATH (Che 5	PERFOR 1 YES 2 1 YES 2 1 Other (Specify) 26d. DESCRIBE, MOW IN S. U.B. J.E. T. 28f. LOCATION (Street a City or Town, State) D.R. J. V.E. 10 The cause(a) and man	NO NO NO NO NO NO NO NO NO NO NO NO NO N	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NO RELIGION OF CAUSE OF DEATH? 1 YES 2 NO NO RAVIA PARK MORE, MARYLA		
25. WAS CASE REFERRED TO ME EXAMINER? 1 X VES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pend 2 Accident Inves 3 Suicide 6 Could detar 29a. CERTIFIER Check only 2 MEDICAL	DICAL HOSPITAL: 1 Inpatiant 2 10 / 3 (10 / 3 (28s. PLACE obtiding of the best of	ER/Outpatient 3 F INJURY Day, Year) D / 1991 OF INJURY — AI ho els. Specify If my knowledge, de	DOA OTH 28b. TIME OF RIJURY The Court of the court of	26. PLI IER: Nursing Home 28c. INJU I UVOF 1 U Y factory, office	ACE OF DEATH (Che	PERFOR 1 YES 2 1 YES 2 1 Other (Specify) 26d. DESCRIBE, MOW IN S. U.B. J.E. T. 28f. LOCATION (Street a City or Town, State) D.R. J. V.E. 10 The cause(a) and man	SHOT INDEX OCCURRY SHOT INDEX OF THE THE THE THE THE THE THE THE THE THE	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO PED DRUGS WORD NUmber, UNANOVA MORAVIA PARK MORE, MARYLA		

BALTIMORE, MARYLAND 21201

STREET

DEATH (ITEM 27) (Type, Print)

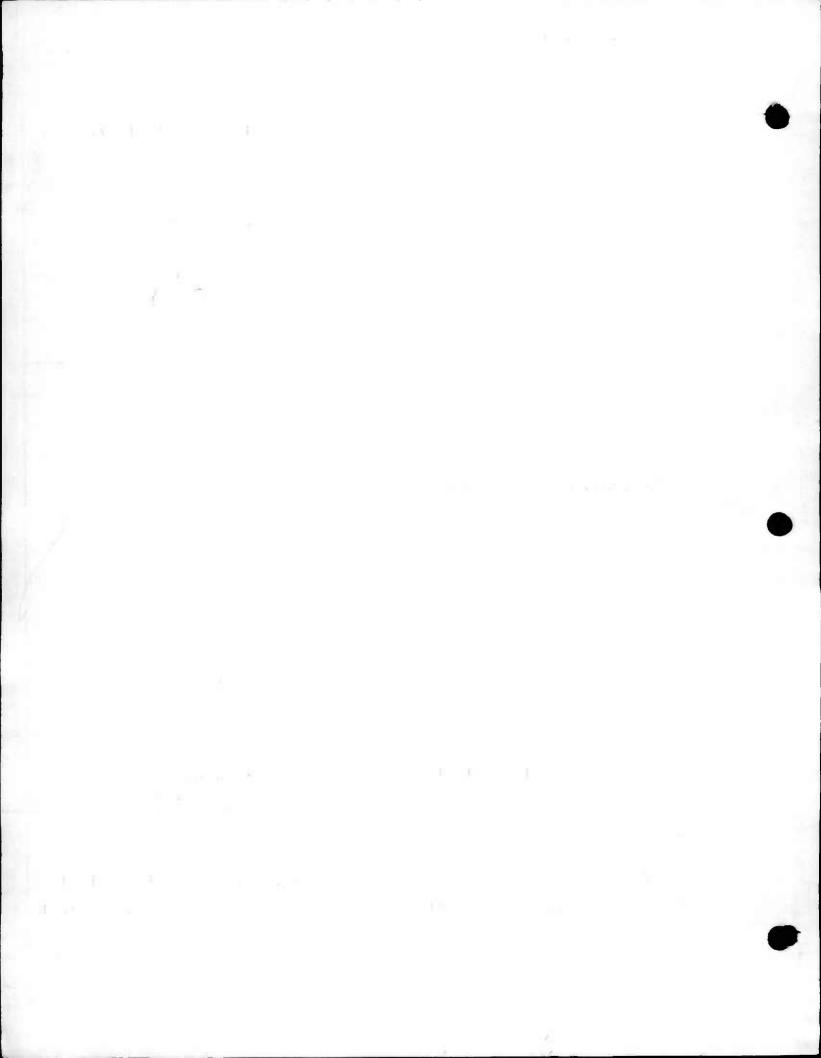
O.C.M.E

10/30/1991

1991

PENN 111 32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

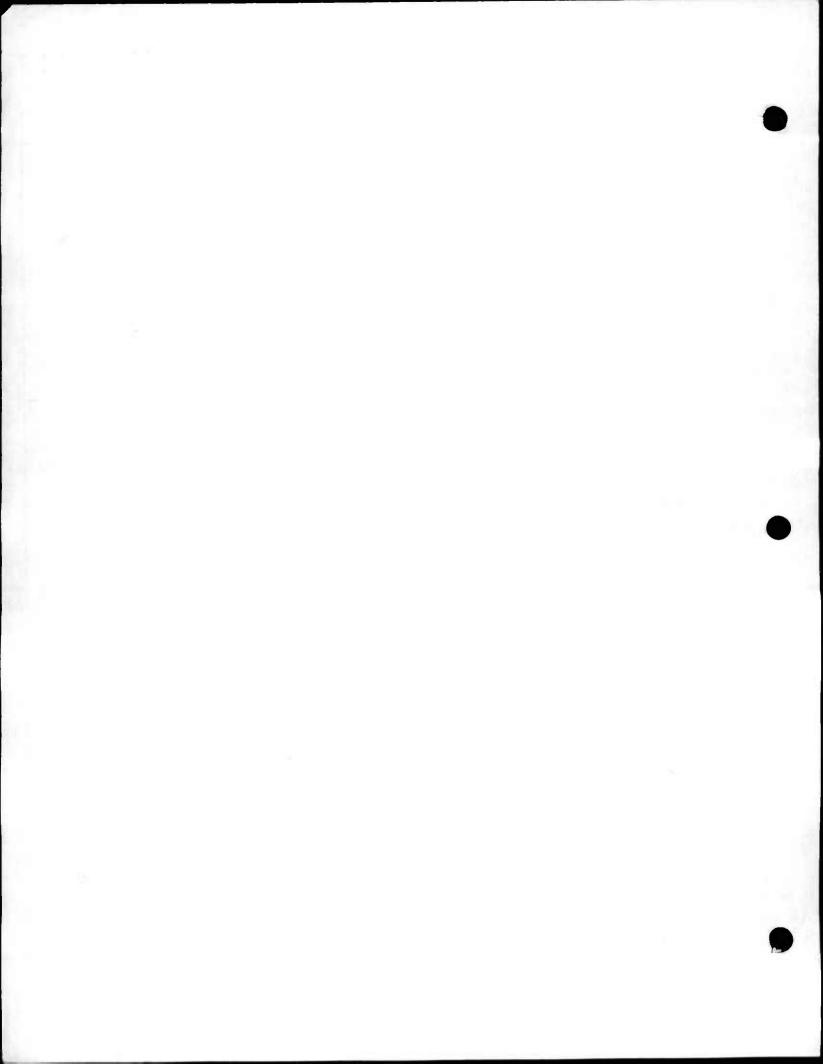
	permit, Pages 1, 2, 3 should	
ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and comp	marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
OR ATTEN	SIRECTOR:	MPORTANT: If Item 28 Is marke
SPITAL (INERAL C	NT: If It
TO THE HOSPITAL OR ATTENDING PHYS	TO THE FL.	IMPORTANT: If Item 28

	FOR 1 . STATE	STATE OF MARYLAND	/ DEPAR	TMEN	IT OF HE	EALTH AND	MENTAL	HYGIEN		3024	-
	REGISTRAR		CERTIFI	CAT	E OF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Stephen	John Wooder	1				2. DATE I	F DEATH,	· 4 1	year 3. TIME OF DEATH	р
	4. SOCIAL SECURITY NUMBER 216 01 3744	5. SEX 6. AGE (In yrs. 1 X M 2 F 74	-	IF UNDE	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (BIRTHPLACE (State or Fore Country) MARYLAN	
_	9a. FACILITY NAME (If not institution, give			9b. CIT	Y, TOWN OF	LOCATION OF	DEATH	11 13,		Y OF DEATH	
Ď	RESIDENCE OF DECEDENT	ORE MEDICAL CENT	TER			TOWSO	N			BALTIMORE	
DIRECTOR	10a. STATE 10b. COUNT	ry	10c. CITY	TTY, TOWN OR LOCATION 10d, INSIDE CITY							
	MD	BALTIMORE			COCKI	EYSVILL	Ε	LIMITS?			
FUNERAL	10e. STREET AND NUMBER	DOAD			101, 2	ZIP CODE			10g. CITIZE	N OF WHAT COUNTRY?	
N.	11004 GATEVIEW			21030 U.S.A 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No					S.A.		
B	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES WWW II, Navy			If yes, spec	NDENT OF HISPA Hity Cuban, Maxic NO Spec	an, Puarlo R	(Specify Yea can, atc.)	or No— 14	I. RACE — American Indian Black, Whita, atc. Specify: White	1,
	15. DECEDENT'S EDU (Specify only highest grade	UCATION 16a.	DECEDENT'S U	ork done	during most	cl working	16b.	KIND OF BUS	SINESS/INDUS		
COMPLETED	12th Grade		We Do NOT use	I heniten i		ore City	y	Law E	nforce	ement	
8 8	17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname)										
H	Stephen Michael Wooden Lorretta Waters 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code)										
ဥ	19a. INFORMANT'S NAME (Type/Print) Virgina Agnes	Wooden									
	20g METHOD OF DISPOSITION	200 01 40	E AND DATE OF	Ga	tevie	w Rd.	Cocl			d. 21030	
	Buriel 2 Cremation, 3 Rem	noval from State Cometery, of Dula	remetory or oth	er place)	v Me	m. Gar	dens			m, Md.	
	21. BAGNATURE OF FUNERAL SERVICE LA	ell M. Lemmon		22.	NAME AND	ADDRESS OF F	ACILITY				
	SI GURENT	Bomon	2	110	0 W.	Padoni	a Roa	d. Ti	moniu	m Md 210	03
	2. PART I Enfor the diseases, or shock, or heart failure.	Un only one ceuse on each ile	deeth. Do no	ot enter	r the mode	of dying, su	ch ae cardi	ec or respin	retory arrea	t, Approximate	te
	disease or condition resulting in death)	Seese Dr condition RESPIRATORY APREST									
z	PULMEDEMA										
ERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING	CARDIÓMYÓPAT	EQUENCE OF)	:							
빌	CAUSE (Diseese or injury thet initieted events	C. DUE TO (OR AS A CONS	EOUENCE OF)	:							
	reaulting in death) LAST	d									
0	PART ii. Other significant condition	ns contributing to deeth but not	resulting in	the un	nderiving	ceuse given in	Pert i	4a. WAS AN	ALITOPSY	24b. WERE AUTOPSY FIND	DIMOG
OICAL			-			•		PERFORI	MED?	AVAILABLE PRIOR TO COMPLETION OF CAL)
MEDI							-	1 TES 2	₩.NO	OF DEATH?	
										1 123 2 100	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				CE OF DEATH (C	heck only one			1	
IXSI	1 TYES 2 NO	1 inpatient 2 ER/Outpatient	3 DOA			5 - Residence	6 🗆 Other	Specify)			
ву рну	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF RY M	28c. INJUR WORK 1 YES	IY AT (? S 2 \sum NO	28d. DESC	RIBE HOW IN	JURY OCCUR	RED	
0	3 Suicide 8 Could not be determined determined determined							ION (Street ar Town, State)	nd Number or i	Rural Route Number,	
LET	And Appropriate to the second										
COMPL	(Check only 1 CERTIFYING PHYSI	ICIAN: To the beaf of my knowledge, of ER: On the basis of examination and/o	death occurred r Investigation,	at the ti	ilme, data an opinion, desi	nd place, and dur th occured at the	to the cause time, data a	e(a) and mann nd placa, and	ner an stated. I due to the c	ause(s) and mannar as state	ed.
ш	296. SIGNATURE AND TITLE OF CERTIFIER					9c. LICENSE NU				GNED (Month, Day, Year)	
10 B	Makwoud 30. NAME AND ADDRESS OF PERSON WH	Kahun	THE WALL CONTRACT TO THE PARTY OF THE PARTY								

31. DATE FILED (Month, Day, Year)

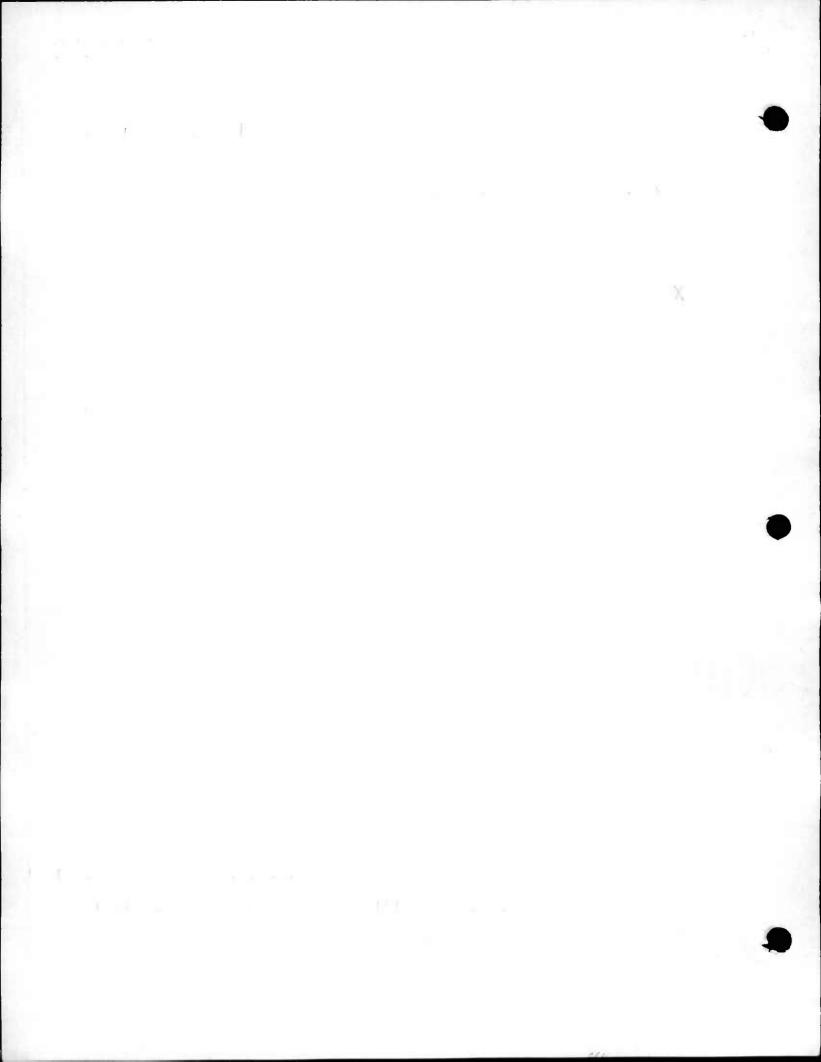
NOV 05 1991 32. REGISTRAR'S SIGNATURE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)



Item 11 3-11-92 FilmG685 W.H. Per F/H

	1 - STATE REGISTRAR	TATE OF MAR			TMENT (MENTA	L HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Lest) NATHAN	NATHAN		IAMS					2. DATE	OF DEATH		YEAR 91	3. TIME OF DEATH 3:22 PM
	4. SOCIAL SECURITY NUMBER 5. S	EX 6. A	GE (In yrs. le	est birthday)	IF UNDER 1 Y	EAR AYS	IF UNDER	24 HRS. MIN.	7. DATE	OF BIRTH -04-0		-	IPLACE (State or Foreign
OR	9a. FACILITY NAME (If not institution, give street as 827 N. ARLINGTON		APT.	406	9ь. СІТУ, ТО В А			ON OF DE	ATN			NTY OF D	
DIRECTOR	10a. STATE 10b. COUNTY				ALTI			ידייע	_				10d. INSIDE CITY LIMITS?
FUNERAL	10e. STREET AND NUMBER 827 N. ARLINGTON	AVE.	Apt.	1		_	ZIP COD				10g. CITI		1 √ YES 2 □ NO VHAT COUNTRY? S.A.
BY	11. MARITAL STATUS 12. V	MAS DECEDENT EVE FORCES? 1 Y F YES, GIVE WAR OF	ER IN U.S. A	RMED	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuben, Maxican, Puarto Rican, stc.) 14. RACE — American Inc. Black, White, stc.						c, White, atc.		
COMPLETED	(Specify only highest grade comple												
ш	17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, John Simmons Eloria								Sumame) lian	າຣ			
10 B	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									28560			
	20b. PLACE AND DATE OF DISPOSITION 1 Removal from State 20c. LOCATION - City or Town, State 20c. LOC												
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM. C. MARCH F.H. 110.										NORTH AVE			
	23. PART I. Enter the diseases, or compile shock, or heart tailure. List of immediate CAUSE (Final disease or condition resulting in death)	RTERIOS	CUDE	POTIC	CA								Approximate interval Between Onset and Death
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, It any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events rasulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.												
MEDICAL	PART II. Other significant conditions con	tributing to deati	h but not	resulting i	n the under	lying	cause g	iven in F	Part I.	24a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO
PHYSICIAN:		SPITAL:	Medic		OTHER:			ATH (Chec					
		28a. DATE OF INJUR (Month, Day, Yea	₹Y	28b. TIME	JRY	. INJUI	RY AT			r (Specify) SCRIBE HOW IN	JURY OCC	URED	
тер ву	Accident Investigation Accident Investigation	28e. PLACE OF INJU building, atc. (S	JRY — At he	oma, farm, si			S 2 [\rightarrow	28f. LOC City	ATION (Street er or Town, State)	nd Number	or Rural A	oute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: T 2 MEDICAL EXAMINER: On t	To the beat of my kn	owledge, de	eath occurre	d at the time,	date e	nd place,	and dua to	o the cau	use(a) end man	ner aa state	ıd.	
TO BE CC	296 SIGNATURE AND TITLE DE CERTIFIER	b	n	M			29c. LICE	SE NUME	BER		29d, DATE	SIGNED	(Month, Day, Year) ER 29,1991
	90. NAME AND ADDRESS OF PERSON WHO COMM MARIO F. GOLLE	JR. M.				NN	ST	. BA	ALTI	MORE,	MD.	212	201
	NOV 05 1991 Julia Surface Apple												

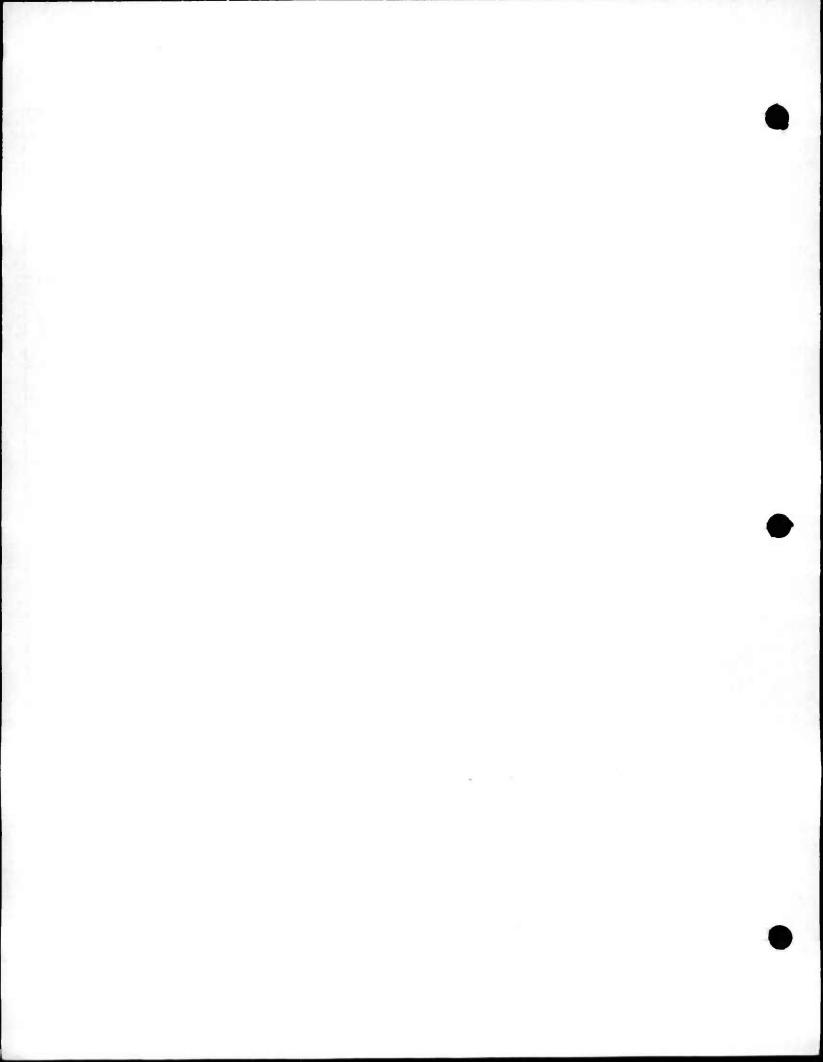


DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	0.500-0.513-0	spital or attending physician.	and for use as the hurial transit narmie Breas 4 9 9 should	of the contraction of permit, rayes 1, 2, 3 Shound	
HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page FINEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direc within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal. TANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner in		6 may be retained by th	ctor, page 5 should be d		nust be notified at o
HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 FUNEFAL DIRECTOR. After this certificate has been signed by the attending physician and completely fill within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation. TANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the		nours after death. Page	ed in by the funeral direc	or removal.	medical examiner m
		HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 no	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, o	IANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the m

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Last)	er Weil	413			2. DATE OF DEATH MONTH DA	9 19	3. TIME OF DEATH				
	086-01-6781	1X□ M 2 □ F 82		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 9/21/1909	0. Bif	THPLACE (State or Foreign United SERMANY				
OR RO	90. FACILITY NAME (If not institution, give street 2706 SMITH AVE.	of and number)		96. CITY, TOWN O	ALTIMOR		9c. COUNTY OF	F DEATH ALTIMORE				
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCATI	ON		10d. INSIDE CITY					
	MARYLAND B	BALTIMORE			IMORE		1 - YES 2 NO					
FUNERAL	2706 SMITH AVE.			101.	109. ZIP CODE 109. CITIZEN OF WHA							
BY FUN	1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	XNO.	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, apocify Cuben, Mexican, Puerto Ricen, etc.) 1 YES 2 NO Specify: WHITE								
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co	TION 18e. **TiON 18e. **College (1-4 or 5 +)	(Give kind of wo	USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Work done during most of working								
O.	17. FATHER'S NAME (First, Middle, Last)		- SF	ALES	18. MOTHER'S N	AME (First, Middle, Maiden S	Surneme)					
BE	IGNATZ WEIKERS	}				MINNA SI	CHEL					
2	190. INFORMANT'S NAME (Type/Print) MRS. MILDRED WETK	196. INFORMANT'S NAME (Type/Print) MRS. MILDRED WEIKERS 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2706 SMITH AVE. BALTIMORE, MD 21209										
	20e. METHOD OF DISPOSITION 1 Deurla 2 Cremetion 3 Remova	20b. PLA	CEANDDATEOF	DISPOSITION (Nan	ne of	DATE 20c LOC	CATION — City or	Town, Stata				
	4 ☐ Donetion 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN	CH	EVRA AF	AVAS CH				OWN, MD				
	+ Ellensue	Lung	on			ON & BROS.,		RE, MD 21215				
CERTIFICATION	23. PART i. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):											
: MEDICAL	PART II. Other significant conditions of	contributing to death but no	ot resulting In	the underlying	cause given in	Part i. 24e. WAS AN A PERFORM	MED?	4b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO				
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		28. PLA	CE OF DEATH (Ch	neck only one)						
HYS		□ Inpatient 2 □ ER/Outpatient 28a. DATE OF INJURY		□ Nursing Home		8 Other (Specify)						
ВУ Р	Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	Y WOR	K? NO	28d. DESCRIBE HOW IN	JURY OCCURED					
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm, stre	et, factory, office	t, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
TO BE COMPLETED	29e. CERTIFFIER (Check only one) 2 MEDICAL EXAMINER: On the bast of my knowledge, dasth occurred at the time, date end place, end due to the cause(s) and menner as attacd. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)											
	31. DATE FU SO (MONN), 20%, 1991	32 REGISTRAR'S SIGNATURE	ndell									





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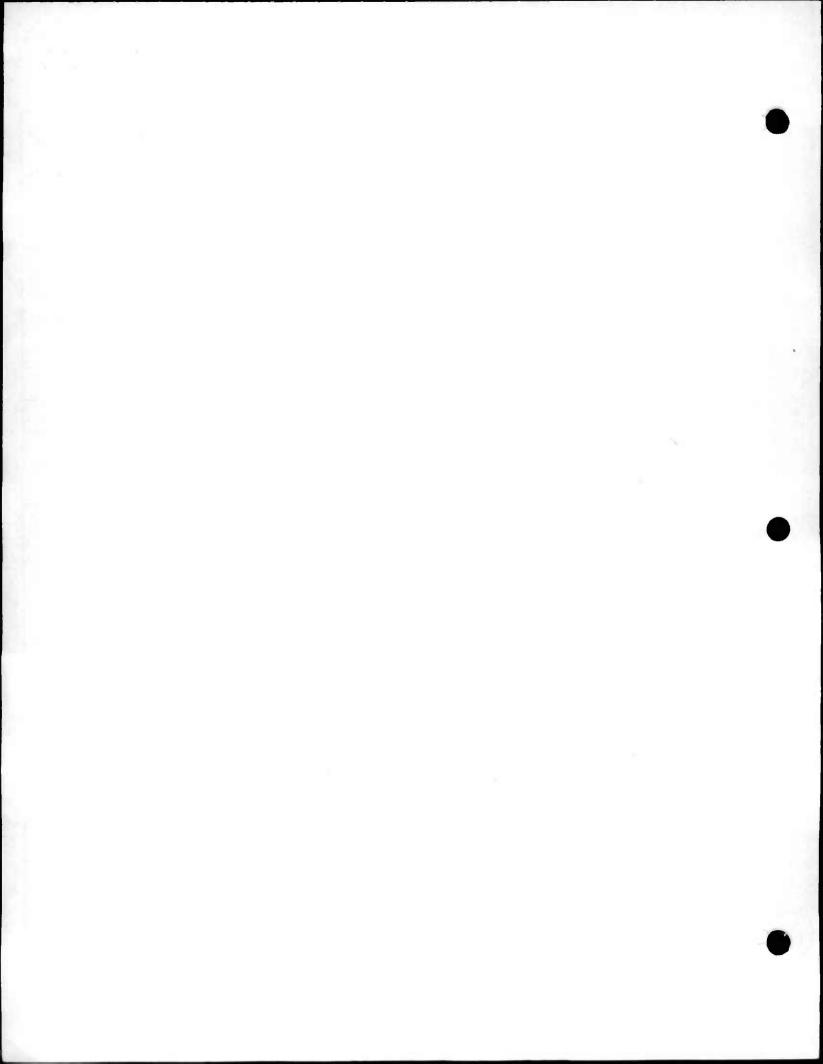
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.						
	1. DECEMBER MICHAEL 2. DATE OF DEATH MONTH DAY 9 YEAR 940 A						
	219-30-884 1 1 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
TOR	De. FACILITY NAME (If not institution, give street and number) DEETY Medicat Center BALL MACE						
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?						
FUNERAL (100. STREET AND NUMBER 101. ZIP CODE 102. CITIZEN OF WHAT COUNTRY?						
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Merried 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO Specify: Sp						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY						
BE COM	17. FATHER'S NAME (First, Middle, Lest) WILLIAM BASS Field 18. MOTHER'S NAME (First, Middle, Meiden Surmarne) TINEY BASS FIELD						
70	190. INFORMANT'S NAME (TyperPrint) 190. MAILING ADDRESS (Street and Number or Rural Poure Number, City or Town, State, Zip Code) William Cunningham 7422 KATK years Rd. Batto: Md 2120						
	20b, PLACE AND DATE OF DISPOSITION DATE 20c. LOCATION - City or Town, State Donation 5 Other (Specify) DATE Confidence of the Co						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Harch Funeral 3/m 4300 Wabash Que						
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each ilne. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. PNUEMONIA WILL SEFSIS BUE TO (on AS A CONSEQUENCE OF)						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reasulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): C. DIRONARY MEART DISEASE DUE TO (OR AS A CONSEQUENCE OF):						
PHYSICIAN: MEDICAL CER	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Urinary Tract Injection with Renal Cally 1 yes 2 No COMPLETION OF CAUSE OF DEATH? Dermentia I Seizman.						
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Recidence 6 Other (Specify)						
	27. MANNER OF DEATN 1 Natural 5 Pending 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 28c. INJURY AT WORK? 1 Vec 2 No.						
TED BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office buttlding, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETED	29a. CERTIFIER (Chock only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as attated. 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as attated.						
BE	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)						
5	SUDKIR. D. PATEL 2600 Library 120' Balls MD. 21215						
	31. DATE FILED (MONTH, DBy. 10ar) 32. REGISTRAR'S SIGNATURE NOV 05 1991 32. REGISTRAR'S SIGNATURE Suridson-Rondale						

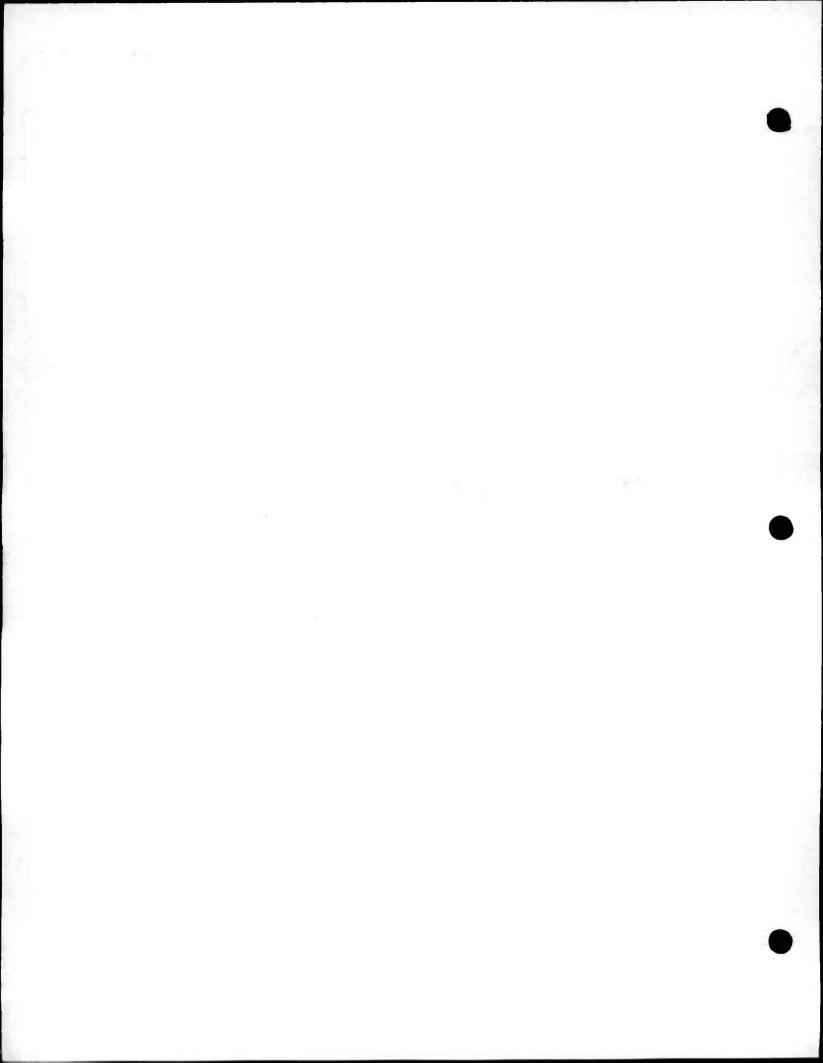






	,
BOX 68760,	
P.O.	
RECORDS,	
1 OF VITAL	
DIVISION	

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF	HEALTH AND		GIENE		
	1. DECEDENT'S NAME (First, Middle, Last)	Nexander	Williams			2. DATE OF DI MONTH		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 254-07-6334	1X M 2 □ F 7		IF UNDER 1 YEAR		7. DATE OF BII (Month, Day 12-10	RTH		PLACE (State or Foreign
TOR	96. FACILITY NAME (If not institution, give str 3452 Reisterstown Ro	oot and number)	1	96. CITY, TOW Balto	N OR LOCATION OF O			ITY OF DE	АТН
ည္မ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		140-0000	TOWN OR LO					
L DIRECTOR	Md 100. STREET AND NUMBER		Balti						1 YES 2 NO
VERA	3452 Reisterstown Ro	oad			101. ZIP COOE 21215		10g. CITI	U S	HAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	N U.S. ARMED 2 (A) NO ATES	If yea,	ECENDENT OF HISPAI specify Cuban, Maxica ES 2 NO Specifi	in, Puarto Rican,	etc.)	14. RACE Black, Specify	- American Indian, White, atc.
COMPLETED	15. DECEDENT'S EDUC, (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5 +)	18a. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during	TION most of working	i i	of Business/IND Dry Dock	USTRY	
	17. FATHER'S NAME (First, Middle, Last) Frank Williams				18. MOTHER'S NA				
B	19a. INFORMANY'S NAME (Type/Print)		Trick and the second			ane Willi			
5	John Williams				t and Number or Rural lee Avenue			^{Code)} 44108	
	20a. METHOD OF DISPOSITION 1	val from State 20b	PLACE AND DATE OF etery, cremetory or other Western	DISPOSITION	Name of Preterv	11491	20c. LOCATION — C		
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE /	1	22. NAME	and address of FA ch F/H West 00 Wabash	CILITY	0.0001.511.	,	
Z	23. PART I. Enter the diseases, or co ahock, or heert failure. LI IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	whicho	obnsequence of	t enter the r	A dying, auc	h es cardiac p	r respiratory arre	eat,	Approximats Intervel Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST								
PHYSICIAN: MEDICAL	HU2865/5 FX/108U/ZE PERFORMED? 1 YES 2 NO OF E							NERE AUTOPSY FINDINGS MANILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES NO	
SICIA		HOSPITAL: Egioutio		THER	PLACE OF DEATH (Chi		440	_	
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF WJURY (Mohth, Day, Year)	280. TIME C	Y Y	HARMY AN PORKY	6 Other (Speci 28d, DESCRIBE	HOW INJURY OCCI	PRED	
TED BY	Accident Investigation Suicide a Could not be determined	28s. PLACE OF INJURY building, etc. (Special	— At home, farm, atre			28f. LOCATION (City or Town	(Street and Number of, State)	or Rural Ro	ute Number,
COMPLETED	29a. CERTIFIER (Check only one) CERTIFYING PHYSICI.	AN: To the best of my knowle On the basis of examination	edge, death occurred and/or investigation,	at the time, de	te and place, and due death occured at the	to the cause(s) a	nd menner as atate	d. cause(s) (and manner as stated
#	IGNATURE AND ATTLE OF CERTIFIER	MID			29c. LICENSE NUM				Month, Day, Year)
2	MANU AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Pri	int)	E-0101	33		47	47/
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE	رس	CIM	MAS	DN 2	13	29
	NOV 0.5 1991	Julia Davidson	- Randall						DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21215-0020	4YSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending newaridan	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the business assessed to a second of a s	II, OF PEMOVAL	e medical examiner must be notified at once.
METAL RECORDS, P.O. BOX 68760,	TO THE MONTHLE OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE FUNCTION OFFICIAL After this certificate has been signed by the attending physician and completely fi	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

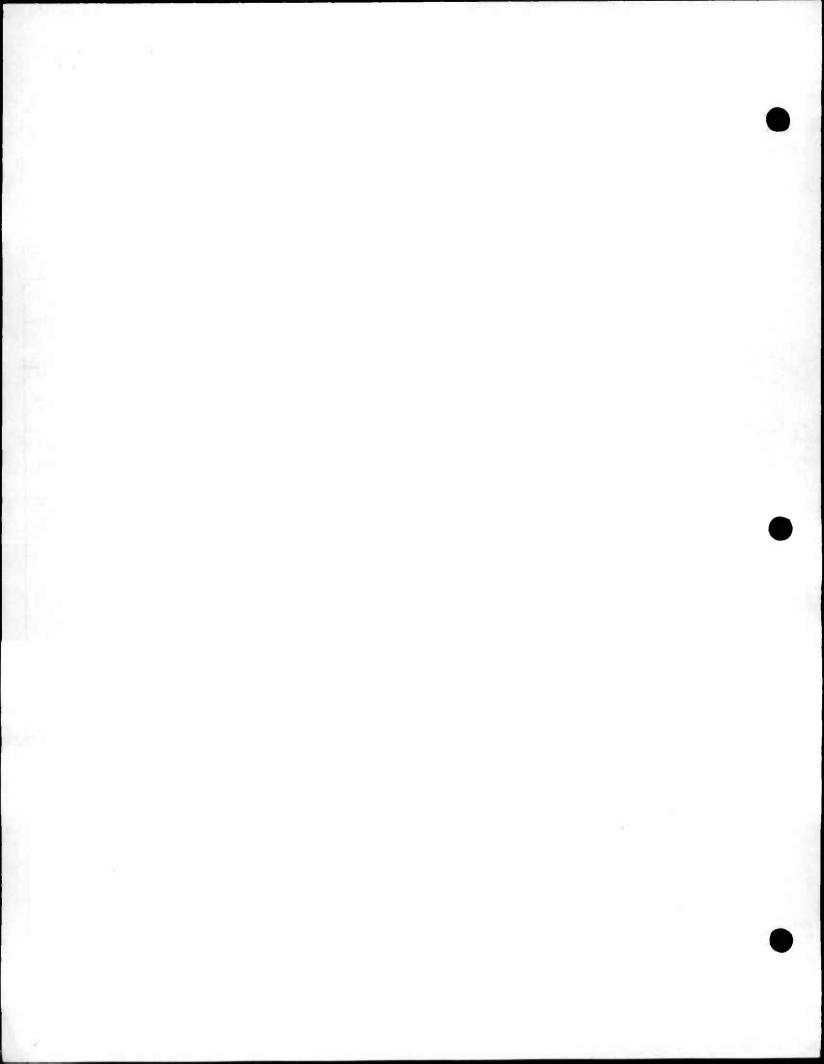
	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	TMENT OF H	EALTH AND DEATH	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle,					2. DATE OF DEATH MONTH DA		3. TIME OF DEATH	
	JOHN McDONAL							6:00 A M	
	4. SOCIAL SECURITY NUMBER	1111	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)	
	217-18-3772		68 YRS.			SEPT 14,1		IARYLAND	
α	99. FACILITY NAME (If not institution, 9829 SADLER L.				R LOCATION OF D	EATH	9c. COUNTY		
DIRECTOR	RESIDENCE OF DECEDEN			PER.	RY HALL		BAL	TIMORE	
R	10e. STATE 10b. CC		10c. CITY	, TOWN OR LOCAT	ION			10d. INSIDE CITY	
		ALTIMORE		PERRY 1	HALL			LIMITS?	
Z.	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
FUNERAL	9829 SADLER L				21128			S.A.	
	1 Never Merried 2 X Merried	12. WAS DECEDENT EVER II FORCES? 1 X YES	2 NO	13. WAS DECE If yee, spe	ENDENT OF HISPAI	NIC ORIGIN? (Specify Yea on, Puerto Ricen, etc.)	or No- 14.	RACE — American Indian, Black, White, etc.	
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	WW II	1 TYES	2 NO Specif	y:		Specify: WHITE	
ED	15. DECEDENT'S (Specify only highest	EDUCATION	16a. DECEDENT'S L	JSUAL OCCUPATIO	N	16b. KIND OF BUS	I SINESS/INDUST		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	ork done during mos retired.)	at of working				
MP	NA	NA_	SERVIC	E MANAG	ER	MANUFA	CTURIN	G BUSINESS	
8	17. FATHER'S NAME (First, Middle, Las	ŋ				AME (First, Middle, Melden	Surname)		
BE	JAMES WARD		-			ODFERS			
ဥ	190. INFORMANT'S NAME (Type/Print) DENNIS WARD (SON)	196. MAILING	AOORESS (Street or	Number or Rural	Route Number, City or Town	, State, Zip Cod	(e)	
	20e. METHOD OF DISPOSITION					RRY HALL,			
	1 X Buriel 2 Cremation 3 4 Donation 5 Other (Specify)	Removal from State cen	PLACE AND DATE OF	er plecel			CATION — City	- Parity	
	21. SIGNATURE OF FUNERAL SERVICE		BALTIMORE		D ADDRESS OF FA		TIMORE	, MARYLAND	
	1/2 /m 1/2	Luella de	1	SCHI	MUNEK FU	NERAL HOME	S, INC	•	
	22 PART I Several district	AUGOTOCI		9705	BELAIR	ROAD, BALT	IMORE,	MD 21236	
	23. PART I. Enter the dieeeses, shock, or heert falls	or complicatione that caused ure. Liet only one cause on e	och line.	ot enter the mod	le of dylng, suc	h es cerdiac or respir	story errest,	Approximate Intervel Between	
	IMMEDIATE CAUSE (Finel disease or condition	Lano	coll	N. O.	ma of	L1- 1.00.		Oneet and Death	
	resulting in death)	e. CUITOR AS A	CONSEQUENCE OF	(011101	114 4	The TUTIC		3 years	
_	disease or condition resulting in death) • Lang Cell carring ma of the lung oue to the As A Conscouence of:								
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate	bDUE TO (OR AS A	CONSEQUENCE OF)	:					
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury	c						į :	
E	that initiated events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	:					
H	resoluting in Geetil) Exist	d							
	PART II. Other algnificant cond	itions contributing to death b	ut not reculting in	the underlying	cause given in	Part I. 24e, WAS AN	MITOPSY	24b. WERE AUTOPSY FINDINGS	
ICAL	Chronic o	obstructive	lum di	rease		PERFORI	MEP?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDI			0			1 🗆 YES 2	NO NO	OF DEATH?	
ž						-		1 TES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER?			28. PLA	CE OF DEATH (Ch	eck only one)	1		
YSI	1 NES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp		OTHER:	5 Residence	6 Other (Specify)			
표	27. MANNER OF OEATH	26e. DATE OF INJURY (Month, Day, Year)	28b, TIME INJUI	OF 28c. INJU		28d. OEŞCRIBE HOW IN	JURY OCCURE	:D	
à	1 Natural 5 Pending 2 Accident Investigati			M 1 YE	S 2 NO				
8	3 Suicide 6 Could not		— At home, ferm, atr	reet, fectory, office		281. LOCATION (Street ar City or Town, State)	nd Number or Rt	ural Route Number,	
E		•							
P P	29e. CERTIFIER (Check only one)	HYSICIAN: To the beat of my knowl	edge, death occurred	at the time, date e	nd place, end due	to the ceuse(e) end menr	ner as stated.		
COMPLET	2 MEDICAL EXAM	MINER: On the basis of examination	end/or investigation,	In my opinion, dea	ath occured at the	lime, date end place, end	due to the ceu	use(e) end menner ee stated.	
BE	296. SIGNATURE AND TITLE OF CERT	IFIER			29c. LICENSE NUM	IBER	29d. DATE SIG	MED (Month, Day, War)	
2	dan 11. ACO	DUAN MD			<i>U33</i> 2	5/	· ///	4/9/	
- 1	30. NAME AND ADDRESS OF PERSON					1.5		21093	
	DR. IAN SLEPIAN	, GALLERIA HEA	LTH CENT	ER, 1407	YORK R	D, SUITE 30)5, LU7	CHERVILLE, MD	
	31. OATE FILEO (Month, Day, Year)	32: REGISTRAR'S SIGNA	TURE		-				
الــــا	NOV 05 1991 July Davidson-Randelle								

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DIVISION OF VITAL RECORDS, I	The second of the second of the second of the second
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TISHOLINY, THE LAW REQUIRES LITELLING DESTRICTED OF ENCLURED WITHIN 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ils certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit, Papes 1, 2, 3 should	nth the State Dept, of Health and Mental Hydiene prior to burial, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE MOST INT. UN ALLENDING PRISIDIAN. THE ISW TEQUIPES THAT I	TO THE FUNERAL DIRECTOR: After this certificate has been signed by	be filed within 72 hours after death with the State Dept, of Health and	IMPORTANT: If item 28 is marked, or item 23 shows any i

	1 - FOR STATE REGISTRAR	STATE OF N	IARYLAND	/ DEPAR	RTMEN	T OF H	EALTH DEAT	AND I	MENTAL HYGIE			
	1. DECEOENT'S NAME (First, Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATN
	Otho Williams								October 3	0, 199	91	6:42 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH 8. BIRTHPE ACE (State			IPLACE (State or Foreign
	242-09-3849	1 M 2 □ F	80	YRS.					09-05-1	1	COUNT	" NC
œ	9a. FACILITY NAME (If not institution, give s						OR LOCATIO		EATN	9c. COUN	ITY OF D	EATN
DIRECTOR	Maryland General	Hospital			BAL	LTWO	RE CI	.TY				
E.	10a. STATE 10b. COUNT	Υ		10c. C/1	Y, TOWN	OR LOCAT	ION					10d. INSIDE CITY
	Maryland			В	alti	imor	e					1 X YES 2 NO
FUNERAL	10e. STREET AND NUMBER					101	. ZIP CODE			10g. CITI	ZEN OF V	VHAT COUNTRY?
JNE.	607 Pennsylva	12. WAS DECEDEN		DUED	- 10		212					US
	1 X Never Married 2 Married	FORCES? 1 IF YES, GIVE W	YES 2 X	NO		If yes, sp	ecify Cuban,	, Mexica	IIC ORIGIN? (Specify Y	aa or No-	14. RACE Black	— American Indian, r, Whita, alc.
ВУ	3 Wildowed 4 Divorced	IF YES, GIVE W	NO DATES			1 YES	2 NO	Specify	r:		Speci	Black
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade	CATION completed)	16a. C	Give kind of	USUAL O	CCUPATIO	ON st of working	,	16b. KIND OF B	USINESS/IND	USTRY	DIACK
Z.	Elementary/Secondary (0-12) Unknown	College (1-4 or 5+		_				,	0			
WC	17. FATNER'S NAME (First, Middle, Last)			COII	trac	tor				nstru	Ctl	on
Ö	Jerry William	ıs						kno	ME (First, Middle, Maide	n Sumame)		
BE	19a. INFORMANT'S NAME (Type/Print)			9b. MAILING	ADDRESS	S (Street a			Noute Number, City or To	was Chata Zin	Code	
유	Yvette McCullo	h		118				St		to. M		1001
	20a. METHOD OF DISPOSITION 1 September 1 Comments 1 Remove 1 Remov	ovel from State	20b.PLACI	AND DATE	OF DISPOS	ITION (Na		J.L		OCATION — C		
	4 Donalion 5 Other (Specify)		Mt.	Zioi	ner place)				11-5 1	andsd	OWD	e MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE					D ADDRESS		oll Fune			
	Jeun (a	4 hall				171	2.–14	W.	North A	Avenu.	HOM	е
	23. PART I. Enter the disesses, or o shock, or heart fallure.	complications that	caused the d	lesth. Do r	not enter	tha mod	de of dyln	g, suct	as cardiac or res	piratory arre	est,	Approximate
	IMMEDIATE CAUSE (Final	Later String One Court	- 1		ffuş	P	neumo	nia	,			Interval Between Onset and Desth
	resulting in death) sss.											
	_	Sepsi	S W	ith	F):	S	eptic		Shock			
CERTIFICATION	Sequentially list conditions, if any, lasding to immediate	DUE TO	OR AS A CONSI	EOUENCE OF	0	=	Sej	rl	chh	ock		
₹	cause. Enter UNDERLYING CAUSE (Disesse or Injury	C										
E	that initiated events resulting in death) LAST	OUE TO (OR AS A CONSI	OUENCE OF	7):							
Ä	resoluting in destin CAST	d										
	PART II. Other significant conditions	s contributing to	lesth but not	resulting i	n the un	derlying	csuse glv	ven in i	Part I. 24a. WAS A	N AUTOPSY	24b.	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL									PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME									1 10 103	a gaj NO		DF DEATH? 1 YES 2 NO
ż												
Ö	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF DEA	ATH (Che	ck only one)			
ΥS	1 YES 2 NO	1 Inpatient 2 I			4 🗆 Nurs		5 🗆 Resi	denca (Other (Specify)			
	1 Natural 5 Pending	26a. DATE OF I (Month, Day		26b. TIMI	URY	28c. INJU WOF	RK?		26d. DESCRIBE HOW	INJURY OCCI	URED	
B	2 Accident investigation 3 Suicide & Could not be	26s. PLACE OF	INJURY — AI h	ome, farm, s	treat facts		ES 2 🗌	NO	DEL LOCATION (C)		0.110	
Ä	4 Homicide Could not be	building, a	tc. (Specify)			,,,			28f. LOCATION (Street City or Town, State	and Number (r Hurai H	oute Number,
COMPLETED	29a. CERTIFIER (Check only	CIAN: To the best of n	w knowledge d	eath occurre	el et the st	ma deta		-44 .				
8	one) 2 MEDICAL EXAMINER	R: On the beels of axe	mination and/or	investigation	n, in my o	pinion, de	ath occured	at the J	io the cause(a) and ma ime, data and place, a	nd due to the	d. cause(a)	and manner as stated
	29b. SIGNATURE AND TITLE OF CERTIFIER			0.1	1		29c. LICEN					
3 BE		1	F.K	Who.	2/2	MD				▶ 10	/30/	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITE	M (Type,	Print)		· ·					
		o Maryla		eral I	lospi	tal						
	31. DATE FILED (Month, Deij, Year)	32. REGISTRAR	S SIGNATURE	2. 0 00								
	NOV 05 1991	guna De	widson-A	andress								



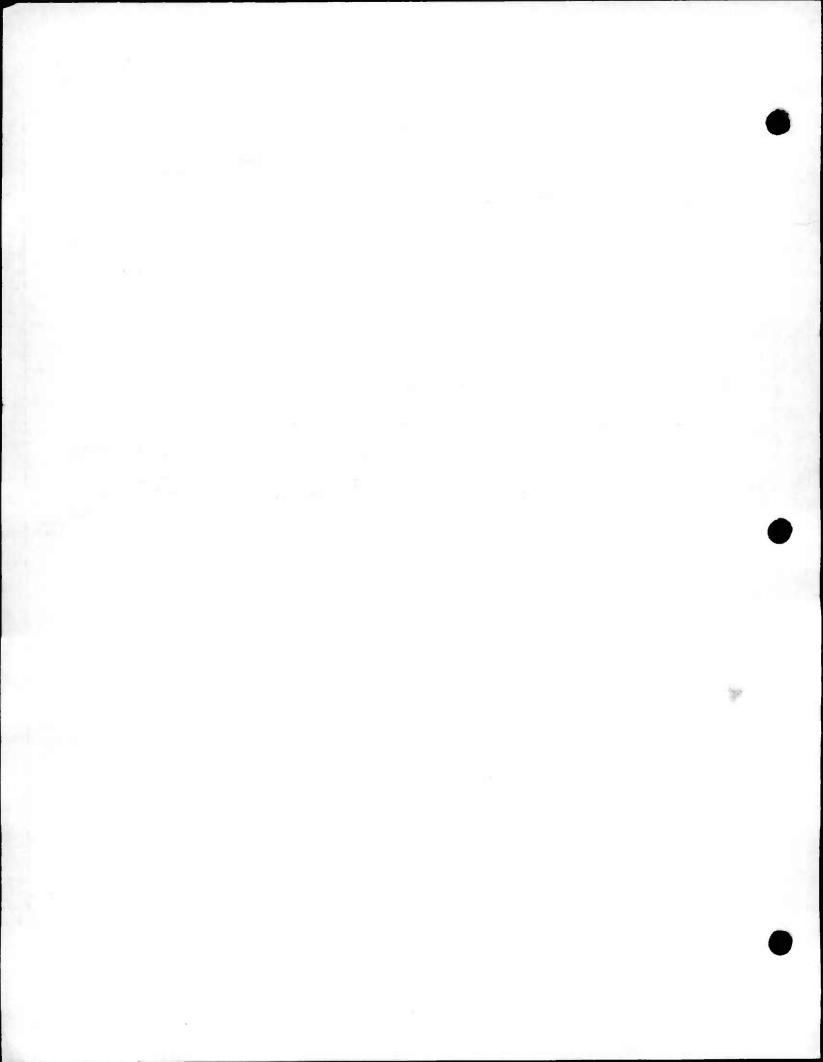


PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	s been signed by the attending physician and control of Health and Mental Hymene prior to buri-	is marked or ten 23 shows any internal regulation of other fractions to an analysis with the marked of the control of accounts to the control of the control
SICIA	FUNERAL OF TITE THE THIS CERTIFICATION WITH THE ST	TANT: If item 28 is marked or it
THE	TO THE	IMPOR

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	1 - STATE REGISTRAR	STATE OF MA	ARYLAND / DEPAI CERTIF	RTMENT OF	HEALTH AND I	MENTAL HYGIENI REG. NO.	E		
	1. OECEDENT'S NAME (First, Middle, Last CAROLYN	R.		LIAMS		2 DATE OF DEATH	1,199	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 214-20-8050	1 🗌 M 2 💢 F	5. AGE (In yrs. lest birthday) 77 YRS.	Cou	TTHPLACE (State or Foreign intry) aryland				
DIRECTOR	90. FACILITY NAME (If not institution, gives 14 Witherwood Cou		3a		OR LOCATION OF DE	ATH	Baltim		
E C	10e. STATE 10b. COUN	TY	10c. CD	Y, TOWN OR LOCA	TION			Lance management	
	Maryland Balti	more		owson			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
ERAL	100. STREET AND NUMBER	ırt	Apt. 3a	10	21204		10g. CITIZEN O	F WHAT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT	EVER IN U.S. ARMED YES 2 HO	If yes, s			or No — 14. RA	NCE — American Indian, ack, White, atc.	
COMPLETED	IS. DECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12)	UCATION fe completed) College (1-4 or 5+)	18e. DECEOENT'S (Give kind of life. Do NOT u	USUAL OCCUPATION WORK done during me retired.)	ON ost of working	16b. KIND OF BUS	INESS/INOUSTRY	ite	
E COM	17. FATHER'S NAME (First, Moody, Last) Theodore		Reichhart		18. MOTHER'S NAI	ME (First, Middle, Maiden S	Buehl		
TO BE	T. Emil Reichhart					Towson, Ma:		21204	
	20s. METHOD OF DISPOSITION 1 ◯X Burlat 2 □ Cremetion 3 □ Rer		20b. PLACE AND DATE	OF DISPOSITION (N	ame of		ATION — City or	Town, State	
TO BE COM	21. SIGNATURE OF FUREINAL SURVICES	CENSES FEIT	Moreland	22. NAME A	ND ADDRESS OF FAC			Maryiand	
_	Ernest L. Fei			1050 3	ork Rd.,	Towson, Ma	aryland	21204	
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cayes on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due 10 (OR AS A CONSEQUENCE OF):								
CERTIFICATION	Sequentially list conditions, if any, lauding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that inflisted events of the conditions). Due to (or as a consequence or):								
ERTI	that initiated events resulting in death) LAST	d	AS A CONSEQUENCE OF	r):					
MEDICAL C	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO COMPLETION OF CAUSE OF DEATH?								
AN: A								1 TYES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO	HOSPITAL:	R/Outpatient 3 DOA	OTHER:	ACE OF DEATH (CAS)				
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF IN. (Month, Day,	JURY 28b. TIM	E OF 28c. INJ		28d. DESCRIBE HOW IN.	JURY OCCURED		
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF II bullding, etc	NJURY — At home, ferm, s (Specify)	street, factory, offic	•	281. LOCATION (Street an City or Town, State)	d Number or Rura	l Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ER: On the best of my	knowledge, death occurre	nd at the time, date	and place, and due t	o the cause(a) and mann ime, data and place, and	er as stated. due to the cause	(e) and manner as stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	and	nnel	lec	29c. LICENSE NUMI			D (Month, Day, Year)	
10	30 Name and Adoress of Person W	D'IbN	vell M		304W	onder	new	R) Jumen	
	31. DATE FILED (Month, Day, Year) NOV 04 1991	32. REGISTRAR'S							

DHMH-16 Rev 1/89



TO BE COMPLETED BY FUNERAL DIRECTOR	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
he funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should al.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
r death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

_	91- Items: 23 p. for 1- STATE REGISTRAR	STATE OF I	7,28b,d MARYLAND / C	f per DEPAR ERTIF	TMENT O	G-6 F HE OF D	81 1 ALTH DEAT	1/2 AND I	5/91 MENTA	L HYGIEN		30	249/
	1. DECEDENT'S NAME (First, Middle, Last)	BABY I	ARRY A	NDE	RSON	JR.			2. DATE	OF DEATH	DAY	YEAR	3. TIME OF DEATH
	Larry 4. SOCIAL SECURITY NUMBER		nderso	n (i	JR.)				11	0.1		91	1:47 P M
	216-29-0740	1 M 2 F	6. AGE (In yrs. In	st birthday) YRS.			F UNDER :	MIN.	(Mont	7. DATE OF BIRTH (Month, Day, Year) 9-4-90			PLACE (State or Foreign
	9a. FACILITY NAME (If not institution, give s			THO.	13	WAL OR !	LOCATIO	N OF OF		4-90	1		MD
8	Se. COUNTY OF DEATH												
ן בַּ	10a STATE 10b COUNTY												
DIRECTOR		MD BALTIMORE CITY										10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER				3ALTI		P CODE	T.T. X			10g, CITI		1 X YES 2 NO
FUNERAL	5005 RAINTREE WAY 21206 U.S.A.												
E	11. MARITAL STATUS 1 \(\int \) Never Merried 2 \(\square \) Married	12. WAS DECEDEN	T EVER IN U.S. AF	NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No— 14. RACE If yes, specify Cuban, Maxican, Puerto Rican, etc.)						14. RACE	- American Indian, White, atc.	
à	3 Widowed 4 Divorced	IF YES, GIVE V	AR OR DATES		1 🗆	YES 2	NO NO	Specify	<i>r</i>	, , , , , ,		Specify: BLACK	
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade	CATION completed	16a. DE	CEDENT'S	USUAL OCCUP work done durin	PATION			16h	. KIND OF BU	ISINESS/IND		527.07.
=	Elementary/Secondary (0-12)	College (1-4 or 5	·) life	. Do NOT us	e retired.)	y most o	ii working	,		CUTL	n		
N N	CHILD 17. FATHER'S NAME (First, Middle, Last)		U C	IILD						CHILI			
	LARRY ANDERSON, SI	Я.				"	в. мотні DANI	ER'S NAI	ME (First, E BR	Middle, Maider	Sumame)		
38 6	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (St)						vn, State, Zip	Code)	
유	ELAIN ANDERSON		1	1262	E. NOR	TH	AVEN	IUE/	BALT	IMORE	, MD	21202	2
	20a, METHOD OF DISPOSITION 1 Durial 2 Cremetion 3 Rame	oval from State			OF DISPOSITIO		of		DAT		CATION —		n, Stata
	4 Donation 5 Other (Specify) WOODLAWN CEMETERY WOODLAWN, MD												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM. C. MARCH F. H. / 1101 E. NORTH AVENUE										ENUE		
PHYSICIAN: MEDICAL CERTIFICATION	shock, Dr heert feliure. List pnly on an each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentielly list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST LIST pnly on each line. Scalding injuries e. Scalding injuries b. Due To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF):												
	PART II. Other significant condition	s contributing to	deeth but not r	esulting i	n the underl	ying ce	euse gl	ven in i	Pert I.	24e. WAS AN PERFOR 1 YES 2	RMED?		WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? YES 2 NO
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	. PLACE	OF DEA	ATH (Che	ck only on	θ)			
IXS	1 🔀 YES 2 🗌 NO 27. MANNER OF DEATH	1 ☑ Inpatient 2 □			4 Nursing			dence (
1 1	1 Natural Pending	26a. DATE OF (Month, D	ly, Year)	26b. TIME INJU	JRY	WORK?	_		26d. DES	CRIBE HOW I	NJURY OCC NKNOWI		
D BY	2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE O	1991 FINJURY — At ho	me, ferm, at	01111	YES	2 X	1	Sub 28f. LOC	TION (Street)	seal	ded-	W/hot wat
ETEC	4 Homicide detarmined	home	etc. (Specify)	thtu					5 0 0	or Town, State)		Ralto	. Md
PE	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC			_		data and	f place, e						У
COMPL	one) 2 X MEDICAL EXAMINER	R: On the basis of ex	emination and/or I	nveatigation	n, in my opinia	n, death	occured	f at the t	ime, date	and place, an	id due to the	cause(s)	and manner as stated.
w 1	296. SIGNATURE AND STILE OF CERTIFIER	2/				29	c. LICEN	SE NUMI	BER		29d. DATE	SIGNED (A	Aonth, Day, Year)
0 8	Jack Tull	,ak	Caralle Cara				0.0	0. M	. Е.		▶11	02	1991
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (ITEM			ree	eL.	Ва	ltir	nore	Marv	land	21201
	NOV 0 6 1991	32. REGISTRA	avidson-R										

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	FOR Items:23 par 1 - STATE reb REGISTRAR	STATE OF MARY	LAND / DEPARTI CERTIFIC	MENT OF HEA	LTH AND I	MENTAL HYGIEN REG. NO		30250			
	1. DECEDENT'S NAME (First, Middle, Last)				4	2. DATE OF DEATH		3. TIME OF DEATN			
	Henry	С.		Allis	on Se.	11 02	1991	4:40 AM			
	4. SOCIAL SECURITY NUMBER	1	Mr.		UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT Coun	NPLACE (State or Foreign try)			
	216-54-1185	1 💢 M 2 🗆 F	40 YRS.			10-24-51		MD			
Œ	98. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 10.1.2 N. Dure box Street and number) Political Street and number of Death 10.1.2 N. Dure box Street and number of Death										
DIRECTOR	1012 N. Durham Street Baltimore										
RE	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. MD BALTIMORE										
	106. STREET AND NUMBER 107. ZIP CODE 108. CITIZEN OF WHAT										
FUNERAL	957 N. WOLFE STRE	FT				WHAT COUNTRY?					
ONE	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S., ARMED	13. WAS DECENE	E — American Indian,						
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	S 2 NO	II yes, specif	Cuban, Maxica NO Specify	n, Puarto Rican, atc.)		ck, White, atc.			
ED	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECEDENT'S US	UAL OCCUPATION		16b. KIND OF BU	SINESS/INDUSTRY	DLACK			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use n	done during most of etired.)	working						
MP	8TH		JANITORI/	AL							
	17. FATNER'S NAME (First, Middle, Last) MAC ALLISON					ME (First, Middle, Malden	Surname)				
8	19a. INFORMANT'S NAME (Type/Print)					LEXANDER	*				
2	HENRY ALLISO	ON JTR		DRESS (Street and I	STI	eet ber, City or Tow	n, State, Zip Code)	Md. 21218			
	20a. METNOD OF DISPOSITION	20	b. PLACE AND DATE OF	DISPOSITION (Name of			CATION — City or T				
	1 Buriat 2 Cremation 3 Rame 4 Donation 5 Other (Specify)	Sval from State	ALTIMORE "C	EMETERY			TIMORE,				
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME AND A	DDRESS OF FA	CILITY					
	Ulmem	Chaer		WM.C.MA	RCH F.I	H./1101 E,	NORTH A	VENUE			
2	23. PART I. Entar the diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, abook, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Approximate interval Between Onset and Death Due to (OR AS A CONSEQUENCE OF):										
HIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
3		d									
MEDICAL	PART II. Other algnificant condition	contributing to death	but not resulting in t	he underlying ca	use given in	Part I. 24s. WAS AN PERFOR	RMED?	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OF DEATN (Che	ck only one)					
2	1 ☑ YES 2 ☐ NO	1 Inpatient 2 ER/Ou		THER: Nursing Nome 5	Residence	8 Other (Specify)					
	27. MANNER OF DEATN 1 Natural S Pending	28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED									
ā	2 Accident Investigation	2 Accident Investigation found 11/2/91 4:10 AM 1 YES 2X NO Unknown									
COMPLEIED	28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) found: home [seated at table] 28b. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) found: home [seated at table] 28c. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) found: home [seated at table] 28c. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) found: home [seated at table] 28c. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) found: home [seated at table] 28c. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) found: home [seated at table]										
7	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my kno	wiedga, death occurred a	t the time, data and	place, and due						
5	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and manner as stated. 2 X MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(a) and manner as stated.										
BE C	29b. SALATURE AND TITLE OF CENTIFIER	10	1	290	LICENSE NUM	BER	29d. DATE SIGNED	(Month, Day, Year)			
2	manue in	MM	un		О.С.М.	Ε.	▶ 11 02	2 1991			
	31. DATE FILED (Month, Day, Year) NOV 0 6 1991	32. REGISTRAR'S SIG	MII Per		et. Ba	ltimore	Marylar	nd 21201			
	110.10.1001		-								

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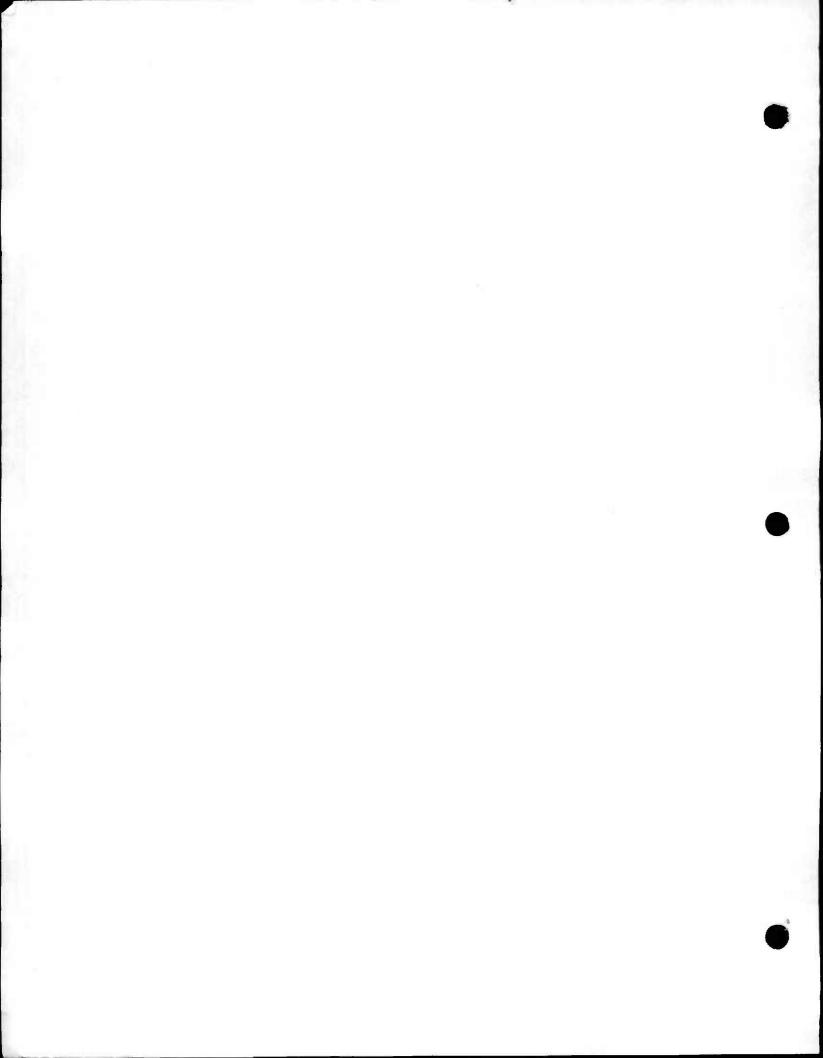
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FOR STATE REGISTRAR		STATE OF M	IARYLAND / Ce	DEPAR ERTIF	TMENT	OF H	IEALTH DEAT	AND N		GIENE	ار		7040	1
1. DECEDENT'S NAME (First,	, Middle, Last)		,						2. OATE OF DE	EATH			3. TIME OF DE	ATH
Lan	29	B	13/00						MONTH	DAY	5	YEAR	150	R
4. SOCIAL SECURITY NUMBER	1003	5. SEX	8. AGE (in yrs. lesi	vrs.	IF UNDER	1 YEAR DAYS	IF UNDER HOURS	24 HRS. MIN.	7. DATE OF BI	C JU	le	B. BIRTH	IPLACE (State or	Foreign
9a. FACILITY NAME (if not in	16	Manual Name	of flow	lotis	9b. CITY	NWOT ,	OR LOCATIO	ON OF DEA	АТН		ec. cou	NTY OF D	EATH	× 111 × 2
10a. STATE MD	10b. COUNTY	LAMORE			Y, TOWN O								10d. INSIDE CI LIMITS?	
7202 VAC	ciey c	OUN MY	COURT				2/20				-	ZEN OF V	VHAT COUNTRY	?
3 Widowed 4 Olvo		12. WAS DECEDENT FORCES? 1. IF YES, GIVE W	YES 2 N	MED O	1	f yea, sp	ENDENT OF	F HISPANI n, Maxican Specify:	C ORIGIN? (Spe , Puarto Rican,	etc.)	r No-	14. RACE Black Speci	- American in	dian,
	EDENT'S EDUC highest grade		(Gh	CEDENT'S we kind of w Do NOT us	vork done o	CCUPATIO during mo	ON st of working	9	16b. KINO	OF BUSI	NESS/INC	DUSTRY		
17. FATHER'S NAME (First, Mi	iddle, Last)					"	10 11071	EDIO MAN	E (Elm) Adi Adi					

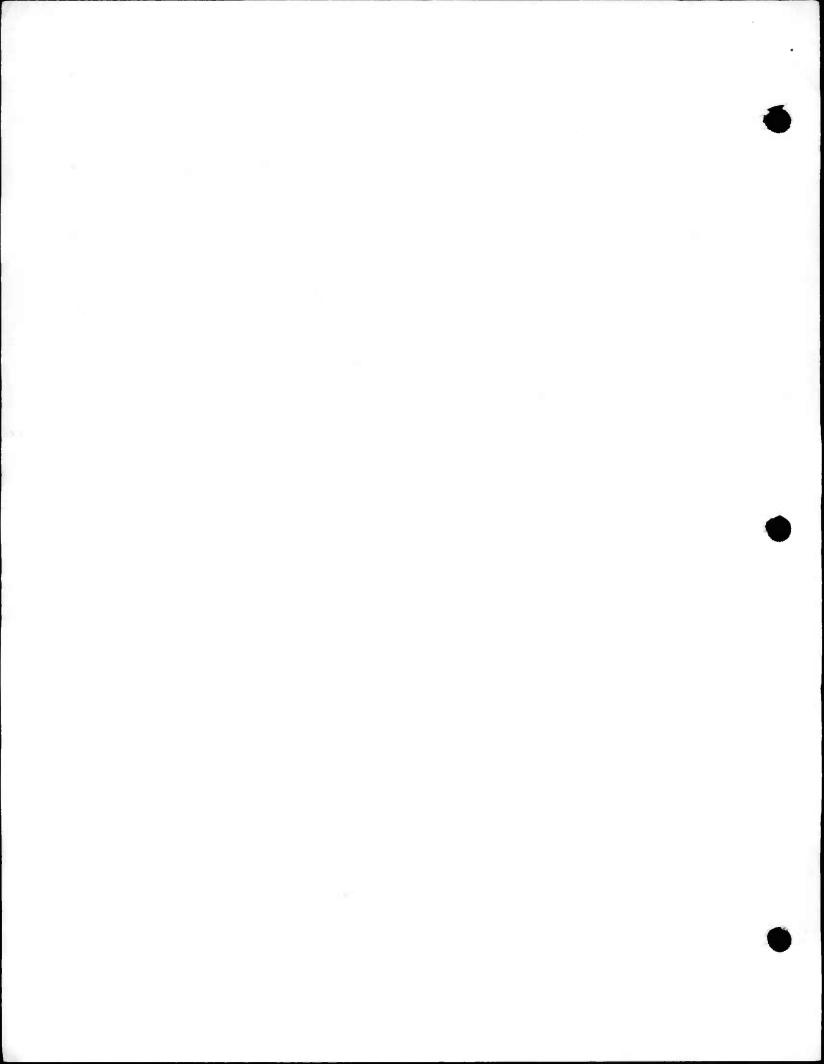
DIRECTOR FUNERAL BΥ COMPLETED BE 19b. MAILING AODRESS (Str. 2 20a. METHOD OF DISPOSITION 20b. PLACE ANO DATE OF DISPOSITION (Name of 20c LOCATION - City or Town. OATE Cremation 3 Removal from State 21. SIGNATUR UNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Mara Wa Wash 23. PART i. Enter the disesses, or complicatione that caused the death. Do not enter the mode of dying, such as cardiac or respiratory screet, Approximate shock, or heart failure. List only one cause on each line. intervei Between **IMMEDIATE CAUSE (Finel** Onset and Death disesse or condition 5 m(-E resulting in death) END RENSAC DISEASE DUE TO (OR AS A CONSEQUENCE OF): COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION Sequentielly list conditions, QUE TO (OR AS A CONSEQUENCE OF): if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in deeth) LAST PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 240. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 THES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 Inputiant 2 ER/Outputient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specily) 28a. OATE OF INJURY (Month, Day, Year) 27. MANNER OF GEATH 28b. TIME OF INJURY // 20PM 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, farm, atraef, factory, office building, atc. (Specify) 3 Sulcide 8 Could not be datarmined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the besie of examination end/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Oay, Year) 29c. LICENSE NUMBER EDWIZO mo KING 11/1/91 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) EDWANS 58 SOUTH GUEENE BALAMORE, MO 31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE whia Davidson-Randall NOV 06 1991



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2:ars after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal,	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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30252 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	FOR STATE REGISTRAR	TATE OF MARYLAND	DEPARTME			IENTAL HYGIENE REG, NO.	91	30252			
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DAY	VEAD	3. TIME OF DEATH			
	Benjamin F. Bayl	or				10 30		7:30 AM			
1	4. SOCIAL SECURITY NUMBER 5. S				UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		THPLACE (State or Foreign			
	98. FACILITY NAME (If not institution, give street a	M 2 F 86.	YRS. MONTH		DCATION OF DEA	DEC 30 19	9c. COUNTY OF	arylano			
TOR 1	Greater Baltimor	T AVEST	1,000		imore			imore			
S I	10a. STATE 10b. COUNTY		10c. CITY, TOW	N OR LOCATION				10d. INSIDE CITY			
- DIRECTOR	MARYLAND BENTIT	DRE	2	cksys	2415			LIMITS?			
Mark I	10e, STREET AND NUMBER			10f. ZIF	CODE	1	10g. CITIZEN OF	WHAT COUNTRY?			
BY FUNERAL	14108 LUBA 11	C PND			21030		<u> </u>	2.H.			
	1 Never Married 2 M Married	WAS DECEDENT EVER IN U.S. A FORCES? 1 ☐ YES 2 ☑ IF YES, GIVE WAR OR DATES	NO	If yes, specify		, Puerto Rican, atc.)	PRIGIN? (Specify Yea or No— uerto Rican, atc.) 14. RACE — American Indian, Black, White, atc. Specify:				
	15. DECEDENT'S EDUCATIO	N 16a, C	ECEDENT'S USUA	L OCCUPATION		16b. KIND OF BUS	16b. KIND OF BUSINESS/INDUSTRY				
	(Specify only highest grade comp	leted)	Give kind of work do le. Do NOT use retire	ne during most of	working	5110	· · ·	4UDE BRU			
<u> </u>	Elamentary/Secondary (0-12) Co	Hege (1-4 or 5+)	00:10	B		SUP	ELY ST	280			
COMPLET	17, FATHER'S NAME (First, Middle, Last)		CIRIY	16	MOTHER'S NAM	AE (First, Middle, Maiden 3	Surname)	100			
	Simon 1	ZANDE			100	(1) Azi	RICHT				
H	19a. INFORMANT'S NAME (Type/Print)	3117 801	9b. MAILING AODF	ESS (Street and I	lumber or Rural R	Julia Number, City or Town	. State. Zip Code)	1			
2	FAMILY RITAR	α .	70	mi Di	000	CS	,,				
	20a. METHOD OF DISPOSITION	20b. PLAC	E OF DISPOSITION	(Name of cemete	v. crematory or	20c. LO	CATION — City or	Town, State			
	1. Burial 2 Cremation 3 Removal t		place)	4750	27 H 7	2	Ksycv	111 CO			
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	0 27	Cara C.	22. NAME AND	DDRESS OF FAC	CILITY 15 CO	- 100 A D A	1112			
	A Tools Do	A more		EVANS	YORK G	11- 000	190,101 190,101	~			
	23. PART I. Entar the diseeses, or comp			itar tha moda	of dying, such	as cardiec or respi	retory errest,	Approximata			
	shock, or haert fellure. List	only one cause on each lir	10.					Interval Batwaen Onset and Daeth			
- 4	disease or condition										
	resulting in death) a	DUE TO (OR AS A CONS	EQUENCE OF):								
Z	Localized ischemic necrosis of small intestine										
은	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONS	EOUENCE OF):	11001.00		na i i i i i i i i i i i i i i i i i i i	D. 1 11 12				
8	cause. Entar UNDERLYING CAUSE (Disease or Injury										
E	that initiated events	DUE TO (OR AS A CONS	EOUENCE OF):					- }			
CERTIFICATION	resulting in death) LAST										
	PART II. Other significant conditions co	ntributing to deeth but no	resulting in the	underlylna c	ause given in i	Part I. 24a. WAS AN	AUTOPSY	1 24b. WERE AUTOPSY FINDINGS			
CAL	Carcinoma of lur	_		,,,,,,		PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
						1 💢 YES 2	□ NO	OF DEATN?			
Σ	Pulmonary thromb	oembolus				— i		1 [XYES 2 [] NO			
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL										
2	EXAMINER?	SPITAL:		HER:	E OF DEATH (Che	F. J. C. S.					
IYS	1 CYYES 2 NO 1 C	Inpatient 2 ER/Outpatient 28a. DATE OF INJURY	28b. TIME OF	Nursing Home 28c, INJUR		8 Other (Spec/ly)					
	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WORK	?	28d. DESCRIBE HOW II	NJUHY OCCURED				
B	2 Accident Investigation	28° BI ACE OF MUNITOV			2 🗌 NO	ON LOCATION (O					
COMPLETED	3 Suicide s Could not be determined 28e. PLACE OF thJURY — At home, farm, street, factory, office building, stc. (Specify) 28e. PLACE OF thJURY — At home, farm, street, factory, office building, stc. (Specify) 28e. PLACE OF thJURY — At home, farm, street, factory, office City or Town, State)										
PLE	29a. CERTIFIER (Check only 1) CERTIFYING PHYSICIAN	: To the best of my knowledge,	death occurred at	the time, data an	d place, and due	to the cause(a) and mar	nner as atsted.				
8		n the basis of examination and/o						e(a) and menner as stated.			
	29b. SIGNATURE AND TITLE OF CERTIFIER			2	C. LICENSE NUM	ABER	29d. DATE SIGN	IED (Month, Day, Year)			
B	Steven H. Pear	Iman, M.D. Th	(don 1)		D3020		100000	31/91			
임	30. NAME AND ADDRESS OF PERSON WHO CO		TEM 20 (Type, Print	MAN	03020		10/	U#/ JI			
	Alorea H. C	Kear Dugan	13.		CAMI						
	31. DATE FILED (Month, Day, Year)	32. REDISTRAT'S SIGNATURE	88		1,100						
	MUV U 6 1991 g	ha Davidson-Agnida	13	· P	anla	M	nu.				



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the bispital or attending physician.

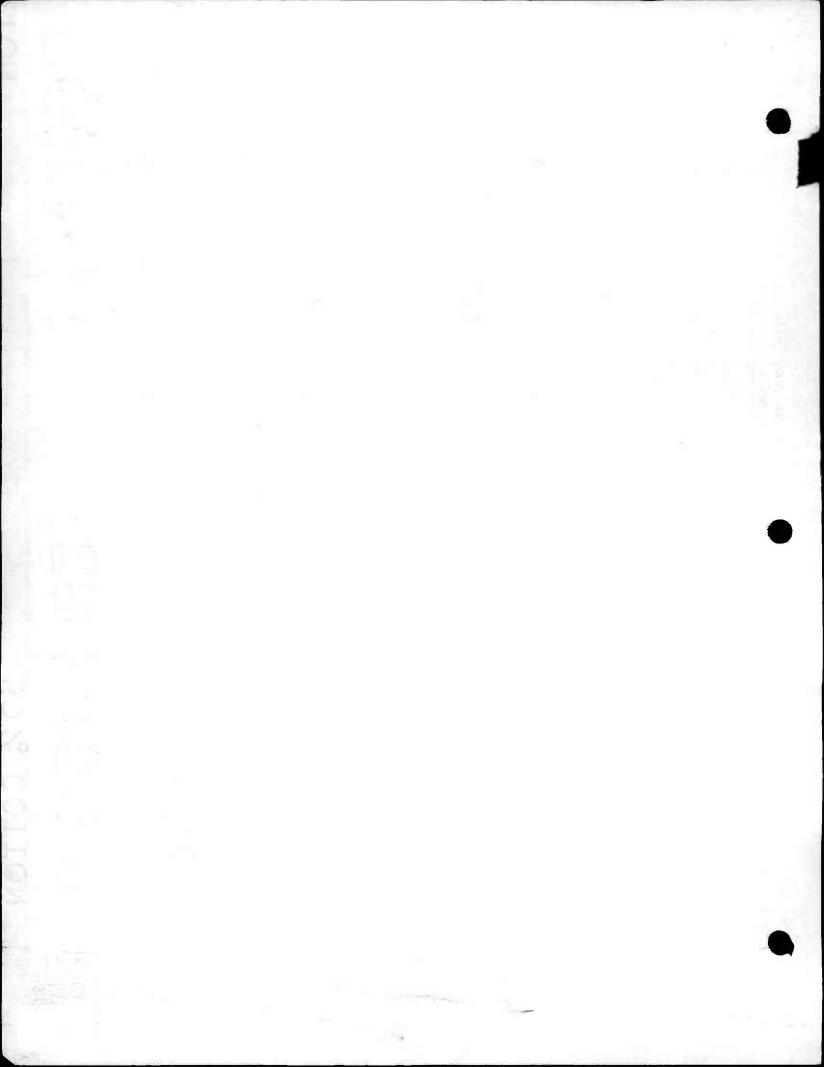
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Oppt. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE	9	3 (12	5	3
CERTIFICATE OF DEATH	REG. NO.					

	FOR STATE REGISTRAR	STATE OF MARYLA		T OF HEALTH AND	MENTAL HYGIENE REG. NO.	91	30253
	1. DECEDENT'S NAME (First, Middle, Last) Raymond	d Bri	sion		2. DATE OF DEATH MONTH DAY	5	3. TIME OF DEATH 445 PM
	4. social security number 215 09 9000	12⊠M2□F 73	YRS. MONTH		7. DATE OF BIRTH (Month, Day, Year)		RTHPLACE (State or Foreign unitry) ARY LAND
TOR	96. FACILITY NAME (If not institution, give st	Rest and number)	ITAL C	TY, TOWN OR LOCATION OF D	EATH	9c. COUNTY O	F DEATH
DIRECTOR	100. STATE 100. COUNTY PARY LAND BAL	Timors	10c. CITY, TOWN	ekrive			10d. INSIDE CITY LIMITS? 1 YES 2 S.NO
FUNERAL	10e. STREET AND NUMBER 88 16 Vici	TORY AVS		10f. ZIP CODE	+	C	S. A.
À	1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	3. WAS DECENDENT OF HISPA If yea, apecify Cuben, Mexico 1 YES 2 NO Specif	in, Puerto Rican, etc.)		ACE — American Indian, ilack, White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		16e. DECEDENT'S USUAL (Give kind of work dor life. Do NOT use retired	OCCUPATION le during most of working	16b. KIND OF BUS	INESS/INDUSTR	Y .
	17. FATHER'S NAME (First, Middle, Last)	BRAIN	TOKEMA		ME (First, Middle, Maiden	Surname)	
TO BE	19e. INFORMANT'S NAME (Type/Print)	COROS	19b. MAILING ADDRE	SS (Street and Number or Rural	Route Number, City or Town	n, State, Zip Code)
	20s. METHOD OF DISPOSITION t Burlel 2 Cremation 3 Remote 4 Donation 5 Other (Specify)	oval from State	PLACE AND DATE OF DI emetary, crematory or oth	splace) STERY	111-2 A	CKVILL	Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	Van,	2	2. NAME AND ADDRESS OF FI EVANS CHAPS 8800 HARFO	LOFILLO	Park	rille
	23. PART I. Enter the diseases, or of shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. End St	ch ilna.	ar tha moda of dying, aud		ratory arrest,	Approximate Interval Between Onset and Desth
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	с	CONSEQUENCE OF):				
CERTIF	that initiated events resulting in death) LAST	d	OUNGEODENCE OF J.				
PHYSICIAN: MEDICAL	PART II. Other algolificant condition	s contributing to death bu	it not resulting in the	undarlying cause given in	Part I. 24a. WAS AN PERFOR 1 TYES 2	MED?	24b, WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТН	26. PLACE OF DEATH (C	heck only one)		
	1 VES 2 NO 27. MANNER OF DEATH 1 Netural 8 Pending	1 □ Inpatient 2 □ ER/Output 28e, DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	tursing Home 8 Residence 28c. INJURY AT WORK? 1 YES 2 NO	6 Other (Specify) 28d. DE\$CRIBE HOW II	NJURY OCCURE	D
TED BY	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, street, (actory, office	281. LOCATION (Street e City or Town, State)	and Number or Re	ural Route Number,
COMPLETED	coel city	SICIAN: To the best of my knowle					use(e) end menner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	1, M.D.		29c. LICENSE NU	IMBER	29d. DATE SIG	NED (Month, Day, Year)
	HANI LABA	BID/	35H				6
	31. DATE FILED (Morith, Day, Year) NOV 06 1991	32 REGISTRAR'S SIGNA	-Randell				150





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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

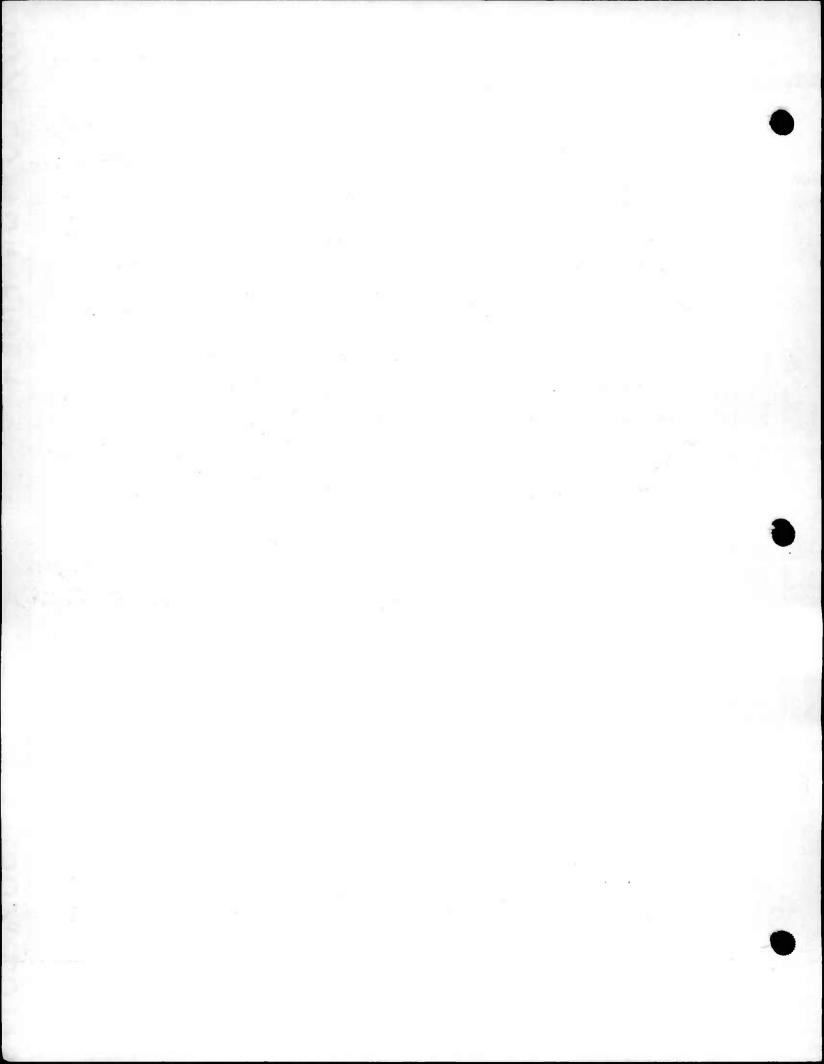
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLA		NT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	
	1. DECEOENT'S NAME (First, Middle, Last) HARRY	R.	BEC	KER	2. DATE OF DEATH MONTH PAY	1991 2 5 PM
	1.1 14 7711	SEX 6. AGE (III	yrs. last birthday) IF UNI YRS. MONTH	DER 1 YEAR IF UNDER 24 HRS. B DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign MANY LANY)
OR	90. FACILITY NAME (If not institution, give street WESTM) WSTE(2 NULAC	onveth	TY, TOWN OR LOCATION OF OR	INSTER OC.	C AVENT LE
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			N OR LOCATION		10d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER	T -	Fin	KSBURG 101. ZIP CODE	10g	1 YES 2 NO
FUNERAL	2146 BETHEL	ROAD		21048		USA
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	3. WAS DECENDENT OF NISPAN If yes, specify Cuben, Maxica 1 YES 270, NO Specify	n, Puerlo Ricen, atc.)	14. RACE — American Indian, Black, White, etc.
COMPLETED	15. OECEDENT'S EDUCAT: (Specify only highest grade con Elementary/Secondary (0-12)	TON mpleted) College (1-4 or 5 +)	16a. DECEDENT'S USUAL (Give kind of work do. life. Do NOT use retire	ne during most of working	18b. KIND OF BUSINES	S/INDUSTRY
OMP	17. FATHER'S NAME (First, Middle, Last)		75TL - 5UL	18. MOTHER'S NA	ME (First, Middle, Malden Suma	() AV2RA
BE C	HARRY L.	Backer		MAR	JE A. 5TT	28,0
0	19a. INFORMANT'S NAME (Type/Print) FAMILY RECOR	ias	19b. MAILING ADDR	ESS (Street and Number or Rural)	Route Number, City or Town, Sta	te, Zip Code)
	20a, METHOD OF DISPOSITION 1% Burlel 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	20b.	other place)	(Name of cemetery, crematory or	K Roki	ON — City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE		22. NAME AND ADDRESS OF FA	CHITY F. CHITES	S
	23. PART I. Enter the diseases, or con shock, or heart fellure. Lis	mplications that caused	the death. Do not en	ter the mode of dying, auc	h as cardiac or respirator	y arrest, Approximete interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	ACUTE	CAR	DIAC A	narest	Oneet and Death
z	C b.	CARDI	CONSEQUENCE OF):	RYTHMI	A.	IVEAG
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	ARTERI	CONSEQUENCE OF): CONSEQUENCE OF):	OTK CAY	2DIOVASE	VIAR TASE YEAR
IL CE	PART II. Other algnificant conditions of	contributing to deeth be	ut not resulting in the	underlying ceuse given in		
MEDICAL					PERFORMED	COMPLETION OF CAUSE
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (C/	neck only one)	
YSIC		OSPITAL:		Nursing Nome 5 - Residence		
ВУ РН	1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d, DEŞCRIBE HOW INJUR	Y OCCURED
	3 Suicide a Could not be determined	26a. PLACE OF INJURY building, etc. (Speci	— At home, ferm, street,	factory, affice	281. LOCATION (Street and N City or Town, State)	umber or Rural Route Number,
COMPLETED	one)			he time, date and place, and during opinion, death occured at the		as stated. a to the cause(a) and manner as stated.
O BE C	290. Sushatuhe and title of dentines	hollo	M.D.	29c, LICENSE NU	MBER 296 ▶	A. DATE SIGNED (Month, Day, Year)
F	30. NAME AND ADDRESS OF PERSON WHO C	WELLI	VEN 1	10 912	STHING	JON 120190 TEN MIZ 211
	31. DATE FILED (Month, Day, Year) NOV 0 6 1991	32. REGISTRAR'S SIGN	andell.			







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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the Siate Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR						21	J	0722
	1 - STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTI CERTIFIC	MENT OF I	HEALTH AND	MENTAL HYGI REG.			
	1. DECEDENT'S NAME (First, Middle, Last) May U M	, Baird				2. DATE OF DEAT MONTH		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	The second secon	-	F UNDER 1 YEAR	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea			PLACE (State or Foreign
	185-18-2146 9s. FACILITY NAME (If not institution, give si	1 M 2.2F	O YRS.			5/19	121	Peni	nsylvania
TOR	RESIDENCE OF DECEDENT	Jul		Balli	OR LOCATION OF D	MV	9c. COU	NTY OF DE	ATH
DIRECTOR	10e. STATE 10b. COUNTY	ralt	10c, CITY, 1	TOWN OR LOCA	TION				10d. INSIDE CITY LIMITS? 1 YES 2 1 NO
FUNERAL	7017 Level	0 11 0	1	10	of. ZIP CODE		10g. CiTI		HAT COUNTRY?
NE NE	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.	S ABMED	12 140 000	C1 C0	4		U.S.	
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2	NO	If yea, a	pecify Cuban, Maxico S 2 X NO Specifi	NIC ORIGIN? (Specify an, Puarto Ricen, atc. ly:	/ Yes or No—	14. RACE Black, Specify	
ETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION 18	a. DECEDENT'S US	UAL OCCUPATI	ION	16b. KIND OF	BUSINESS/IND	USTRY	White
	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of word life. Do NOT use r	k done during m etired.)	ost of working				
COMPL	12 years			Oper	rator	C&F			
1	17. FATHER'S NAME (First, Middle, Last) James F. Dair	c!				AME (First, Middle, Ma	iden Surname)		
B	19a. INFORMANT'S NAME (Type/Print)	<u>u</u>	francisco de la constancia de la constan		Saran	Moser			
임	Mrs. Phoebe Sic	kel	7017 I	DORESS (Street	end Number or Rural	Route Number, City or	Yown, State, Zip	Code)	ylahd212
	20e. METHOO OF DISPOSITION 1 W Burlel 2 Cremation 3 Remo	20b.PL cometer	ACE AND DATE OF I	DISPOSITION (No	eme of	DATE 20c	LOCATION —	City or Tow	n, State
	21. SIGNATURE OF FUNERAL SERVICE LIC		eastone		tery 1	11-6-91	BLOM	ns v i	ille, PA
		Triside, J	7.	0500	York Ro	i. Balti	more.	MD	efeld Home
	23. PART I. Enter the diseases, or c shock, or heert feliure. I	omplications that caused the	e daeth. Do not	enter the mo	ode of dylng, suc	h as cerdlec or re	epiratory erro	eet,	Approximete
	IMMEDIATE CAUSE (Final disease or condition	0		^					Onset and Death
	resulting in death)	Cara	Lace	ar	rest				immedia
_		DUE TO (OR AS A CO	TA CLAU	0	FFLIA			^	
CERTIFICATION	Sequentially ilst conditions, if any, leading to immediate	DUE TO (OR AS A CO	NSEQUENCE OF	00	cuty	476	eas	2	
CA	cause, Enter UNDERLYING CAUSE (Disease or Injury	L							!
표	that initieted events resulting in deeth) LAST	DUE TO (OR AS A CO	NSEQUENCE OF):						
SER									
AL	PART il. Other eignificent conditions	s contributing to death but r	not resulting in t	the underlyin	g ceuse given in		AN AUTOPSY		WERE AUTOPSY FINDINGS
음							FORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICA	-					_ BUT	WILL		TES 2 NHO
Ä						36	=		
<u> </u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	28. PI	LACE OF DEATH (Ch	eck only one)			
H	1 YES 2 NO 27. MANNER OF DEATH	128e. DATE OF INJURY	28b. TIME O			8 Other (Specify)			
D BY	m 2 Accident investigation								
ETED	4 Homicide datermined	building, atc. (Specify)				City or Town, St	late)		
PLE	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowledg	e, death occurred a	rt the time, date	and place, and due	10 the cause(a) and	manner as state	ıd.	
COMPL	one) 2 MEDICAL EXAMINER	R: On the basis of examination and	d/or investigation, i	n my opinion, d	feath occured at the	time, date and piece	, and due to the	s cause(s) (and manner as ateted.
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER	+ 110			29c. LICENSE NUM	ABER	29d. DATE	SIGNED (Month, Day, Year)
6	mano	ve por					> /	0/30	191
- 11	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALIFE OF SEATH							

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
Und Wellcal

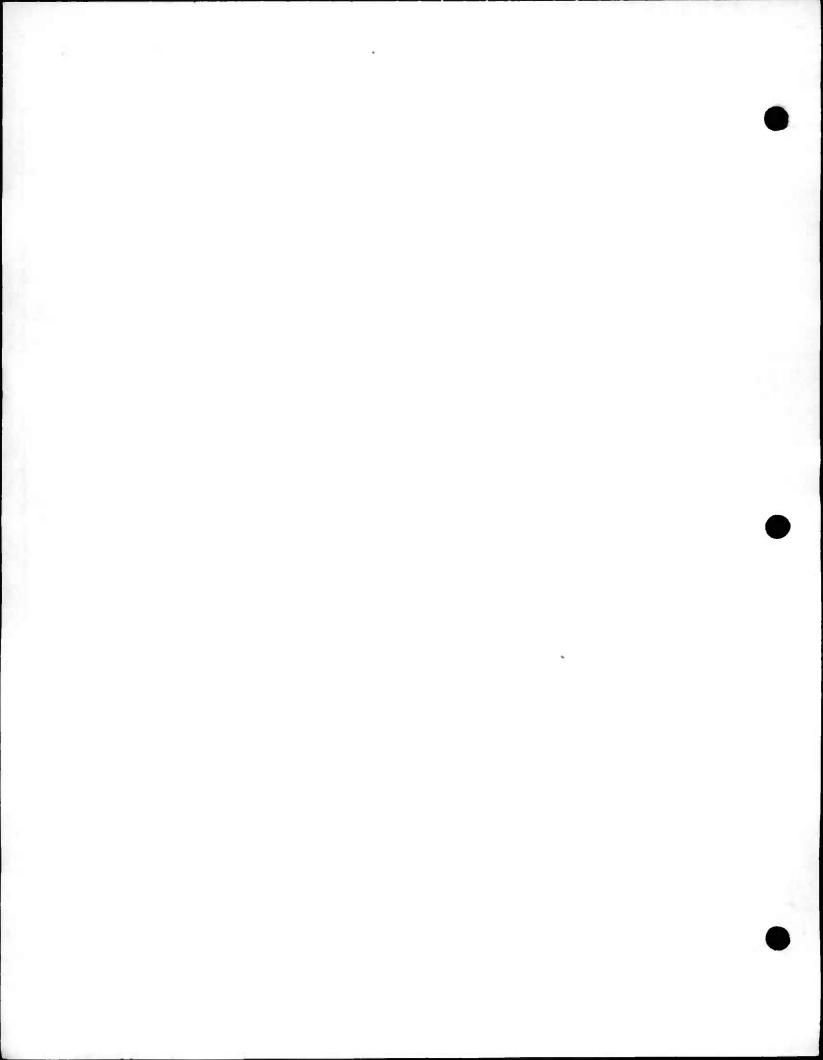
32. REGISTRAR'S SIGNATURE

Systems

30. NAME AND ADDRESS OF PERSON WHO COM

May dlaugland
31. DATE FILED (Morith, Day, 1601)
NOV 06 1991
Ma Saire





TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. **BALTIMORE, MARYLAND 21215-0020** DIVISION OF VITAL RECORDS, P.O. BOX 68760,

COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BE

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	Tagge										91	3	0250	
	1 - STATE REGISTRAR	STATE OF MA	RYLAND /	DEPAR	TMENT	OF H	IEALTH DE A	AND	MENTA		_			
	1. DECEDENT'S NAME (First, Middle, Last)			IOAII		DLA			OF DEATH			3. TIME OF D	EATH
		Joseph H.			r				Oct	ober 3	1, 1	991		N
	4. SOCIAL SECURITY NUMBER 217 06 5363	1 🖳 M 2 🗆 F	AGE (In yrs. les	t birthday) YRS.	IF UNDER	DAYS	HOURS	MIN.	7. DATE (Monto	OF BIRTH	.910	8. BIRTI Count	HPLACE (State of try) MD	r Foreign
~	9e. FACILITY HAME (If not institution, give	street end number)			9b, CITY	, TOWN	OR LOCATI	OH OF DE			_	HTY OF		
DIRECTOR	604 W. 37th S	St.				Ba1t	imor	е						
JE C	10e. STATE 10b. COUH			10c. CIT	Y, TOWN	OR LOCAT	ЮН						10d. INSIDE	CITY
<u>a</u>	MD				Ba1	timo	re						LIMITS?	
FUNERAL	10e. STREET AHD NUMBER					101	. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY	
Ä	604 W. 37th S						2	2 121	1			U	SA	
BY FU	11. MARITAL STATUS 1 Hever Merried XX Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 S IF YES, GIVE WAR	OR DATES	MED IO		If yee, sp					Spec		ndlen,	
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16b. KIND OF BUSINES (Give kind of work done during most of working) 16b. KIND OF BUSINES					White White									
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	IIIe.	Do NOT u		_	st of working	ng	- 500					
MP	12		Chauffeur Construction				n							
8	17. FATHER'S NAME (First, Middle, Last)						18. MOTI			Middle, Maiden				
H	Joseph Brockme	ever							-	s Wink				
5	Mrs. E. LaRue Br	-	198	6 MAILING	04 W	. 37	th S	or Rural F	Ba	ltimor	e, State, Zin	Code)	21211	
	20a. METHOD OF DISPOSITION Y Suriel 2 Cremetion 3 Rer 4 Donation 5 Other (Specify)	moval from State	206. PLACE A cemetery, cree Mead	netory or o	of Dispos	Mem.	me of	eter	DAT		cation -			
	21. SIGNATURE OF FUNERAL SERVICE L	///-	1	OWLI	22.	HAME AN	D ADDRES	SS OF FA	CILITY					
	C. Sherman I	Konny,	2-1							LD HOM	-		010	10
	23. PART I. Enter the diseases, or		eused the de	eth. Do r	ont enter	6500	Yor	K KO	ad	Baltin	nore,	Md.	212	
	shock, or heert fellure. iMMEDIATE CAUSE (Final disease or condition	List only one cause	on each line.				S)	ing, suci	i as cerc	nec or respi	ratory sri	rest,		Between and Desth
	resulting in desth)	e. VII WARRANT	R AS A CONSEC	Who	Les	9	Juns	1					3 W	2
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a Princey	AS A CONSECU	Linan		A	Pro	tot	٤)				6m	0
CERTIFICATION	CAUSE (Disease or Injury that inkleted events resulting in death) LAST	c	AS A COHSEO	UEHCE O	F):									
PART II Other significant conditions contributing to death by a second by the second s					. WERE AUTOPS	/ FIHDINGS								

24b. WERE AUTOPSY FIHDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 HO 1 TYES 2 HO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF PEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 27. MAHHER OF DEATH 1 Hetural 5 28c. INJURY AT WORK?
1 YES 2 HO 28a. DATE OF INJURY (Month, Day, Year) 26b, TIME OF 28d. DESCRIBE HOW IHJURY OCCURED VA 2 Accident
3 Suicide NA 28e. PLACE OF IHJURY — building, atc. (Specify)

At home, ferm, street, factory, office

NA 29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end menner as stated.

2 MEDICAL EXAMIHER: On the besia of exemination end/or investigati

24s. WAS AH AUTOPSY PERFORMED!

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

	place and place and place and place and place and place	e, and due to the cause(e) and manner as stated.
296. SIGNATURE AND TITLE OF GENTIFIER THE TOTAL TO THE SIGNATURE OF SI	29c. LICEMSE NUMBER DA7527	29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 27) (Type, Print)

MANTMAN CHARD 31. DATE FILED (Month, Day, Year)

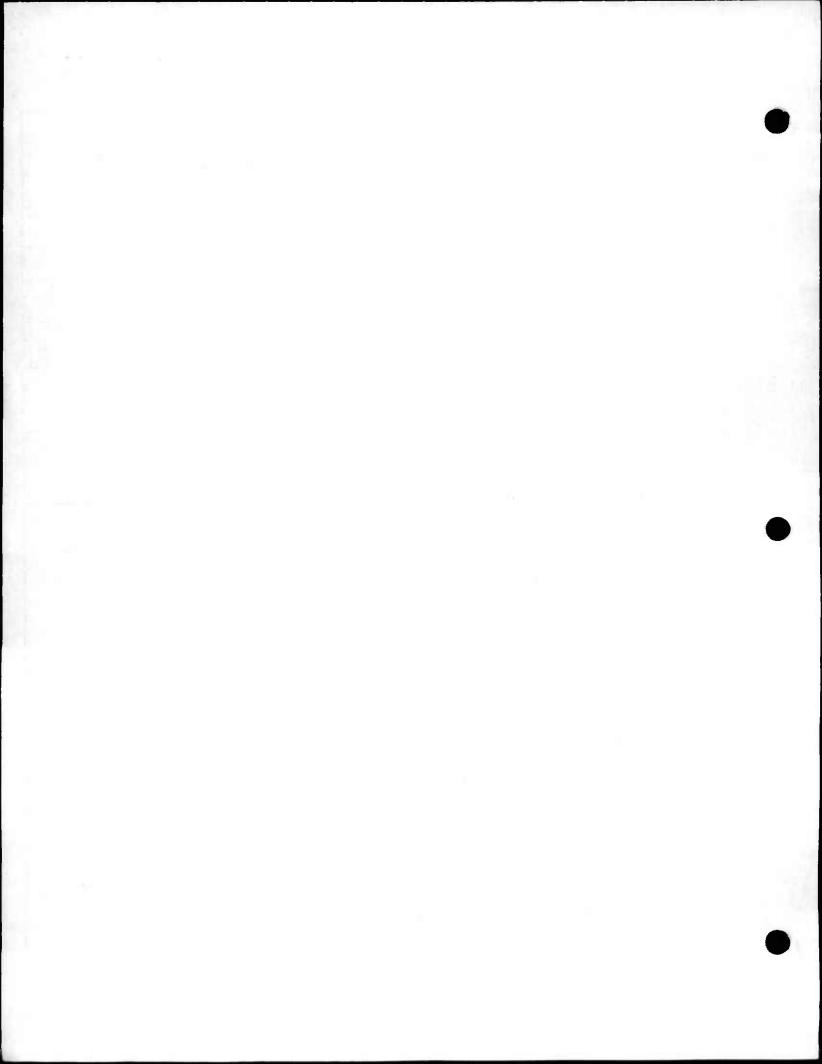
6 Could not be

NOV 06 1991

4 Homicide

32. REGISTRAR'S SIGNATURE who Davidson-Randelle





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THO OF THE IAM requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	And the certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be set to be said the burial Hoteles prior to burial, cremation, or removal.	The marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL ORDITENDING PRYSICIAN	TO THE FUNEHAL DIRECTOR And the Certific	IMPORTANT: If Item 29-te-marked, or I

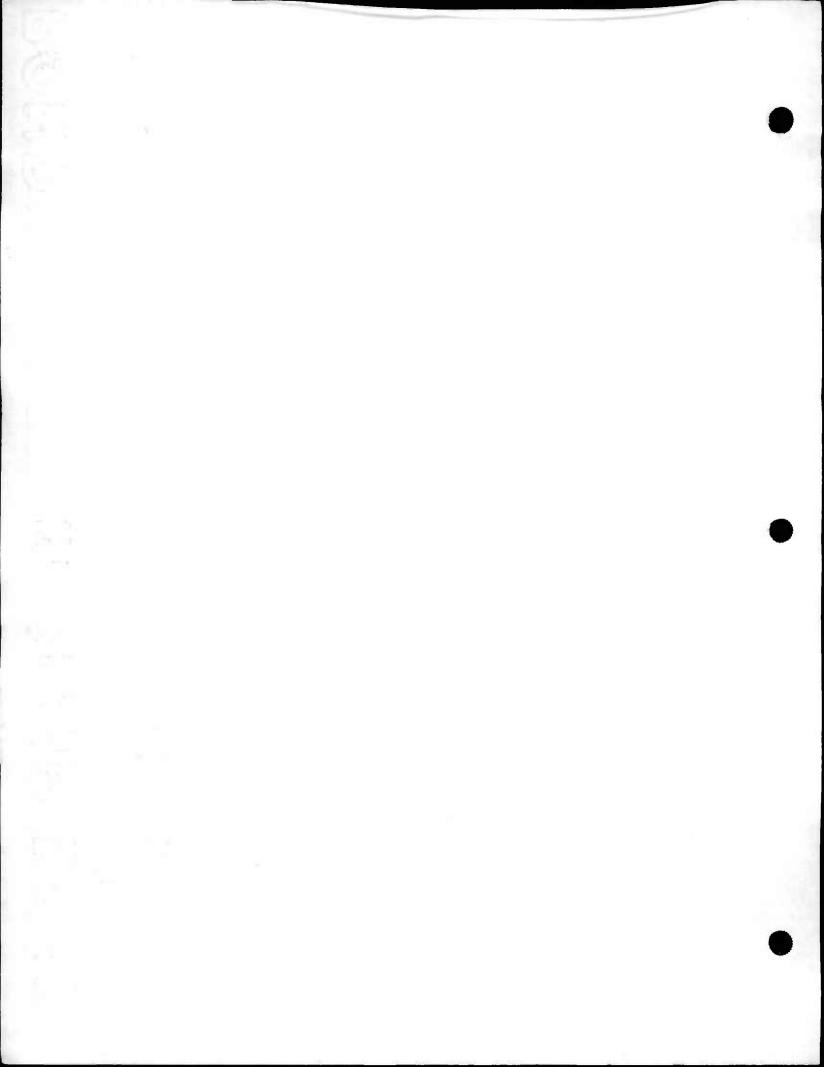
	FOR										•	30257	
	1 - STATE REGISTRAR	STATE OF MA	CE	DEPARII	MENI	OF DE	ATH	MENIA	REG. NO.	Ė			
- 3	1. DECEDENT'S NAME (First, Middle, Last)		- OL	111111	/// I.E	OI DE	A	2. DATE	OF DEATH		3.7	TIME OF DEATH	
	RAYMON	n wil	110	0	350	TIFE		MONT		Y	EAR /	1300 m	
	4. SOCIAL SECURITY NUMBER		AGE (In yrs, lest	histoday	F UNDER 1	1.01	NDER 24 HRS.	7 DATE	OF BIRTH	- 7	DIDTHD! A	CE (State or Foreign	
- 1	215-10-4204	1/D/M 2 D F	00			DAYS HOU		(Mont	h, Day, Year) 18, 1	903	Country) +	o. Md.	
			00	4.5					. 10, 1				
	90. FACILITY NAME (If not institution, give st					TOWN OR LO				9c. COUNTY	OF DEATI	Н	
DIRECTOR	PALLSTON GEN	ERAL 1	HOSPITI	91	F	ALL:	STO.	N		HA	RF	ORN	
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,		10a CITY	TOWN OF	LOCATION					1 100	I. INSIDE CITY	
Ĕ		Baltimo		100. 0111,	101111		ogovi	110				LIMITS?	
٩	Maryland	partiilo.	re				ngsvi	116				YES 2 NO	
ゑ	10e. STREET AND NUMBER					10f. ZIP (CODE			10g. CITIZEI	N OF WHAT	COUNTRY?	
	1160	5 Belair F						2108	•		S.A.		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARM	IED	13. W	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify Cuben, Mexicen, Puerto Rican, etc.)					RACE — Black, W	American Indien, hite, atc.	
BY	1 Never Merried 2 XXMerried 3 Widowed 4 Divorced	FORCES? 1 [IF YES, GIVE WAI	R OR OATES				VEC A VINIO Specific				White		
	3 Widowed 4 Divorced							MITTE					
		is. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY											
Ξį	Elementary/Secondary (0-12)	College (1-4 or 5+)	316								lootnio		
COMPLETED	12.Yrs.		1	Machi	nist				Wester	n Electric			
6	17. FATHER'S NAME (First, Middle, Last)					18.	MOTHER'S	NAME (First,	Middle, Maiden	Surname)			
						y Loui	se Has	SS					
BE													
2	Mrs. Evelyn L. Bertier 196. MALLING ADDRESS (Street and Number or Rural Apone Number, City or Town, State, Zip Code) 11605 Belair Rd. Kingsville, Md. 21087												
	20a. METHOD OF DISPOSITION		20h DI ACE A	NO DATE (DE AIRDO	SITION (Nam		1 24	200 10	CATION — Cit	or Town	State	
	XX Buriel 2 ☐ Cremetion 3 ☐ Rem	oval from State				al Ga:		117	5/91	Dol () i m	Md	
	4 Donetion 5 Other (Specify)	254055	Г рета.	II. ME	_					Bel A	ILL,	Mu.	
	21. SIGNATURE OF FUNERAL SERVICE LIC				22. N	IAME AND AD	DRESS OF	FACILITY	E.F.La	ssahn	Fune	ral Home	
	▶ E. F. dass	ann			lı	1750	Relai	r Rd	Kingsv				
	23. PART I. Enter the diseases, or o	complications that	caused the dea	th Do no	_							Approximate	
	shock, or heart failure.			50 110	· omer	/	dying, o	1	dido or rosp	itatory arros	**	Interval Between	
	iMMEDIATE CAUSE (Final disease or condition	EDIATE CAUSE (FILISI						Onset and Death					
	resulting in death)	s	gran			0-4	70	740	m			ad to	
		DUE TO (C	OF AS A CONSEO	UENCE OF):			•					nother.	
Z	Comments the ties are distant.									26			
은	If any, leading to immediate	Sequentially list conditions, If any, leading to immediate											
S	CAUSE (Disease or injury	c.											
ERTIFICATION	that initiated events	DUE TO (C	OR AS A CONSEO	UENCE OF):									
8	resulting in death) LAST	d.											
ü													
AL	PART II. Other significent condition	e contributing to d	leath but not re	eaulting in	the und	derlying cau	ise given	in Part I.	24a. WAS AN PERFO			ERE AUTOPSY FINDINGS MILABLE PRIOR TO	
2									1 TYES	NO		MPLETION OF CAUSE DEATH?	
Ē									_			YES 2 NO	
≥													
A	25. WAS CASE REFERRED TO MEDICAL					26 PLACE	OF DEATH /	Check only o	nne)				
PHYSICIAN: MEDICAL	EXAMINER?	HOSPITAL:	anto ai		OTHER	t:							
₹S	1 U YES 2 NO 27. MANNER OF BEATH	-	ER/Outpatient 3		-	Ing Home 5							
H	Natural 5 Pending	28e. DATE OF II (Month, Per	199	28b. TIME INJU	RY	28c. INJURY WORK?		28d. Di	EŞCRIBE HOW	INJURY OCCU	RED		
BY	2 Accident Investigation	N			М	1 TYES	2 NO						
	3 Suicide 8 Could not be	28e. PLACE OF building, e	INJURY — At hor tc. (Specify)	ne, ferm, st	reet, facto	ory, office		28f. LO	CATION (Street y or Town, State	end Number or)	Rural Rout	le Number,	
1	4 Homicide determined												
COMPLETED	290. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the beat of n	ny knowledge, de	ith occume	at the H	me, date and	place, end r	fue to the o	euse(e) end ma	nner as stated			
M	(Check only one) 2 MEDICAL EXAMINE											nd manner as stated.	
8					, 3						-		
BE	296. SIGNATURE AND TITLE OF CERTIFIE	116				29c	LICENSE 1	NUMBER		29d. OATH	HOMED (M	onth, Day, Year)	
	Hai,	, week	u							///	147	/	
30, NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)													

	-			1 TYES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	NOSPITAL:	26. PLACE OF DEATH (COTHER:				
27. MANNER OF BEATH Netural 5 Pending Netural Investigation	N/F	ME OF 28c. INJURY AT WORK? M 1 YES 2 NO	284. DEȘCRIBE HOW INJURY OCCUR	ED		
3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At home, farm, building, etc. (Specify)	street, factory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE NOV 0 6 1991 hia Davidson-Randall.

DHMH-18 Rev 1/89



	CARL FRANK BACKERT							2. DATE OF OEATH DAY A YEAR 1.10				ATH P M			
	4. SOCIAL SECURITY NUMBE		5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER	DAYS	IF UNDE	R 24 HRS.	7. DATE O	F BIRTH		8. BIRTI- Count	IPLACE (State or	Foreign
	216-12-864		1 X M 2 F	68	YRS.						31-19	23	M	ARYLAND)
E.	99. FACILITY NAME (If not inst HURCH HOSP)			MTON		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH									
5	RESIDENCE OF DECE	EDENT		TION		BALTIMORE									
DIRECTOR	10e. STATE	10b. COUNT	Y		10c, CIT	TY, TOWN OR LOCATION 10d. INSIDE CI						TY			
	MARYLAND		BALTIMORI				DUNDALK						1 TYES 2	(XNO	
A I	10e. STREET AND NUMBER						10					10g. CITI	ZEN OF V	VHAT COUNTRY	?
FUNERAL	6824 BROENI	NG RO										u.s.A.			
윤	11. MARITAL STATUS 1 ☐ Never Married 2 ☐ Merried 1 ☐ Never Married 2 ☐ Merried 1 ☐ Never Married 2 ☐ NO 17 YES, GIVE WAR OR DATES					13.	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify Cuben, Mexicen, Puerto Ricen, atc.) 14. RACE Blaci					E — American In k, White, etc.	dlen,		
ВУ	3 Wildowed 4 Divorced IF YES, GIVE WIRE OR DATES					1 YES 2 XNO Specify: Speci					" WHITE				
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APL:	Elementary/Secondary (0-1 12TH GRADE	2)	College (1-4 or 5 -	•)					AGER		М	ARTI	V'S		
ਨੂੰ	17. FATHER'S NAME (First, Middle, Lest)					16. MOTHER'S NAME (First, Middle, Malden Surname)									
BE (ANDREW BACKERT						R	OSE	WEBER	2					
2	19e. INFORMANT'S NAME (Type/Print) 19b. MAILIN				ADDRES	S (Street o	and Numbe	r or Rural F	Route Numbe	er, City or Town	n, State, Zip	Code)			
-	HELEN BACKERT				682	4 BROENING ROAD BALTIMORE, MARYL				AND 21	222				
	20e. METHOD OF OISPOSITIO 1 Burlet 2 Coremetion 4 Donation 5 Other (S		ioval from State	20b. PLACE	AND DATE	OF DISPOS	SITION (N	ame of		DATE		CATION —			
	4 Donation 5 Other (S			cemetery, cre	TOP	SERV	<u>ICE</u>	11-	6-19	91	BALT	IMORI	E (T	OWSON)	MD
	· (hor	11	1 +	L		22.	DUDA	-RUC		CILITY INERAL VENUE		OF 1		ALK INC	222
	23. PART I. Enter the disc	eesea, or	complications the	t coused the de	eth. Do	not enter	the mo	de of dy	ing, auci	h as cerdi	ac or respi	ratory arr	eat,	Approxi	
	IMMEDIATE CAUSE (Final	r renure.	Liet only one ceu	ise on each line	9.									intervei	Between nd Death
	resulting in deeth) . A CUTE MY OCAR DIAL INFARCTION C SHOCK 4.							43 h							
Z	DUE TO (OR AS A CONSEQUENCE OF): SEPTICEMIA														
은	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): PNEUMONIA BILATERAL														
5															
E	thet initiated events resulting in deeth) LAST		CEVE	OR AS A CONSE	DUENCE O	D T	mm	LIO	E 11	EM	OIY	+10	An	ALMEI	
CERTIFICATION	thet initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): SEVERE AUTOIMMUNE HEMOLYTIC ANEMIA														
	PART II. Other eignificant	condition	na contributing to	deeth but not i	eaulting	In the ur	derlyln	g ceuse	given in	Part I.	24e. WAS AN		24b.	WERE AUTOPSY	
MEDICAL	MASTO	SYU	PLASTI	<u>c</u> :	> YN	DKC	OME			_	PERFOR			AVAILABLE PRIOR COMPLETION OF OF DEATH?	
闄												Jan. 1 4		1 YES 2	NO
ä															
PHYSICIAN	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER		ACE OF D	EATH (Che	eck only one)					
ΥS	1 TYES 2 NO		1.EQnpatient 2		□ DOA			6 5 🗆 Re	eldenca	6 🗆 Other ((Specity)				
표	27. MANNER OF DEATH 1 X Natural 5 Pe	indina	28e. DATE OF (Month, D.		28b. TIM	URY		RK?		28d. DESC	RIBE HOW IN	JURY OCC	URED		
B	2 Accident In	vestigation	26- BLACE O	F IN HIPM		М		YES 2	NO						
回		ould not be termined	building,	F INJURY — At ho etc. (Specify)	me, farm, i	street, fect	ory, offic	•		261. LOCAT City or	TON (Street a Town, Stete)	nd Number	or Rural A	loute Number,	
٦	29e. CERTIFIER (Check only	YING PHYSI	ICIAN: To the best of	my knowledge de	ath occum	nd at the t	ima data	and alone	and due	A. Ab	. (-) (
COMPLETED	2 MEDICA	AL EXAMINE	R: On the basis of s	ramination end/or	Investigation	n, in my a	pinion, d	leath occur	red at the	time, date e	nd piece, end	due to the	ed. e ceuse(e) end manner ee	atated.
B	A.C.	ho	nvali	r, m.1	.			DI	630	26		▶ II	141	(Month, Day, Year	
2	A-C. CHO	LIVAL	O COMPLETED CAUS	SE OF DEATH (ITE	M 27) (Type,	Print)	1+6	250	20	Re	100	01. 8	ROI	TDWAY	2123

32. REGISTRAR'S SIGNATURE

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

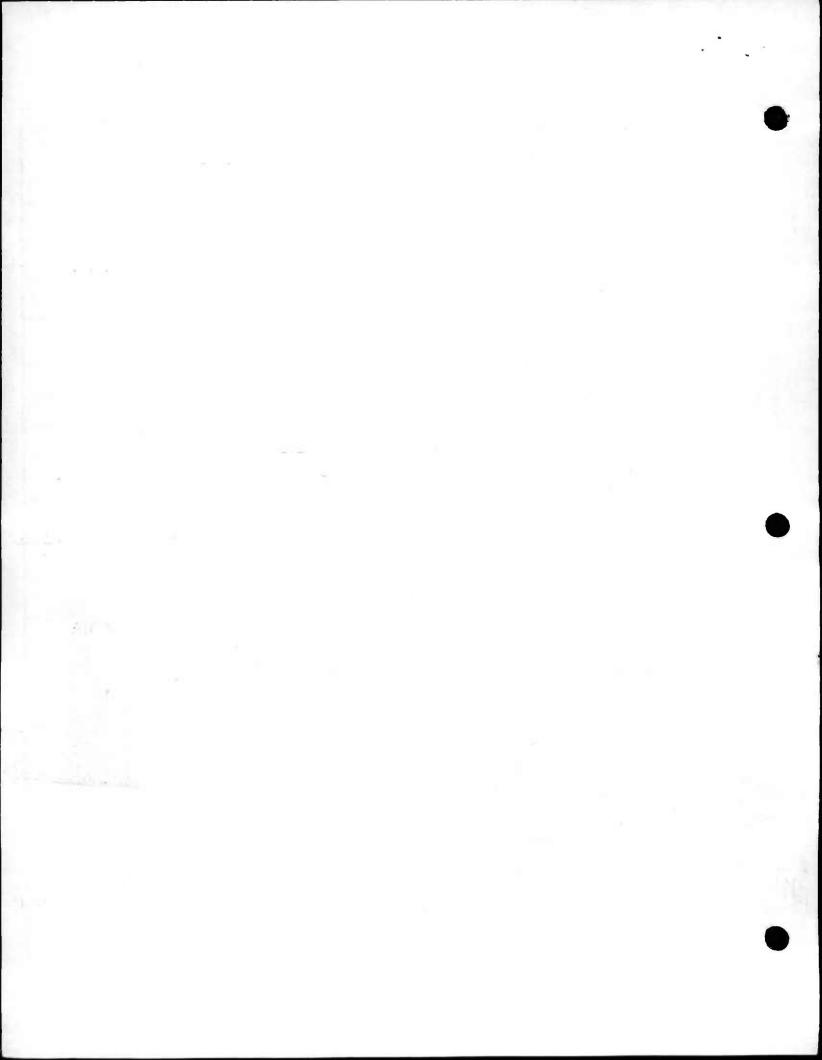
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

Randella Davidson 1991 DHMH-16 Rev 1/89



	MENTAL OR ATTENDING PHYSICIAN: THE LAW requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hosp	THE DIRECTOR ARE THE CONTINUE AND THE CONTINUE AND THE STORY OF ST	The 72 power after death with the State Dropt of Health and Mental Hydiene prior to burial, cremation, or removal.	MT. Iffiliam 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND / DEPA	RTMENT OF	HEALTH AND F DEATH	MENTAL HYGIE		,	
	1. DECEDENT'S NAME (First, Middle, Last)	BE	STORELLI			2. DATE OF DEATH		YEAR 3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 212037 142	5. SEX 1 M 2 F	6. AGE (In yor, lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	. 7. DATE OF BIRTH (Month, Day, Year)	(Month, Day, Year) Country)		
TOR	90. FACILITY NAME (If not institution, give some continuous of the		vnia		OR LOCATION OF	DEATH 10		TY OF DEATH	
DIRECTOR	106. STATE 10b. COUNT	BALT	10c. Cf	TY, TOWN OR LOC	ATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	106. STREET AND NUMBER 107. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 21202 109. CITIZEN OF WHAT COUNTRY?								
β	11. MARITAL STATUS 1 Never Married 2 Merried 1 Never Married 2 Merried 1 Never Married 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-Black, White etc.) 14. RACE — American Indian, Black, White etc. 15. YES 2 NO Specify: 16. Specify:						Black, White etc.		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4 or 5 +) College (1-4 or 5 +) 180. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY								
BE CO	17. FATHER'S NAME (First, Middle, Lest) LAWRENCE POPOL: 18. MOTHER'S NAME (First, Middle, Maiden Surname) HMELIA GUARINO								
5	199. INFORMANT'S NAME (Type/Print) MANY ELLEN A 209. METHOD OF DISPOSITION	tualier	e 372	8 Wex	FOHD D	Route Number, City or R	own, State, Zip C	er Georgia	
	20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of complete). Cremeter of a Complete Complete (Complete). Cremeter of a Complete Complete (Complete). Cremeter of the Complete Comple								
	Ame 11	Dieles	Re	Della	Nocen	CNS FUND	enal Hos	me.	
	23. PART I. Enter the disease, or shock, or heart failure. IMMEDIATE CAUSE (Finsi disease or condition resulting in death)	and only one osu	ETASSUL A		ode of dying, su	ich as cardiac or rea	piratory arres	Approximate intervsi Batween Onset and Daath	
ATION	Sequentially list conditions, If any, leading to immediate Due TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	CAUSE (Disease or injury that initiated evants resulting in death) LAST d. Shall DUE TO (OR AS A CONSEQUENCE OF): C. Shall C. Shall DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
BY PHYSICIAN: MEDICAL C	PART II. Other significant condition Attraction Attraction	s contributing to	death but not resulting	in ths underlyin	ng causs given i	n Part I. 24a. WAS A PERF(ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ER/Outpetlent 3 DOA	OTHER:	LACE OF DEATH (C				
PHY	27. MANNER OF DEATH 1 Netural 5 Pending	28 e. DATE OF (Month, Da	INJURY 26b. TIM	E OF 28c. IN	JURY AT ORK?	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCU	RED	
TED BY	2 Accident 3 Suicide 4 Homicide Suicide 8 Could not be determined	28e. PLACE Of building,	FINJURY — At home, farm, setc. (Specify)	_	YES 2 NO	281. LOCATION (Street City or Town, State	end Number or	Rural Route Number,	
BE-COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC (Check only one) 2	CIAN: To the best of a	my knowledge, death occurre	ed at the time, dat	e end place, end du	e to the cause(s) end ma	nner es stated.	ceuse(s) end menner es stated.	
TO BE 6	29b. SIGNATUR AND TITLE OF CERTIFIER	ike .	RÉLIOTAT 1	JMM)	29c. LICENSE NU	JMBER	29d. DATE S	SIGNED (Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (ITEM 27) (Type,	Print)					
	31. DATE FILED (Month, Day, Year) NOV 06 1991	38. REGISTRAT	es signature						

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HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

for use as the burial-transit permit. Pages 1, 2, 3 should page 5 should be detached once. 7 notified pe director, i examiner must funeral filled in by the foundary. medical cremation, or the has been signed by the attending physician and completely to Dept. of Health and Mental Hygiene prior to burtal, cremation 23 shows any Injury, or other traumatic event, the item After this certificate death with the State 6 marked, O THE HOSPITAL UNITY TO THE FUNERAL DIRECTOR: Aff De filed within 72 hours after dr

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY 1991 LOUISE **BERRY** 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 M 2 T F DAYS HOURS 7-4-1913 220-22-5414 78 YRS N.C. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR 2208 N. Dukeland Street Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b, COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md Balto 1 X YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2208 N. Dukeland Street 21216 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Marrie If yes, specify Cuben, Mexican, Put Tes 2 NO Specify: IF YES, GIVE WAR OR DATES B∀ 3 🕅 Widowed 4 🗌 Divorced B1ack COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 4th 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) BE Julie Cole 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Carolyn Smith 3003 Lawina Road Baltimore, Md 21216 20e. METHOD OF DISPOSITION
1 \(\tilde{D} \) Burlel 2 \(\tilde{D} \) Cremation 3 \(\tilde{D} \) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Arbutus Memorial Park 4 Donation 5 Other (Specify) 11791 Arbutus. Md TIAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY March F/H West 4300 Wabash Avenue 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or heart failure. List only one cause on each line. Interval Batween **IMMEDIATE CAUSE (Final** Onsat and Paath disease pr condition resulting in death) ectu DUE TO (OR AS A CONSEQUENCE OF): 2 7 3 Te 5 CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 10 NO 1 - YES 2 - NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ne 5 - Residence 8 - Other (Specity) 28a. DATE OF INJURY (Month, Day, Year) 27, MANNER OF DEATH 28b, TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, building, atc. (Specify) ETED 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide COMPLE 29e. CERTIFIER 1 CERTIFVING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the basis of exam n and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) end manner as stated. GNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 20 37 308 2 AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

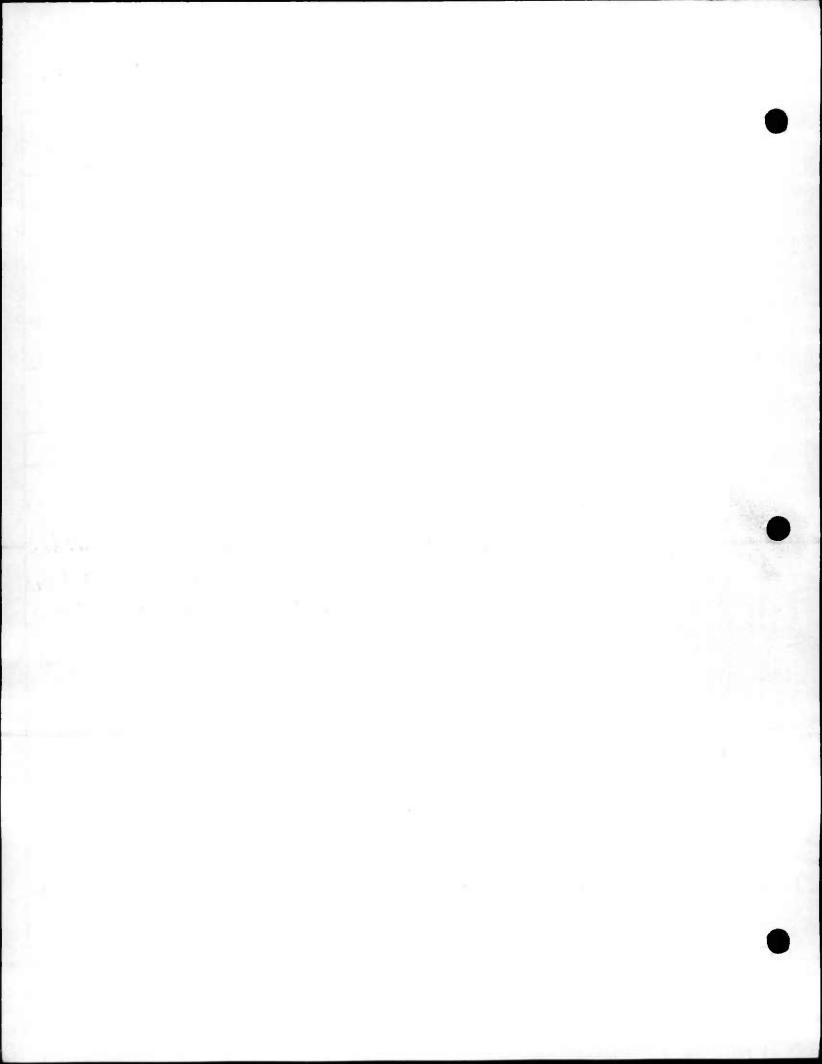
31. DATE FILED (Month, Day, Year)

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32. REGISTRAR'S SIGNATURE wha Davidson

- Randell



BALTIMORE, MARYLAND 21215-0020 after death. Page 6 may be retained by the hospital or attending physician.

transit permit. Pages 1, 2, 3 should

VISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE MOSTERS OF METADING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic	TO THE THE PART OF BRICK, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bura		
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30261 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH ALEXANDER 8:00Pm 4. SOCIAL SECURITY NUMBER 5. SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7 DATE OF BIRTH IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign 2/9/42 246-64-1195 1 th M 2 - F 49 N.C. YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OFATH Hospital University Baltimore DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10c, CITY, TOWN OR LOCATION 10d, INSIDE CITY Md. Baltimore TES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2405 Edmondson Ave. 21223 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yea or No. II yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Bleck, White, atc. FORCES? 1 YES 2 NO 1 1 Never Married 2 Married ΒY 1 TYES 2 NO Specify: Specify: 3 Widowed 4 Divorced Afr. American COMPLETED 15. DECEDENT'S EOUCATION 18a. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 18b, KIND OF BUSINESS/INOUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Clarence Battle Thelma Battle BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Lucy Μ. 2405 Edmondson Ave. Balto. Md. Jones 21223 20a. METHOD OF DISPOSITION

A Duriel 2 Cremation 3 Removal from State

Donation 5 Other (Specific) 20b. PLACE AND DATE OF DISPOSITION (Neme of 20c. LOCATION - City or Town, State OATE Donation 5 Other (Specify) Arbutus Memorial Park Arbutus. Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND AODRESS OF FACILITY Estep Brothers Funeral Home P.A. 1300 Eutaw Pl. Balto, Md. 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, auch as cerdiec or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata interval Betw IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) Spiratory DUE TO (ORIAS A CONSEQUENCE OF): ta static 10 car anome CERTIFICATION Sequentially list conditione, DUE TO (OR AS A CONSEQUENCE OF) if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initieted evente resulting in death) LAST PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Pert i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 _ YES 2 _ NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 TES 2 TINO lient 2 - ER/Outpatient 3 - DOA 4 Nursing Homa 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OEŞCRIBE HOW INJURY OCCURED th, Day, Year 1 Natural 5 Pending t YES 2 NO BY 2 Accident Investigation 3 Suicide 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined, COMPLETED 4 Homicide 1 DEERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. OATE SIGNEO (Month, Day, Year) 2

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

Shei

31. DATE FILEO (Month, Oay. Year)

NOV 06 1991

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32. REGISTRAR'S SIGNATURE ha Davidson-Randoll

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North Acton Pl

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicia	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tr.	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Appropriate to the contract of
MARYLAND 21215-0020	stained by the hospital or attending physicia	should be detached for use as the burial-t		1

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIE		30262		
	1. DECEDENT'S NAME (First, Middle, Last)	KENNETH MAR		BERLAIN		2. DATE OF DEATH	DAY /96	SAR 3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 215-86-6708	XXXX2□F 30	In yrs. last birthday) F	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF PARTH (Morith, Day, Year) 7-4-6.	8.	BIRTHPLACE (State or Foreign Country) Maryland		
TOR	9a. FACILITY NAME (If not institution, give : IK Phlox Circle RESIDENCE OF DECEDENT		96		R LOCATION OF O		sc. COUNTY Bal	of DEATH timore		
DIRECTOR	Maryland Ba			own or locate				10d. INSIDE CITY LIMITS? 1 YES XXXNO		
FUNERAL	1K Phlox Circle	ű.	t		ZIP CODE 21117		US	10g. CITIZEN OF WHAT COUNTRY? USA		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed XXMDivorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			13. WAS DECE If yes, spe 1 YES	ENDENT OF HISPAI city Cuben, Mexics Specif	NIC ORIGIN? (Specify) in, Puerto Rican, etc.) y:	fea or No— 14	. BACE — American Indien, Black, Whita, atc. Specify: White		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	18a. DECEDENT'S USL (Give kind of work life. Do NOT use re Ass't Del	done during mos tired.)				USINESS/INDUSTRY			
NO OM	17. FATHER'S NAME (First, Middle, Last)		ASS L Del	I mgr.	40 MOTUPOIS NA		nience	Store		
BE C	John Victor Cha			Elaine	ME (First, Middle, Meide Marston					
인	19a. INFORMANT'S NAME (TyperPrint) Elaine M. Chamberlain 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7 Shawnee Ct. Baltimore, Maryland 21234									
	20b. PLACE AND DATE of DISPOSITION 1 Darial 2XXX emetion 3 Removal from State 20b. PLACE AND DATE of DISPOSITION (Name of cemetery, crematory or other place) Greenmount Crematory 11/4 Baltimore, Maryland									
	21. SIGNATURE OF FUNERAL SÉRVICE LA Dennis Step	hen Xenakis	M00640			cuty .tchell-Wi	edefelo			
	23. PART I. Enter the disesses, or shock, or heart failure.	complications that caused List only one cause on e	the desth. Do not o	enter the mod	le of dying, auc	h as cardisc or rea	piratory arrest	Approximata		
	IMMEDIATE CAUSE (Final disease or condition resulting in desth) a. Shagk Wood of Alexand Desth Due To (off As a consequence of):									
LION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	CDUE TO (OR AS A	CONSEQUENCE OF):				- 4			
		d								
PHYSICIAN: MEDICAL	PERFORMED? 1 YES 2 NO COMPLETOR OF DEAT.							24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
ä										
i i	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	01	28. PLA	ACE OF DEATH (Ch	eck only one)				
¥	YES 2 NO	1 Inpatient 2 ER/Outp	atlent 3 DOA 4 DOA 28b. TIME OF	Nursing Home 28c. INJU		8 Other (Specify)				
BY PI	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WOR	IK?	28d. DESCRIBE HOW	INJURY OCCUR	ED		
	2 Accident Investigation Suicide 8 Could not be detarmined	28a. PLACE OF INJURY building, atc. (Speci	— At home, farm, stree			281. LOCATION (Stree City or Town, Stat	t and Number or I	Rural Route Number,		
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSI (Check only one) 2 MEDICAL EXAMINE	ICIAN: To the best of my knowless: On the beels of examination	edge, death occurred at	the time, data a	and place, and due	time, date end place,	anner as stated.	suse(e) and menner ea stated.		
BE C	296. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUM		1	GNED (Month, Day, Year)		
TO 8	Along Lotely 1	DODIL MALL	CO EXTINT	73	0010	85	> MOV	3,199/		
	Staley 2. Jela	O COMPLETED CAUSE OF DEA	ATH (I EM 27) (Type, Prin	e-ed)	2002	/		, ,		
	31. DATE FILED (Morth, Day, Year) NOV 06 1991	Julia Davidson	Mandelle							



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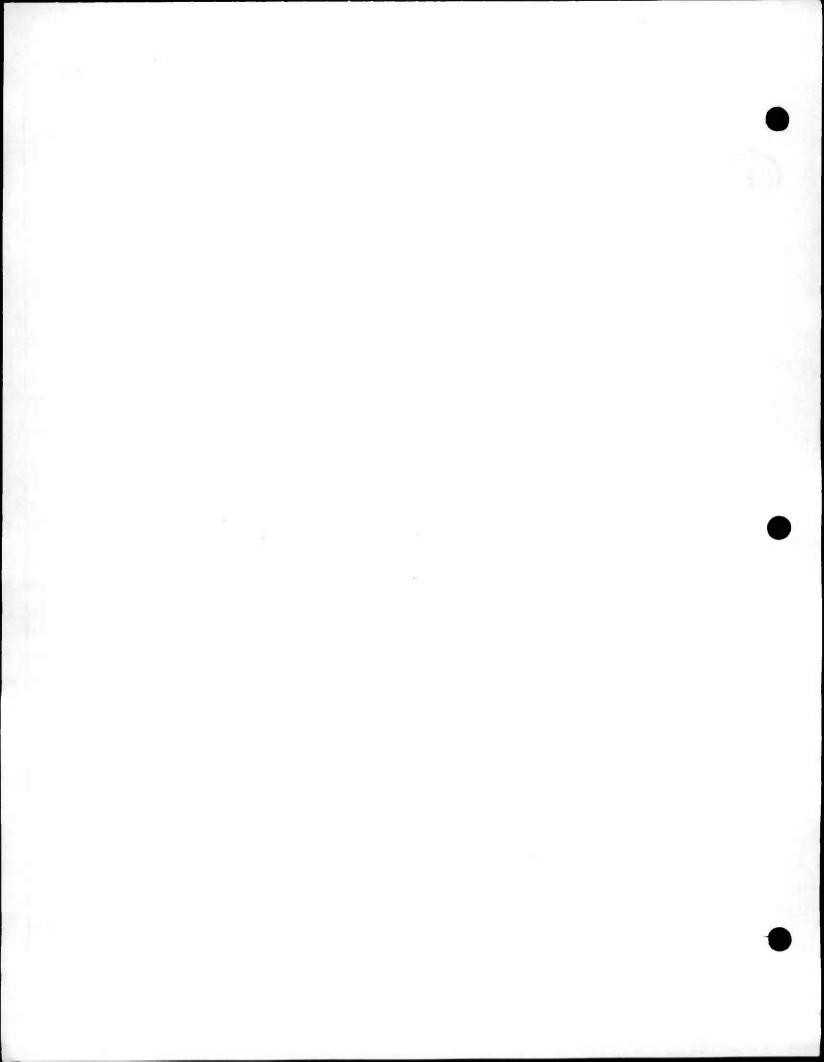
30. NAME AND ADDRESS OF PERSON

-3	ď,	Cid	ď
ITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	N: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.	icate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1.83 State Dept. of Health and Mental Hyplene prior to burial cremation, or removal.	item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

91 30263 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO 1. DECEDENT'S NAME (First, Middle, Last) WALTER 2. DATE OF DEATH WILLIAM 3. TIME OF OEATN CARTER DAY VEAR EVERE++ liAm 10:40 A M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTNPLACE (State or Foreign 213 28 3127 DAVE 1 3 M 2 | F 61 YRS. 3-22-30 Penna 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH HARFORD FUNERAL DIRECTOR AURE 9 a RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 18c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Cecil County Port Deposit 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 63 Cokesbury Road 21904 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. RACE — American Indian, Black, White, etc. t Never Merried 2 Merried BY 1 YES 2 NO Specify: 3 Widowed 4 Divorced yes White no COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 166. KIND OF BUSINESS/INDUSTRY (Specify only highes (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) Security Guard 10 notified at once 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Charles Franklin Carter BE Edith Emma Everett 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 David Lee Carter 513 Park Street, Oxford, PA Bro 19363 200. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State 1 Buriel 2 Cremetion 3 Removal from State 21. SIGNATURE OF PUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Royald Wade, Dir STATE ANATOMY BOARD 11-5-91 655 W. Baltimore St, Balto., MD 21201 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximate** shock, or heert failure. List only one cause on each intervel Between **IMMEDIATE CAUSE (Finel Onset and Death** disease or condition resulting in death) DUE TO (OR AS A CONSFOLE NCE OF CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evente resulting in death) LAST PART II. Other significent conditions contributing to deeth but not recuiting in the underlying ceuse given in Part I. MEDICAL 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 25 1 TYES 2 T NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) EXAMINER? HOSPITAL: OTHER: inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Nome 5 Residence 8 Other (Specify) DIRECTOR: After this cert hours after death with the Item 28 Is marked, o 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED Harural 5 Pending М BY 1 YES 2 NO 2 Accident Investigation 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 6 Could not be 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 4 Nomicide determined 29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge death occurred at the time, date end place, end due to the ceuse(s) end menner ee stated. TO THE HOSPITAL C TO THE FUNERAL D be filed within 72 ho IMPORTANT: If Its 2 MEDICAL EXAMINER: On the basis of examinat investigation, in my opinion, death occured at the time, date end place, and due to the ceuse(e) end menner ee stated. 29b. SIGNATURE AND TITLE OF BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 0

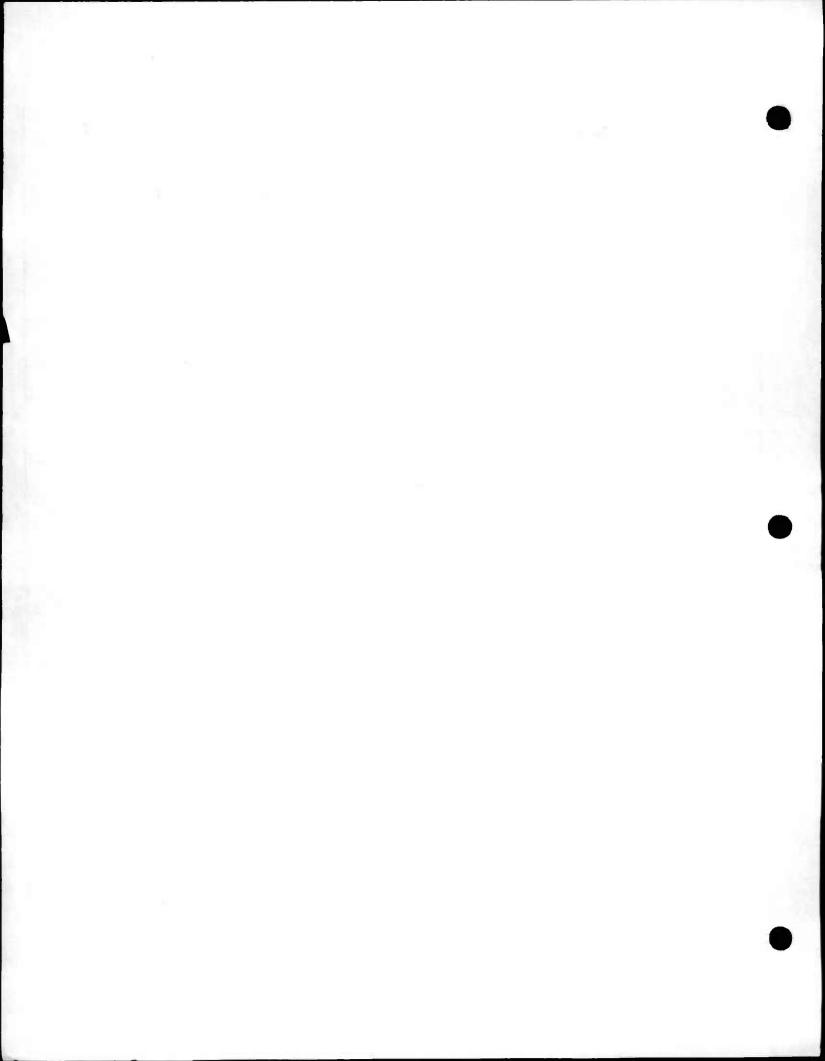
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32. REGISTRAR'S SIGNATURE



DHMH-16 Ray 1/89

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI CERTIFIC	MENT OF H	EALTH AND MI	ENTAL HYGIENI REG. NO.	E	0 = 0	
	1. OECEDENT'S NAME (First, Middle, Last)	F	(lien	IN Y	2. DATE OF DEATH DATE NOWTH DATE	1991	3. TIME OF OEATH P	
	4. SOCIAL SECURITY NUMBER 220-14-4167 98. FACILITY NAME (If not institution, give	1XXM 2 □ F 89	YRS.	F UNDER 1 YEAR ONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) March 5,1	.902 Ba	alto. Md.	
CTOR	Har Ford Memorial Hospital Harre DE GRACE HarFORD								
- DIRECTOR	Maryland 106. COUNT	Harford	10c. CITY, 1	TOWN OR LOCAT	Bel Ai	ir	10d. INSIDE CITY LIMITS? 1 ☐ YES 2 🔀 NO		
FUNERAL	1610 STREET AND NUMBER	1610 S. Tollgate Rd.			210 210		S.A.		
BY	1 Never Married 2 Married 3 Widowed 4 Divorced		2 NO	13. WAS DECI	city Cuban, Mexican,	ORIGIN? (Specify Yee Puerto Rican, atc.)	or No— 14. RACI Black Spec	E — American Indian, k, White, atc. White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16e. DECEDENT'S U (Give kind of wo iffe. Do NOT use			done during mos	N t of working	16b. KIND OF BUS			
	10 Yrs. Baker 17. FATHER'S NAME (First, Middle, Last) Michael Ciemny				18. MOTHER'S NAME	(First, Middle, Maiden S	mployed Tran		
TO BE	19a. INFORMANT'S NAME (Type/Print) Mrs. Rita C. Har		19b. MAILING AD	PORESS (Street ar South T	nd Number or Rural Rou	nte Number, City or Town Rd.Bel Air	State Zin Codes	015	
	20a. METHOD OF DISPOSITION 1\(\sigma\) Burtel 2 \(\text{Crematton } 3 \) Ramovat from State 4 \(\text{Donatton } 5 \) Other (Specify) \(\text{MOST} \)			nsposition (Nar Place) Redeeme	r cem. 8-9	1	ATION — City or To	ore.Md.	
	21. SIGNATURE OF FUNERAL SERVICE LI	Tuning 7	from	22. NAME AND 11750	Belair R	™ E.F.Las Rd. Kingsv	sahn Fur ille,Md.	eral home 21087	
IO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	e. DUE TO (OR AS A CO BU	ONSEQUENCE OF: ONSEQUENCE OF:	ha underlying 26. PLI THER: HER: WOR 1 YI Listory, office	CE OF OEATH (Check 5 Residence 8 28 28 20 20 20 20 20 20 20 20	24a. WAS AN A PERFORM 1 YES 2 Conly one) Other (Specify) Bd. DESCRIBE HOW IN. St. LOCATION (Street an City or Town, State) the cause(s) and manne, date end place, end	JURY OCCUREO d Number or Rural R	and menner as stated.	
	31. DATE FILED (Month, Day, Year) NOV 0.6 1991	Jaz. REGISTRAR'S SIGNATU Julia Davidson-Ro	IRE		8 Law	57.	2100)	in, no	



3. TIME OF DEATH 7:55

SPRINEFIE

REG. NO.

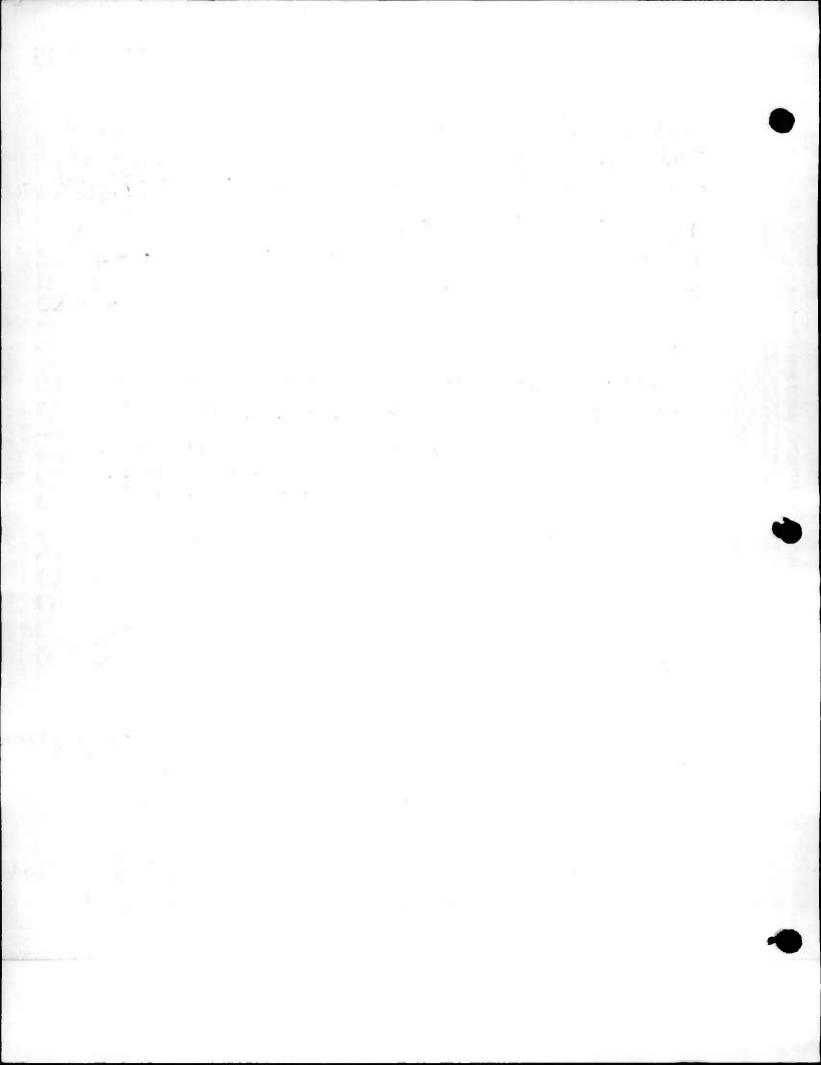
1 - FOR STATE REGISTRAR

7.155
BIRTHPLACE (State or Country)
ORROLL
10d. INSIDE CILLIMITS?
EN OF WHAT COUNTRY
14. RACE — American Ind Black, White, atc. Specify: BLA
J
MY
Code)
ore, Md.
ne P.A. 21217
Interval Onset a
24b. WERE AUTOPSY AMAILABLE PRIC COMPLETION OI OF DEATH? 1 YES 2
E HUSP (SI
URED
or Rural Route Number,
d. ceuse(s) and menner ed
SIGNED (Nonth, Day, Yea
100

32. REGISTRAR'S SIGNATURE ulia Davidson-Randall

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

31. DATE FILED (Morith, Day, Year)
NOV 06 1991



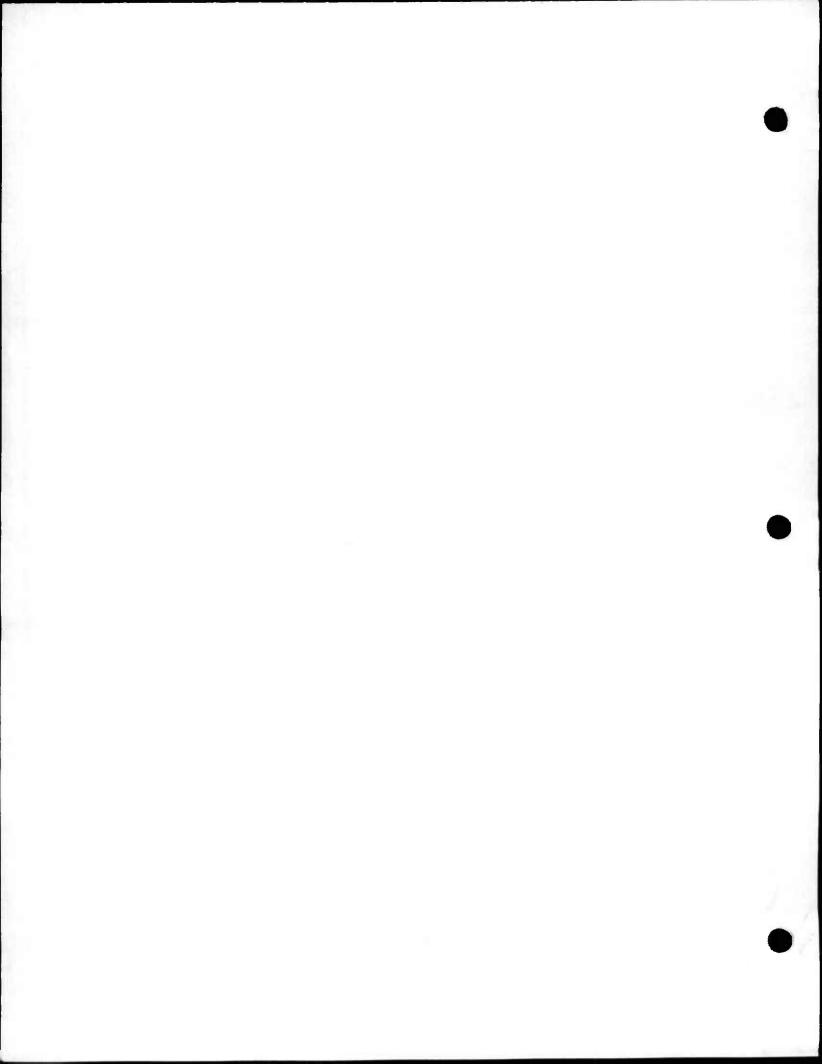
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ID TH HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be made with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or litem 23 shows any Injury, or other traumalte event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTME CERTIFICA	NT OF HEALTH AN TE OF DEATH	D MENTAL	HYGIENE REG. NO.	. 00.00			
	1. DECEDENT'S NAME (First, Middle, Las	I. DOR	SEY		2. DATE MONTH	OF DEATH	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 218-01-8425	5. SEX 6. AGE (OF BHTTN 8. Dey, Year)	BIRTHPLACE (State or Foreign Country)						
TOR	90. FACILITY NAME (If not institution, give SO 3 DEAVER PRESIDENCE OF DECEDENT	CILITY NAME (If not institution, give street end number) 96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF BALTO								
DIRECTOR	10a. STATE 10b. COUN MARYLAND BI	9LTIMURE	CO. 10c. CITY, TOW		10d, INSIDE CITY LIMITS? 1 YES 2 NO					
FUNERAL	100. STREET AND NUMBER 803 BEAU	ER BANK	COURT	101. ZIP CODE 2/20	10g, CITIZEN OF WHAT COUNTRY?					
BY FUR	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYES	2 1 NO	13. WAS DECENDENT OF NIS II yee, specify Cuban, Me 1 ☐ YES 2 ☑ NO Sp	xicen, Puerto R	? (Specify Yes or No. 14 Ilcan, atc.)	Bleek, White, etc. Specify:			
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondery (0-12)	UCATION de completed) College (1-4 or 5 +)	18e. DECEDENT'S USUAI (Give kind of work do life. Do NOT use retire	OCCUPATION ne during most of working d.)	16b.	KIND OF BUSINESS/INDUS	TRY			
JMPL	17. FATHER'S NAME (First, Middle, Last)	2	FNSURA			RITER				
BE C	LEON OSG	SCAR DORSEY BEATRICE BROW								
임	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 54me As Above									
	20e. METHOD OF DISPOSITION 1 Surfel 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify) DATE 20c. LOCATION - City or Town, State									
	21. SIGNATURE OF FUNERAL SERVICE L	JENSEE J- Ga	air	22. NAME AND ADDRESS OF	FACILITY	NERAL	CHAPOL			
	23. PART I Enter the diseases, or ahock, or heart failure	complications that caused. List only one cause on ea	the death. Do not en	ter the mode of dying,	such as cerd	lec or reepiratory erresi	Approximate interval Between			
d	IMMEDIATE CAUSE (Finel disease or condition resulting in death)		GEAL CONSEQUENCE OF):	A.			Onaet end Death			
NO	Sequentielly list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
RTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events	C. DUE TO (OR AS A	CONSEQUENCE OF):							
뜅	resulting in death) LAST	d								
DICAL	PART II. Other significant condition	ns contributing to deeth bu	it not resulting in the	underlying cause given		24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
N: MED	25. WAS CASE REFERRED TO MEDICAL						1 TYES 2 NO			
PHYSICIAN:										
Ę	27. MANNER OF DEATN	1 Inpatient 2 ER/Outps 28e. DATE OF INJURY (Month, Day, Yeer)	28b. TIME OF	28c. INJURY AT WORK?		(Specify) CRIBE NOW INJURY OCCUR	ED			
à l	1 Natural 5 Pending 2 Accident Investigation	28e, PLACE OF INJURY	м	1 TYES 2 NO	201 1 004	TION (On an and the				
	4 Nomicide determined	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)								
COMPLETED	(Check only one) 2 MEDICAL EXAMIN	SICIAN: To the best of my knowle IER: On the bests of examination	edge, death occurred at the	e time, date end place, end o y opinion, death occured at	lue to the ceue	e(s) end manner es stated.	suse(e) and manner as stated.			
	29b. SIGNATURE AND TITLE OF CERTIFIE			29c. LICENSE I	29c. LICENSE NUMBER 29d. DATE SIGNE					
2	30 NAME AND ADDRESS OF PERSON W	NO COMPLETED CAUSE OF DEA	TN (ITEM 27) (Type, Print)	N. CHAR		2 5700	16 191			
	31. DATE FILED (Month, Day, Year) NOV 0 6 1991	32. REGISTRAR'S SIGNA		1- 6 01/11/1	u,	JARCE	1.			



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

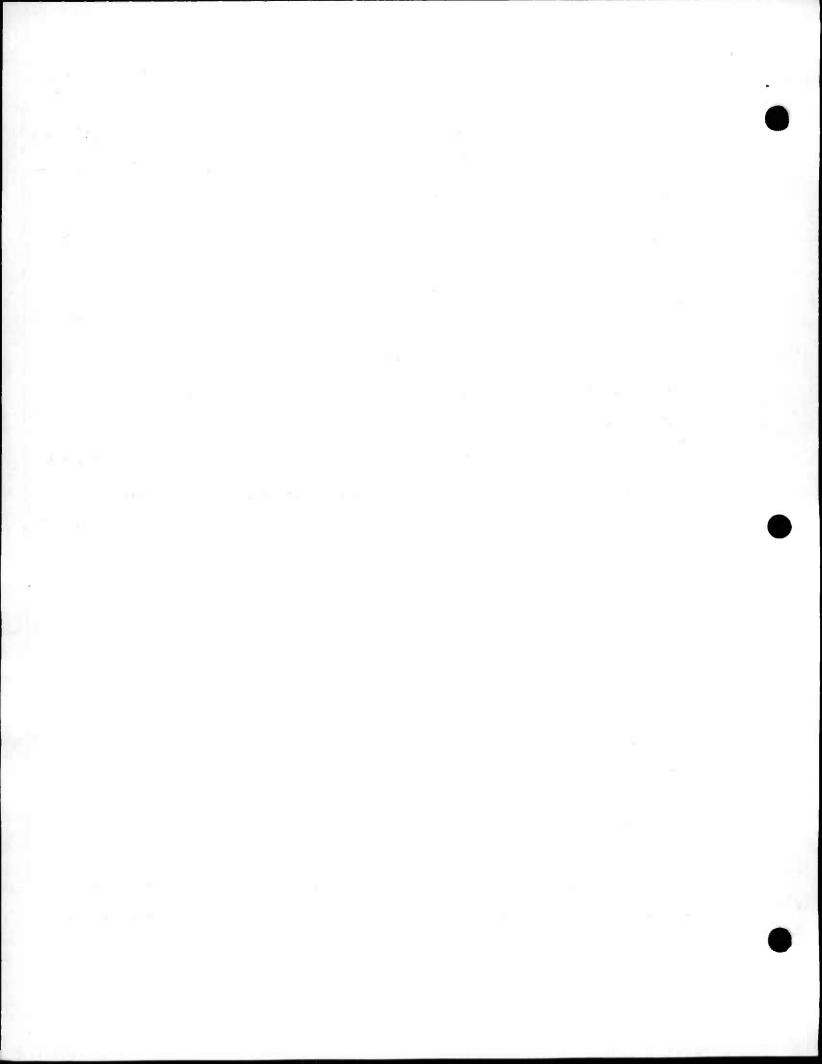
IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /		IT OF HEALTH AND E OF DEATH			30267			
	1. DECEDENT'S NAME (First, Middle, Last)	. Daviss !	CR	E OF DEATH	2. DATE OF DEATH MONTH		year 3. TIME OF DEATH			
OR	4. SOCIAL SECURITY NUMBER 110	S. SEX 1 M 2 F 6. AGE (In yrd. los 1 PA M 2 F 7505 R A	7. DATE OF BIRTH (Month, Day, Year)	MATE OF BIRTH 6. BIRTHPLACE (Sta Month, Day, Year)						
- DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY PARA AND BALL	inors	10c. CITY, TOWN		10d.					
FUNERAL	100. STREET AND NUMBER 201 ERIO W	AY APTA		101. ZIP CODE		10	N OF WHAT COUNTRY?			
В	1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 YES IF YES, GIVE WAR OR DATES	NO	WAS DECENDENT OF HISPA If yes, specify Cuben, Maxic 1 YES 240, NO Spec	en, Puerto Rican, etc.)	a or No— 14	I. RACE — American Indian, Black, Whila, atc. Specify:			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY									
BE CON	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 18. MOTHER'S NAME (First, Middle, Maiden Surname)									
10	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) SAC AS ABOVE									
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify) 21. SIGNATULE FUNERAL SERVICE LICE	val from Stata cemetery, cre	7 1 1 1 1 1 1 1 1 1		ACUTY	Monit	y or Town, State			
	23. PART I. Enter the disease, or company failure I.	amplications that caused the de	3	VANSCHAPSI 325 YORK R	OF CHIMES	manilla	M			
	shock, pr heert feilure. L IMMEDIATE CAUSE (Finel disease pr condition resulting in deeth)	Let Drily one cause on each line Cardiac ar Due TO (OR AS A CONSEC	rest	if the mode of dying, su	ch ea cerdiec or resp	iratory arres	t, Approximate intervel Between Onset and Deeth			
CERTIFICATION	Sequentielly list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initioted events resulting in death) LAST	COronary a DUE TO (OR AS A CONSEC	rtery di	sease			10 yrs.			
_	PART II. Other significant conditions	contributing to deeth but not r	resulting in the u	nderlying ceuse given in			24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
Hypertension Authorst										
SICIAN		HOSPITAL: 1 Inpetient 2 ER/Outpetient 3	OTHE	26, PLACE OF DEATH (CI R: rsing Home 5 Residence						
ву рну	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26d. DESCRIBE HOW	NJURY OCCUP	RED						
a	3 Suicide 6 Could not be determined	28a. PLACE OF INJURY — At hor building, etc. (Specify)	me, farm, streel, fac	ctory, office	28t. LOCATION (Street City or Town, State)	and Number or	Rural Route Number,			
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER.	IAN: To the best of my knowledge, det : On the besis of examination and/or in	sth occurred at the investigation, in my	lime, data and place, and dur opinion, death occured at the	s to the cause(s) and man time, data and place, an	nner as stated.	ause(a) and manner as stated.			
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)									



31. DATE FILED (Month, Day, Year)
NOV 06 1991

A. REGISTRAR'S SIGNATURE



BALTIMORE, MARYLAND 21203-3146

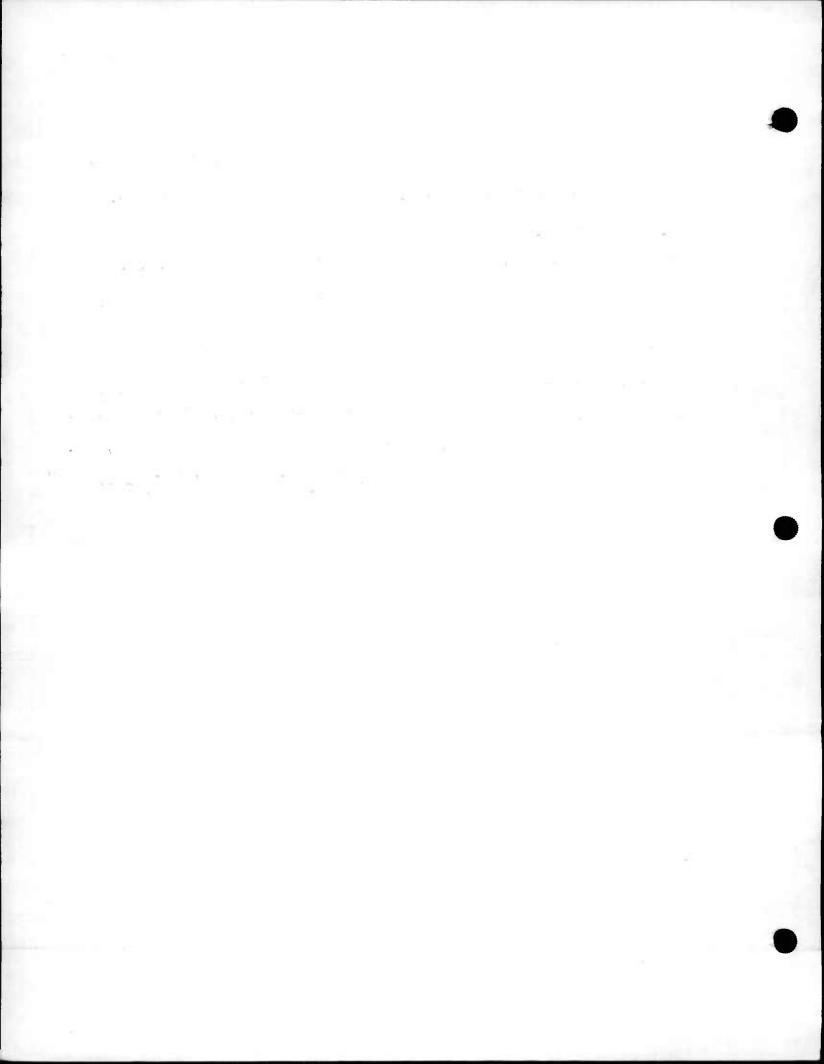
it. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnal be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			TAL HYGIENE REG. NO.					
	1. OECEOENT'S NAME (First, Middle, Lest) AN Thony	M. De	RITO			OATE OF DEATH	91	3. TIME OF DEATH 0006 M			
	4. SOCIAL SECURITY NUMBER 110-12-1308	1 X M 2 □ F 84	YRS. MON		HOURS MIN.	ATE OF BIRTH Month, Day, Year) 1-8-1907	N Co	RTHPLACE (State or Foreign unity) EW York			
0 E	9e. FACILITY NAME (If not institution, give street end number) Baltimore County General Hosp. RESIDENCE OF DECEDENT 9c. COUNTY OF DEATH Balto.										
DIRECTOR	10e. STATE 10b. COUNTY	Y		WN OR LOCATI	ON			10d. INSIDE CITY LIMITS? 1 YES 2 X NO			
	100. STREET AND NUMBER 809 Painted Po				ZIP CODE	2.5	•	OF WHAT COUNTRY?			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2-15 NO	13. WAS OECI	21208 U.S.A. VAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— lyes, specify Cuben, Mexican, Puerto Rican, etc.) □ YES 2★ No Specify: 14. RACE — Am. Black, White Specify: □ YES 2★ No Specify:						
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elemantary/Secondary (0-12)		16a. DECEDENT'S USU. (Give kind of work of life. Do NOT use reti	AL OCCUPATIO done during mos ired.)	N at al working	16b. KIND OF BUSINE	SS/INDUSTR	ry .			
MPL	12th		Furrie	r		Retail					
	17. FATHER'S NAME (First, Middle, Last) Anthony DeRi	ito			16. MOTHER'S NAME (F	lomena Pe		ci			
TO BE	19e. INFORMANT'S NAME (Type/Print) Marie DeRito				nd Number or Rural Route						
	20e. METHOD OF DISPOSITION 1 M Burlet 2 Cremation 3 Rem 4 Donetion 5 Other (Specify)	20b.	PLACE OF DISPOSITIO				Sykesville, Md.				
	21. SIGNATURE OF FUNERAL SERVICE LIC	Zarneis J.	7 :	Jos	o ADDRESS OF FACILITY eph N. Za S. Conk	annino, d		uneral Home			
	23. PAJF I. Enter the diseases, or ehock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that caused List only one cause on ea a		l h	factor	cardiac or reepireto	ory arrest,	Approximate Interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. OUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL C	PART II. Other algnificant condition	na contributing to death b	ut not resulting in t	ne underlying	g cause given in Pari	24a. WAS AN AUTPERFORME 1 YES 2	D?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
IAN:	25. WAS CASE REFERRED TO MEDICAL		ACE OF DEATH (Check of	only one)							
EXAMINER? 1 YES 2 2-10 HOSPITAL:											
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	WC	URY AT 284 PK? YES 2 NO	d. DEŞCRIBE HOW INJU	JRY OCCURE	D			
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)										
COMPLETED	(Orack oray	SICIAN: To the best of my know ER: On the basis of examination						use(e) and manner as stated.			
BE	296. SIGNATURE AND THE CENTURE	mor			29c. LICENSE NUMBER	22	9d. DATE SIG	OG 9/			
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 . STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	CATE C	F DEATH	REG. N	0.				
200	DECEDENT'S NAME (First, Middle, Lest) THELMA EVA					2. DATE OF DEATH MONTH	DAY Y	EAR	TIME OF DEAT	A M	
1			n yrs. last birthdey) YRS.	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year) 5/10/2	8.	BIRTHPL: Country)	ACE (State or For		
OB	9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH										
DIRECTOR	10c. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE										
	100. STREET AND NUMBER 2019 Barclay St			I	10f. ZIP CODE 21218		10g. CITIZEN	OF WHA	YES 2 [NO	
BY FUNERAL		12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 € No	If yes	DECENDENT OF HISPAN specify Cuben, Mexice ES 2 XNO Specify	n, Puerto Ricen, etc.)	fes or No- 14.		American India	n,	
COMPLETED	15. DECEOENT'S EOUCA (Specify only highest grade on Elementary/Secondary (0-12)	TION ompleted) College (1-4 or 5+)		USUAL OCCUP. rork done during retired.)	ATION most of working		usiness/indus		. K		
ш	17. FATHER'S NAME (First, Middle, Last)	Brown		2.77	18 MOTHER'S NA Matilo	ME (First Middle, Maid Ta Evans					
TO B	190. INFORMANT'S NAME (Type/Print) James Evans		19b. MAILING 2019	ADDRESS (Stre	ay St. I	Route Number, City or To Balto.,	own, State, Zip Co. Md • 21	^{de)} L 2 1 8	3		
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cematary, crematory or other place) Arbutus Memorial Park11/7 Arbutus, Md.										
	21. SIGNATURE OF FUNERAL SERVICE LICEN Betts Funer	YSEE		22. NAME	N. CAr	CILITY				121	
	23. PART I. Enter the disease, or conshock, or heart fellure. List immediate CAUSE (Finel disease or condition resulting in death)	mplications that caused st only one cause on each of the cause on each of the cause on each of the cause on each of the cause on each of the cause o	ich line.		node of dying, suc	h ea cerdiac or res	piretory arrest	,	Approxima intervel Be Onset and	tween Death	
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): Liver Cirrlesis DUE TO (OR AS A CONSEQUENCE OF): C. Gastrifis OUE TO (OR AS A CONSEQUENCE OF):										
EDICAL C	PART II. Other algorificent conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. HTW 1 YES								D. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
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PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 N NO										
ВУ РН	27. MANNER OF CEATH 1 X Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	IRY	NJURY AT WORK? YES 2 NO	28d. OEŞCRIBE HOW	INJURY OCCUR	ED			
8	2 Suicide 6 Could not be determined 26e. PLACE OF INJURY — At home, ferm, street, fectory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner as stated. 2 MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end menner as stated.										
TO BE C	296. SIGNATURANT TITLE OF CERTIFIER	<i>(</i> '			29c. LICENSE NUM	BER	29d. DATE SIG	SIGNED (Month Day Year)			
	30. NAME AND RESS OF PERSON WHO CO Teffrey Tabale 31. DATE FILEO (Month, Day Year)	Unen Memor	TH (ITEM 27) (Type, I	Print)	6. unwrity	Phux M	the mo	212	18		
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nd completely filled in by the funeral director, pa		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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filled	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	he m
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BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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	1 - STATE REGISTRAR	STATE OF N	MARYLAND	DEPAR	TMENT	OF H	DEAT	AND I		YGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last) Aphrodite F. ECONOMAS								2. DATE OF MONTH NOV	embe:	ř 3,	199		5:20A m
	4. SOCIAL SECURITY NUMBER a 214-46-9131	5. SEX 1	6. AGE (In yrs. 91	last birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	MIH.	7. DATE OF I	MOTAL	I di mineriore		NPLACE ((State or Foreign
	9a. FACILITY NAME (If not institution, give s	lreet and number)			9b. CITY	, TOWN C	R LOCATION	ON OF DE	ATN	,		NTY OF D	-	
ТОП	Franklin Square	<u>Hospital</u>			Ro	ssvi	lle				Bal:	timo	re (County
DIRECTOR	Md . 10b. COUNT	Υ		10c, CIT	y, TOWN C	y, town or location altimore				10d. INSIDE CI LIMITS?			ISIDE CITY IMITS? YES 2 \(\square\) NO	
FUNERAL	3744 Bonview Ave	nue				10f	21 21	213				SA	WHAT CO	OUNTRY?
B≼	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	ARMED NO	1 YES 2 NO Specify:					14. RACI Black Spec Whil	://y:	erican Indian, , atc.				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 8 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) HOMEMAKEY 16b. KIND OF BUSINESS/INDUSTRY							DUSTRY						
BE CO	17. FATNER'S NAME (First, Middle, Last) Michael Economas					18. MOTNER'S NAME (First, Middle, Maiden Surname) Penelope Giovanni								
	19s. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street a	nd Number	_	Rural Route Number, City or Town, State, Zip Code)					
2						5 Todd Avenue Baltimore, Md. 21206								
	20a, METNOD OF DISPOSITION 1				ACEAND DATE OF DISPOSITION (Name of y, cremetory or piter place) PEK Orthodox Nov.6, 1991 Woodlawn,							ia i		
	21. SIGNATURE OF FUNERAL SERVICE/LICENSEE Planus J. Gladdin					Leonard J. Ruck Inc. 5305 Harford Road 21214					4			
	23. PART I. Enter the diseases, proshock, or heert failure. IMMEDIATE CAUSE (Final disease or condition	complications that List only one caus	se da eech ii	death, Do r ine. neumon		the mo	de of dyl	ng, such	ss cerdiec	Dr respir	atory en	est,	In	approximate ntervel Between Onset and Death
ľ	resulting in deeth)	DUE TO	OR AS A CON											
RTIFICATION	Sequentially list conditions, if any, leeding to Immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONS	SEOUENCE OF	F):									
RTIF	CAUSE (Disease or Injury that initiated events resulting in deeth) LAST													

PART II. Other significant condition	e contributing to death but not	24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO				
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 _inpetient 2 _ ER/Outpetient	3 DOA 4 DI	k only one)				
27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY		28d. DESCRIBE NOW INJURY OCCURED			
3 Suicide 8 Could not be 4 Nomicide detarmined	28e. PLACE OF INJURY — At I building, stc. (Specify)	est. LOCATION (Street and Number of City or Town, State)	or Rural Route Number,				

1 X CERTIFYING PNYSICIAN: To the best of my knowladge, dasth occurred at the time, date and place, and due to the cause(a) and manner as stated.

D

Julia Duridson-Randall

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 9000 Franklin Square Drive - 21237

32. REGISTRAR'S SIGNATURE
1991 Julia Vini

Steven Fuller,

Dr.

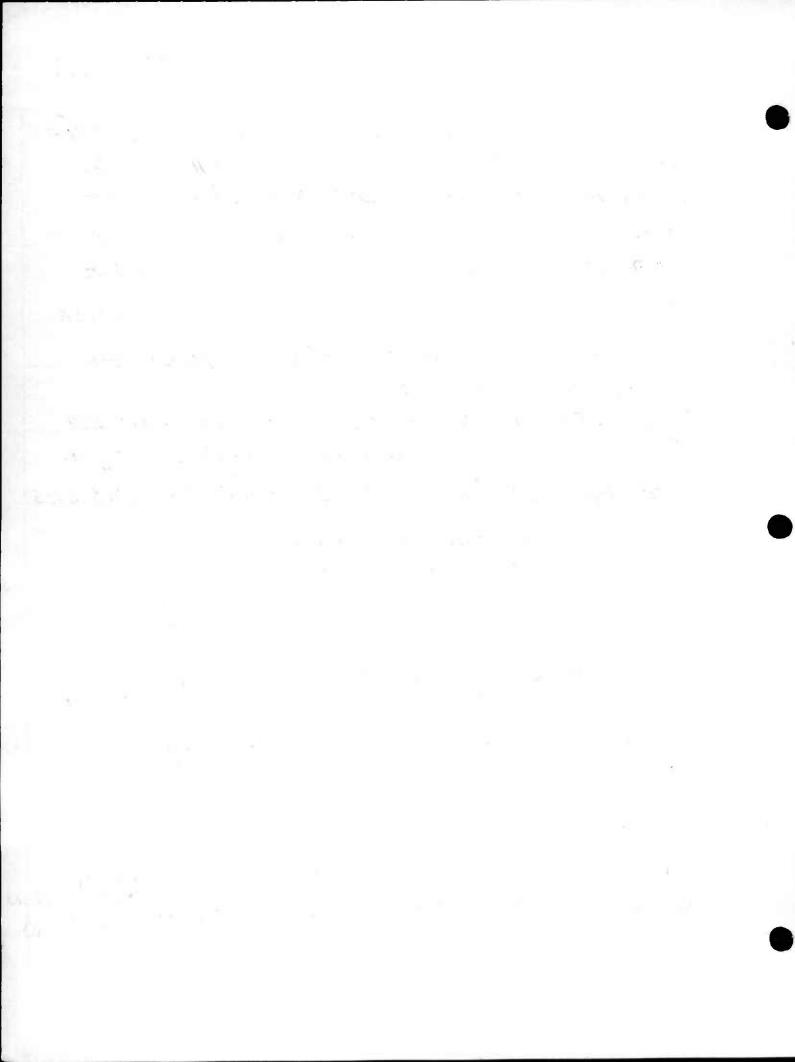
31. DATE FILED (Month, Day, Year)

29d. DATE SIGNED (Month, Day, Year)

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TO THE LICENTIAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 is	TO THE FUNCTION COMPILER: After this certificate has been signed by the attending physician and completely filled in by the funeral director	š	IMPORTANT: If itent 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner mu	
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4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. D.	REG. NO.					
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. D.						
B. AGE (III yis. last bittings) IF UNDER 14 HRS. 7, 0,	ATE OF DEATH DAY YEAR 3. TIME OF DEATH ONTH DAY YEAR 3.30 P. M					
THE REPORT OF THE PROPERTY OF THE PARTY OF T	ATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) Country)					
	9c. COUNTY OF DEATH					
and the state of t	City					
FRANCIS SCOLE KEY BALTIMORE RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION BRANCIS RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION BRANCIS RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION BRANCIS RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION BRANCIS RESIDENCE OF DECEDENT	10d. INSIDE CITY					
	LIMITS? 1 VES 2 \(\text{NO}\)					
10e. STREET AND NUMBER 10f. ZIP CODE 10f. ZIP CODE 10f. ZIP CODE 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANC OR 14. MARITAL STATUS 15. WAS DECEDENT EVER IN U.S. ARMED 16. STREET AND NUMBER 10f. ZIP CODE 17. WAS DECEDENT OF HISPANC OR 18. WAS DECEDENT OF HISPANC OR 18. WAS DECEDENT OF HISPANC OR 19. WAS DECEDENT OF HISPANC OR 19. WAS DECEDENT OF HISPANC OR 19. WAS DECEDENT OF HISPANC OR 19. WAS DECEDENT OF HISPANC OR 19. WAS DECEDENT OF HISPANC OR 19. WAS DECEDENT OF HISPANC OR 19. WAS DECEDENT OF HISPANC OR 19. WAS DECEDENT OF HISPANC OR 10 PROPERTY OF HISPANC OR 10 PROPERT	10g. CITIZEN OF WHAT COUNTRY?					
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC OR FORCES? 1 YES 2 100 II yes, specify Cuben, Mexicon, Pue	IGIN? (Specify Yee or No — 14. RACE — American Indian, Black, White, etc.					
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify:	Specify:					
(Give kind of work done during most of working	19b. KIND OF BUSINESS/INDUSTRY					
Elementery/Secondery (0-12) College (1-4 or 5 +) NURSES AIA	HOSDINA					
17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (Fir	rst, Middle, Malden Surname)					
190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route N	Ith EAGHART					
FILZARETH BROWN SINE HILLON RA	Alto Mal 21039					
Top burier 2 Cremetion 3 Hemoval from State comptent cremetors or other place)	DATE 20c. LOCATION — City or Town, State					
4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY	-91 Arbutys, Nd.					
Randeloli O. Callick 21121E Oliver	Street Pitt					
23. PART I. Enter the diseases, of complications that caused the deeth. Do not anter the mode of dying, such as of shock, or heart failure. List only one cause on sech line.						
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. CARDIAC ARRHYTHMIA	Interval Batwean Onsat and Daath					
DUE TO (OR AS A CONSEQUENCE OF):						
Sequentially list conditions, DUE TO (OR AS A CONSCOUENCE OF):	SESTIVE					
If any, leading to immediate cause. Enter UNDERLYING ATHEOLOSCUE OF: ATHEOLOSCUE OF:	VASCULAR					
Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DISEASE					
8 0						
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. END STAGE WEND ALDISE ASE	PERFORMED? AVAILABLE PRIOR TO					
END STAGE VENAUDISEASE DIANETES MELLINS,	1 U YES 2 NO COMPLETION OF CAUSE OF DEATH? 1 U YES 2 NO					
EXAMINER? HOSPITAL: OTHER:	^					
T I Inpstient 2 CRE/Outpstient 3 DOA 4 Nursing Home 5 Recidence 6 CO 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF 2sc. INJURY AT WORK? 28d. INJURY	DESCRIBE HOW INJURY OCCURED					
D 2 Accident Investigation M 1 YES 2 NO						
3 Sulcide S Could not be determined 2se. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 2st. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
S Could not be determined C C C C C C C C C						
3 Suicide 4 Homicide 5 Could not be determined 29e. CERTIFIER (Check only) CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date end piece, end due to the	ceuse(e) end menner ee stated.					
3 Sulcide 4 Homicide 5 Could not be determined 298. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 299. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, di	ceuse(e) end menner ee stated. ste end place, end due to the ceuse(e) end menner ee stated.					
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, directly one) 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER	ste end place, end due to the ceuse(e) end menner ee steted. 29d. DATE SIGNED (Month, Dey, Year)					
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, difference of the time, difference on the time, diff	29d. DATE SIGNED (Month, Day, Year)					
4 Homicide determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, did not not not not not not not not not not	ste end place, end due to the ceuse(e) end menner ee steted. 29d. DATE SIGNED (Month, Day, Year)					



1	TO THE HOSPITAL C	TO THE FUNERAL	be filed within 72 h	
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	IR ART COLON: The law requires that the death certificate be executed within any after death. Page 6 may be retained by the hospital or attending physician.	DIR TOTAL STRONG PROBLEM TO STRONG BY THE attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	our and the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	
		2, 3 should		

	1 - FOR STATE REGISTRAR	STATE OF MARY		MENT OF HEAL CATE OF DE		TAL HYGIENE REG. NO.	7	3027	
	1. DECEDENT'S NAME (First, Middle, Last) ALBERT	G. F	RITZ	, SR,		TE OF DEATH DAY	YEAR 3. T	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 2/3-09-2.592	1×2 M 2 □ F	87 YRS. M	ONTHS DAYS HOUS	RS MIN.	TE OF BIRTH Conth, Day, Year)	Mary Mary		
TOR	9a. FACILITY NAME (If not institution, give street and number) St. Joseph. Has pital Residence of decedent BAITI							ORE	
DIRECTOR		altimore	10c. CITY,	Overlea				I. INSIGE CITY LIMITS? YES 2 1 NO	
FUNERAL	2610 Taylor Avenu			101. ZIP C	21234	10g. CI	USA	COUNTRY?	
₽	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 K NO	If yes, specify C	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 ☐ YES 2 ▼ NO Specify: Specify: White				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elamentary/Secondary (0-12) 8th grade	CATION completed) College (1-4 or 5+)	18a. DECEDENT'S US (Give kind of wo life. Do NOT use Foundr	rk done during most of w retired.)		Bethlehem S		mpany	
5 111	17. FATHER'S NAME (First, Middle, Last) Jacob Fritz			18. A		st, Middle, Maiden Surname)			
2	19a. INFORMANT'S NAME (Type/Print) Mr. Albert G. Fri		773	Rolling V:	iew Drive	lumber, City or Town, State, 2 Annapolis		1401	
	200. METHOD OF DISPOSITION 10 Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 200. PLACE OF OISPOSITION (Name of cemetery, crematory or other place) Parkwood Cemetery 200. LOCATION — City or Town, State Baltimore, Md.								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Lassahn Funeral Home 7401 Belair Rd. Balto., Md. 21236								
	23. PART I. Enter the diseases, or o shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Liet only one cause on	aech line.	ARCINOM				Approximate Interval Between Onset and Deeth	
	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING								
5 8	CAUSE (Disease or Injury that Initiated events resulting in death) LAST								
MEDICAL	PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. CORONRRY ARTERY DISEASE 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO							MLABLE PRIOR TO MPLETION DF CAUSE DEATH?	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	OF OEATH (Check on				
BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Year	Y 286. TIME		AT 28d.	DESCRIBE HOW INJURY O	CCURED		
ETED 8	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJU building, atc. (S	RY — At home, farm, atr pec/fy)	eet, factory, office	281.	LOCATION (Street and Numb City or Town, State)	per or Rural Route	Number,	
COMPLETED	000)	CIAN: To the best of my known. R: On the basis of examina						d manner as stated.	
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIEF	sorti	lmo	A	LICENSE NUMBER	01	ATE SIGNED (Moi	19-	
-	DR RUPARC.	COMPLETED CAUSE OF	SAINT		HOSP	ITAL . F	salt:	MONG	

M. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)
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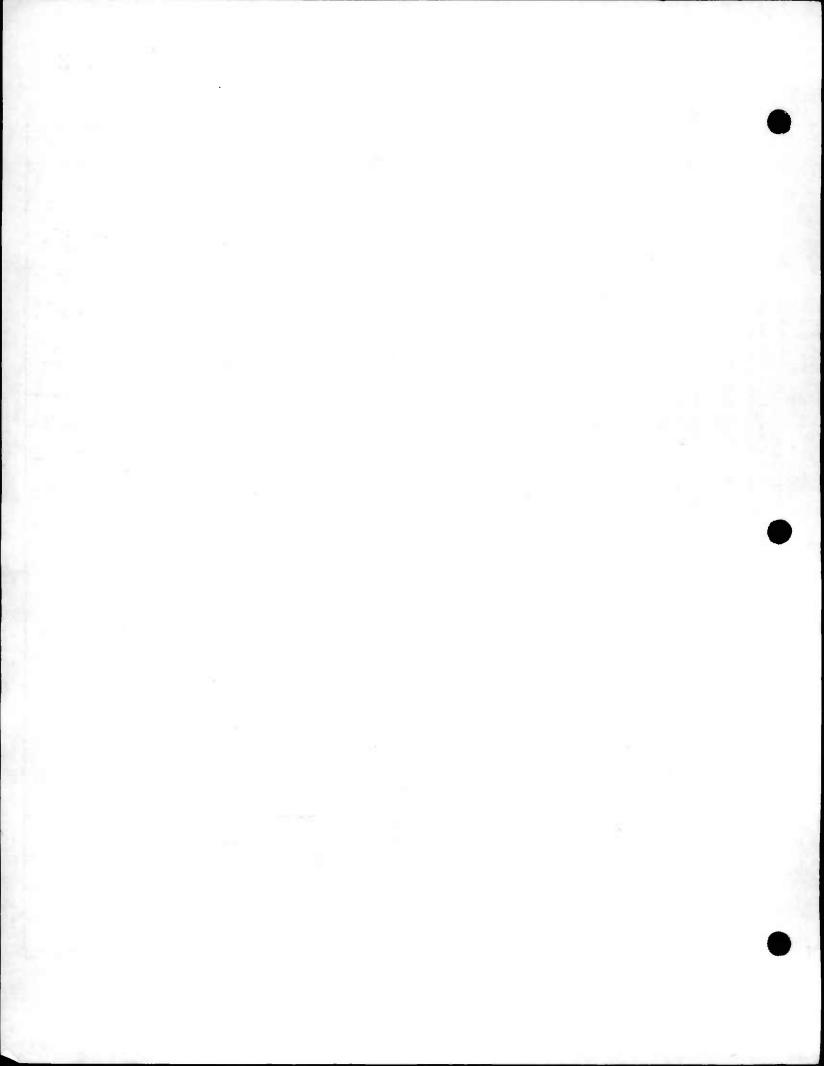
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FOR		STATE OF A	AARVIAND /	DEPARTMEN'	T OF HEALTH AND	MENTAL HY	CIENE	302/3	5
1 - STATE REGISTRAP		OINIE OF I			E OF DEATH		G. NO.		
1. DECEDENT'S NA	ME (First, Middle, Last,)				2. DATE OF DE		3. TIME OF OEAT	ГН
JOSE	H	GENO	VESE			MONTH /	2 9	YEAR 10 F	1-
4. SOCIAL SECURI	TY NUMBER	5. SEX	6. AGE (In yrs. last	birthday) IF UNDE	1 YEAR IF UNDER 24 HRS.	7. DATE OF BI		8. BIRTHPLACE (State or Fo	oreign
12703	5760	1 (XLM 2 □ F	74	YRS. MONTHS	DAYS HOURS MIN.	8-17	-17	BAFFIA, I+	-al
000	UAY WI	NG-CHU	irch Ho	me B	ALTIMOR		9c. COUN	ITY OF DEATH	
RESIDENCE C	10b. COUN	тү		10c. CITY, TOWN		1. Mall 1	do n	10d. INSIDE CITY LIMITS?	r Vio
	UMBER			104	TIMORE L	INTHIC		ZEN OF WHAT COUNTRY?	
10e. STREET AND 2/0 11. MARITAL STATU		mp Men		D-	21090)		US.	
11. MARITAL STATE 1 Never Merries 3 Widowed 4	2, Merried	FORCES? 1	YES 2 N	MED 13.	WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Specify	an, Puerio Rican,		14. RACE — American India Black, White, etc. Specify:	en,
	15. DECEDENT'S ED	UCATION		CEDENT'S USUAL C		16b. KIND	OF BUSINESS/IND	USTRY	2
Elementary/Sec 17. FATHER'S NAM	oecify only highest grad ondery (0-12)	College (1-4 or 5	Ma	Do NOT use retired.)			M 11	A	1
2		4		MilitAR	Y OFFICER		MILITA	LLY (ARMY)
17. FATHER'S NAM	E (First, Middle, Lest)	0			18. MOTHER'S N	AME (First, Middle	Maiden Sumeme)		
olo III	sepH	GEA	Joveso		FORT	UNATO	CHIO	FALO	
190. INFORMANT'S	NAME Type/Print)				S (Street and Number or Rure			Code)	
Len	IORA G	enoues		305 S	, POPPLET	ON ST	Bac	To 2/230 i	de
20e. METHOD OF	DISPOSITION			AND DATE OF DIS	POSITION (Name	DATE	20c. LOCATION — (
4 Donation 5	Cremation 3 Re	moval from State	of cemetary.	crematory or other	emetery	11-6	ARLINET	ON VIRGINIA	
	FUNERAL SERVICE I	LICENSEE	7						
0	m/18	10012	e e	I	NAME AND ADDRESS OF F Deila Noce+	-SONE	Boil	6 21202 P	70,
		r complications the			r the mode of dying, su	ch ea cardiec	or respiratory erro	est, Approxim	
iMMEDIATE CA	JSE (Finei	A (2 2 2		a Dr	4		Onset and	
resulting in dec	th)	DUE TO	OR AS A CONSEC	QUENCE OF):	1 120	men ?	2.	7 1	2
Sequentially lie if any, leading cause. Enter Ul CAUSE (Disease that initiated expenditing in death	o immediete	b	(OR AS A CONSEC	DUENCE OF):					
CAUSE (Diseas	or injury	c. DUE TO	(OR AS A CONSE	QUENCE OF:					
resulting in dea			(0						
į		d							
	ignificent condition	ons contributing to	deeth but not r	resulting in the u	nderlying ceuse given i		WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY F AVAILABLE PRIOR COMPLETION OF	OT F
							YES 2 NO	OF DEATH?	
Σ			-			- 1		1 YES 2	NO
ž									
EXAMINER?	ERRED TO MEDICAL	HOSPITAL:		OTHE	26. PLACE OF DEATH (C	Check only one)			_
1 YES 2		1 Inpatient 2	☐ ER/Outpatient 3		rsing Home 5 - Residence	6 Other (Spe	icify)		
25. WAS CASE REFEXAMINER? 1 YES 2 27. MANNER OF D		26e. DATE OF	F INJURY Day, Year)	26b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIE	E HOW INJURY OCC	CURED	
1 X Natural 2 Accident	5 Pending Investigation	n		м	1 YES 2 NO		3.00		
3 Suicide 4 Homicide 29e. CERTIFIER (Check only one)	8 Could not b detarmined	bullding	OF INJURY — At he , etc. (Specify)	ome, farm, atreet, fa	ctory, office	261. LOCATION		or Rural Route Number,	
29e. CERTIFIER	raint -		in the second second				-civingo vies		
(Check only one)					time, date and place, end do				
	MEDICAL EXAMI	NER: On the basic of	examination and/or	investigation, in my	opinion, death occured at the	he time, date and	place, and due to th	e cause(a) and manner as :	stated.
29b. SIGNATURE	ND TITLE OF CERTIF	TER			29c. LICENSE N	UMBER	29d. DATI	E SIGNED (Month, Day, Year))
m 1	p. 1	Vouses	mi ,	no.	1017	322	2 1/	1/2/9	1
30, NAME AND AD	DRESS OF PERSON V			M 27) (Type Print)					

31. DATE FILED (Month, Day, Year)

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32. REGISTRAR'S SIGNATURE
ha Davidson-Randell



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TO THE HOSPITAL OR ATTENDING PRINGING FROM PARTIES. THE PROPERTY OF THE WORLD WITHIN 24 mours after death. Page 6 may be retained	THE FUNERAL DIRECTOR AND THIS OF IT THE STATE OF SIGNED BY THE ATTENDING PHYSICIAN AND COMPLETEN FILLED IN BY THE FUNERAL DIRECTOR DATE 5 SHOULD	
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	REGISTRAR			RYLAND	RYLAND / DEPARTMENT OF HEALTH AND M CERTIFICATE OF DEATH				MENTAL HYGIENE REG. NO.			
	ļ	1. DECEDENT'S NAME (First, Middle, Lest) ELSIE A				EEN	OI DEAI	2. 0	ATE OF DEATH		YEAR () 3.	TIME OF DEATH
		4. SOCIAL SECURITY NUMBER 218-09-0041	1 🗆 M 2 🖫 F	AGE (In yrs. I	esi birthday) YRS.	IF UNDER	1 YEAR IF UNDER		ATE OF BIRTH fonth, Day, Year) /31/11	•	Country)	ACE (State or Foreign
9	E .	90. FACILITY NAME (If not institution, give str NORTH ARUNDEL HOS		CIATI	ON		EN BURNI	N OF DEATH		9c. COUNT		ÖUNTY
DIBERTO	OINE C	10a. STATE 10b. COUNTY			10c. CIT		adena					d. INSIDE CITY LIMITS?
I POP	TUNE I		Neck Road	1			10f. ZIP CODE 21	122		102		T COUNTRY?
N EIN	- 11	11. MARITAL STATUS 1 Never Merried 2 Herried 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR	YES 2	RMED NO	1 '	MAS DECENDENT OF 1 yes, specify Cuban YES 2 NO	, Maxican, Pue	IGIN? (Specify Yes rto Rican, alc.)		Specify:	American Indian, hita, etc.
ETED		15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)	ATION ompleted) College (1-4 or 5+)	(ECEDENT'S Give kind of w	vork done i	CCUPATION furing most of working		186. KIND OF BUS			American
once.		17. FATHER'S NAME (First, Middle, Last)			Hou	se W						
20		George W.	Brooks					er's name (Fir Sarah	st, Middle, Meiden Brool			
TO		19a. INFORMANT'S NAME (Type/Print) Alfred Green	n	1	96. MAILING Q 1 2	ADDRESS	(Street and Number of	or Rural Route N	lumber, City or Town	n, State, Zip Co		2
must be notified		20a. METNOD OF DISPOSITION 1 Dispuriel 2 Cremation 3 Remov		20b. PLACE	AND DATE O	FDISPOS	TION (Name of		sadena,	CATION — Cit	2112	
Tel m	-	4 Donation 5 Other (Specify)		Mt.	Zion	Ch,		11/9/9	1 1	Magoth	у, М	d.
medical examiner	Estep Brothers Funeral Home 1300 Eutaw Pl. Balto Md							d 2	.A. 1217			
		23. PART Enter the diseases, or complications that deused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, interval Between Onset and Death Approximate interval Between Onset and Death Shock Possible Gram - Negabile Onset and Death										
or other traumatic event, the		DUE TO (OR AS A CONSEQUENCE OF): Seplicemia										
y, or other traumatic		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
MEDICAL CE		PART II. Other significant conditions	contributing to dea	th but not	resulting in	the unc	derlying cause gi	ven in Part i.	24e. WAS AN PERFORI	MED?	AVA COI OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
O NA NA		25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	,			26. PLACE OF DEA	ATN (Check only	one)			
5/2		. 1 YES 2 NO	28a. DATE OF INJU			Y .	: ing Nome 5 🗆 Resi 28c, INJURY AT					
is marked D BY PH		1 Netural 5 Pending 2 Accident Investigation	ar)	INJU	JRY M	WORK?		DESCRIBE NOW IN	IJURY OCCUR	ED		
8 E		3 Suicide 8 Could not be determined	28s. PLACE OF INJ building, etc. (URY — At he (Specify)	ome, farm, st	reet, lecto	ry, offica	28f. L	OCATION (Street as ity or Town, State)	nd Number or i	Rural Route	Number,
일일		29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICI. 2 MEDICAL EXAMINER:	AN: To the best of my li	nowledga, de	eath occurred	at the jir	ne, data and placa, a	nd due to the	cause(a) and man	ner sa stated.	nunale) a	Communication of the state of
MPORTANT: II	1	296. SIGNATURE AND TITLE OF CERTIFIER	2		_	-		SE NUMBER	To proce, unto	29d. DATE S		
₹ P	L	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLED OF	DE ATAL CITE		_	D14	-136		11/	4/9	

NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) TWO PIPUL SAWHNEY, DALJIT S., M.D./1600 CRAIN HIGHWAY, SW, #201/GLEN

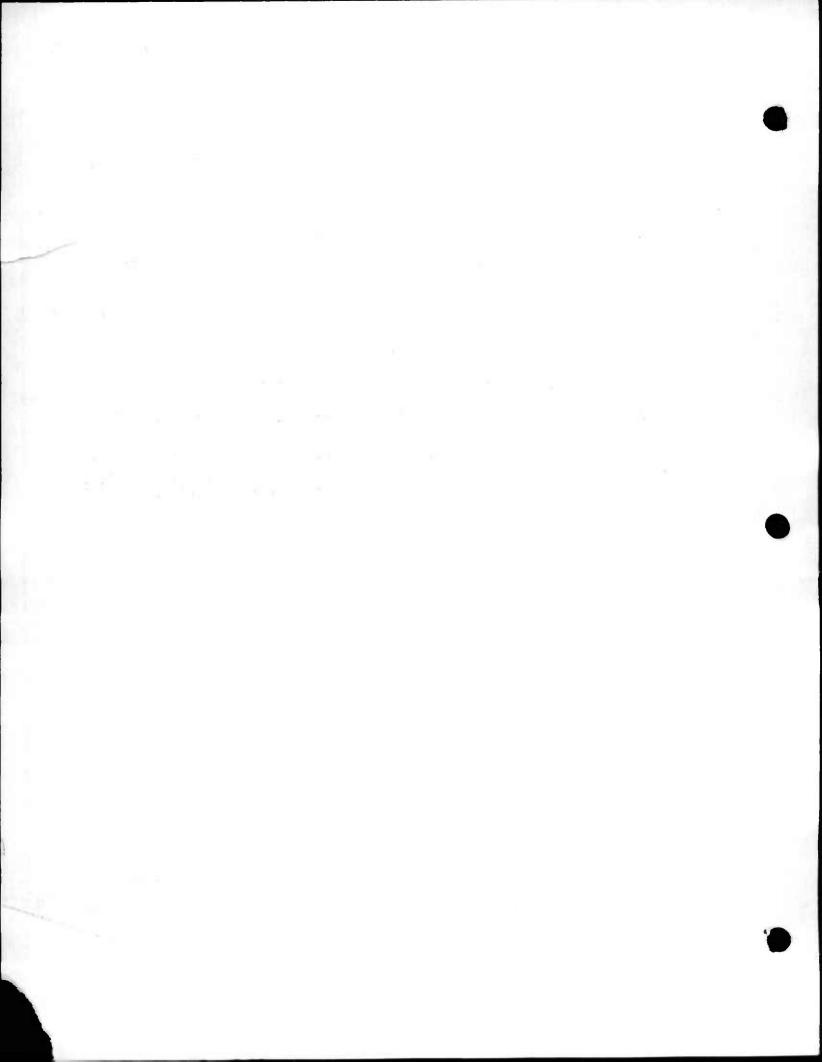
32. REGISTRAR'S SIGNATURE

32. REGISTRAR

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TO BE COMPLETED BY FUNERAL DIRECTOR	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	2
e funeral director, page 5 should be detached for use at the funeral methir. Pages 1, 2, 3 should al. examiner must be notified at once	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached not see as the burns that be filled within 72 hours after death with the State Dept. of Health and Memai Hygiene prior to bunal, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once	2 2 2
SALTIMORE, MARYLAND 2127 5-0020 Cb - S 9 901 death. Page 6 may be retained by the hyspital of attention	DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 2127 5-0020 THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be relatined by the hospital or, attending	2

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTM	ENT OF H	EALTH AND	MENTAL	HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE O		YEA	3. TIME	E OF DEATN
	THOMAS HUMPH					11	03	199)1±	6:35A M
	212-07-1574	1XXM 2 F 81. YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year)							ndian	(State or Foreign
OR	9a. FACILITY NAME (If not institution, give stree THE JOHNS HOPKIN	Pa. FACILITY NAME (If not institution, give street and number) THE JOHNS HOPKINS HOSPITAL 9b. CITY, TOWN OR LOCATION OF DEATH BALTIMORE CITY						9c. COUNTY OF DEATH		
2	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		40. 0074 75							
BY FUNERAL DIRECTOR	Maryland N/A			ltimore					LII	SIDE CITY MITS? 'ES 2 NO
RAI	10e. STREET AND NUMBER			101	ZIP CODE		1	0g. CITIZEN		OUNTRY?
N.	15 Charles Plaza	2. WAS DECEDENT EVER IN U.S. /	PMED	12 446 050	21201		-	USA		
	1XXNever Married 2 Married 3 Widowed 4 Divorced	NO				(Specify Yea or can, etc.)		Black, Whita,	hite	
	15. DECEDENT'S EDUCAT (Specify only highest grade col	mpleted)	DECEDENT'S USU	done during mo	N st of working	16b. I	KIND OF BUSINE	ESS/INDUSTF	ïY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	ne. Do NOT use rec	area.)	. Containing		-			
N N	17. FATHER'S NAME (First, Middle, Last)	5+	Attorne	ey				ivate	Pract	ice
	Allan Hedrick				18. MOTHER'S NA	Thoma		name)		
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	DRESS (Street a	nd Number or Rural			State. Zip Code)	
٩	J. Edward Macatee									1210
	J. Edward Macatee Jr. 14 W. Coldspring Lane Baltimore, Maryland 20a. METNOD OF DISPOSITION 1 Burlai 3/Y Contain 3 Removal from State Completely, crematory or other place) Greenmount Crematory 11/5 Baltimore, Ma									
		in Kenaka		22. NAME AN	D ADDRESS OF FA	Mit	chell-V	Viedef	eld H	Iome
	Dennis Stephen		00640		ork Roa				·land	21212
	23. PART I. Enter the diseases, pr con shock, pr heart fellure. Lis immediate Cause (Finel disease pr condition	t Drily Drie ceuee on eech lie	16.	enter the mod	da of dying, suc	ch es cardia	ac Dr raspirati	Dry errest,	in	pproximata ntarval Batween enset and Death
	resulting in death) a	DUE TO (OR AS A CONS								12 han-
NO NO	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 24 has 24 has 24 has 24 has 25 has 24 has 25 has 24 has 25 has 24 has 26 has									
CAT	if any, leading to immediate ceuse. Enter UNDERLYING								24 hours	
Ĕ	thet initiated evente	DUE TO (OR AS A CONS	EQUENCE OF):							,
CERTIFICATION	resulting in death) LAST	resul fully							_	
CAL	PART II. Other significant conditions of	ontributing to deeth but not	reculting in th	e underlying	ceuse given in	Pert I. 2	24a. WAS AN AUT			UTOPSY FINDINGS BLE PRIOR TO
	Record muced inter	4				_	YES 2 [TION DF CAUSE
PHYSICIAN: MEDI	recon moved inter	/-				_		- 1	1 🗌 YE	S 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26 PI	ACE OF DEATH (Ch	not only one)				
Sic		OSPITAL:		HER:	5 🗆 Rasidenca					
품	27. MANNER OF DEATN	28a. DATE DF INJURY (Month, Day, Year)	26b. TIME OF		JRY AT		RIBE HOW INJU	IRY OCCURE)	
BΥ	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆 Y	ES 2 NO					
	3 Suicida 8 Could not be detarmined	28a. PLACE OF INJURY — At h building, atc. (Specify)	iome, Jarm, streat	l, factory, office		281. LOCAT City or	ION (Street and Town, State)	Number or Ru	ral Route Num	nber,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA 2 MEDICAL EXAMINER: (N: To the beat of my knowledge, on the beats of examination and/or	feath occurred at	the lime, data	and place, and due	to the cause	e(a) and manner	as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER			T Opinion, or						
BE	apl				29c. LICENSE NUI		29	DATE SIGN	JED (Month, L	Day, Year)
٩	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH (IT	Sciff, Md	21215				, 04	11	
		32. REGISTRAR'S SIGNATURE ha Davidson-Rando								
	1.0.00	I who work - Mandar	سالات							1



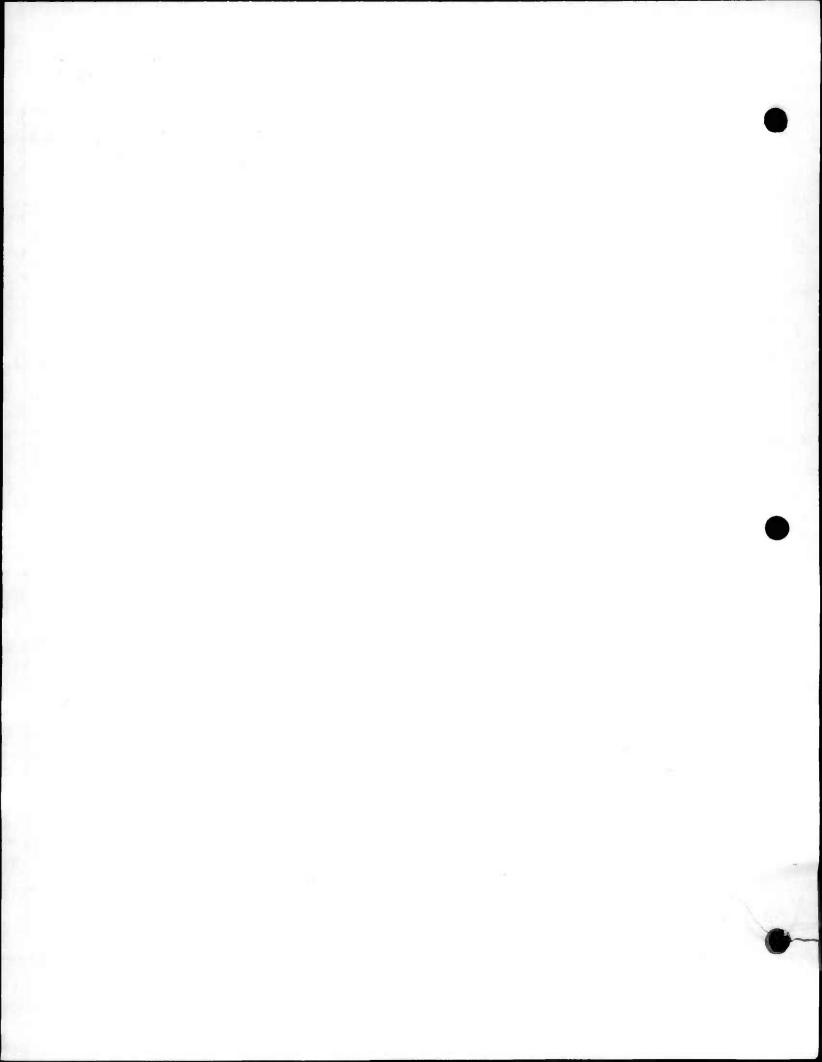
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

HYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	iis certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	or removal.	medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 in	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filler	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE REGISTRAR	STATE OF	MARYLAND / DEPAR CERTIF	RTMENT OF I		MENTAL HYGIENE REG. NO.	91 3	30276
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATN		3. TIME OF DEAT
THOMAS JOHN HO	LDEN				MONTH DAY	1991	7:40
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN		THPLACE (State or For
217-05-4458	1 🕁 M 2 🗌 F	70 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Cour	ntry)

1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DI	EATN DAY	YEAR	3. TIME OF DEATH		
	THOMAS JOHN HOL						01 19	91	7:40 a M		
	4. SOCIAL SECURITY NUMBER	V 1200	100 100 100	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BII (Month, Day,		6. BIRTH Countr	IPLACE (State or Foreign		
	217-05-4458	1 X M 2 □ F 7		DATS	HOURS MIN.	01 2		1000	n Larolina		
_	9e. FACILITY NAME (If not institution, give st			9b. CITY, TOWN	OR LOCATION OF D	EATH		NTY OF D			
DIRECTOR	4205 North Charles	s Street		Baltimo	re, City	7					
ត្ត	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	,		TOWN OR LOCA							
<u>E</u>									10d. INSIDE CITY LIMITS?		
2	Maryland 100, STREET AND NUMBER		bal	timore,					1X YES 2 NO		
RA	4205 North Charle	oc Ctroot		101	. ZIP CODE				WHAT COUNTRY?		
FUNERAL	11. MARITAL STATUS				21218			.S.A			
	1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN U FORCES? 1 X YES	2 NO	If yes, sp	ENDENT OF HISPAI ecify Cuben, Mexico	m, Puerto Ricen,	etc.)	14. RACE Black	— American Indian, k, White, etc.		
BY	3 Widowed 4 Divorced	W.W. TT	ES	1 TYES	2 NO Specif	y :		Speci	white		
	15. DECEDENT'S EDUC	CATION 1	6e. DECEDENT'S U			16b, KIND	OF BUSINESS/INI	DUSTRY	WILLE		
	(Specify only highest grade Elementary/Secondery (0-12)	College (1-4 or 5 +)	(Give kind of wo life. Do NOT use	rk done during mo retired.)	st of working						
4		+ years	Lawyer			Α.Δ	.I. Cor	nora	tion		
COMPLETED	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NA			pola	CIOII		
BE (Lonnie A. Hold	ien			Kat	hleen G	allaghe	r Ri	26		
TO B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a	and Number or Rural	Route Number, Cit	y or Town, State, Zip	Code)			
F	Nancy Morrison Hol	lden	4205 N	orth Ch	arles St	reet Ba	Itimore	. MD	21218		
	20a, METNOD OF DISPOSITION XX Buriel 2 Cremetion 3 Remo	20b. Pl	ACE AND DATE OF	DISPOSITION /A/s	ome of	DATE	DO- LOCATION	Ola T-			
1	4 Donetion 5 Other (Specify)	[Du]	aney Va	lley Me	m. Gdns.	11/4	Lutherv	ille	MD		
	21. SIGNATURE OF FUNERAL SERVICE LIC	CHOCK!		22. NAME A	ND ADDRESS OF FA	CILITY					
i	Thomas Joseph	Bozek			hell-Wie						
	23. PART i. Enter the dieeeses, Dr c	omplications that caused ti	he deeth. Do no	t enter the mo	York Ro	ad Ral	timore.	MD :	21212 Approximete		
	enock, or neert failure.	List only one ceuse on sec	h line.		aa bi aying, ooo	ii aa calalac o	п теернатогу еп	est,	intervei Between		
	disease or condition Pontiagna Control								Onset and Dasth		
i	resulting in deeth)	DUE TO (OR AS A C	ONSEQUENCE OF:	VER					13 YRS		
2									1245		
은	Sequentielly liet conditione, If eny, leeding to immediate b. LUNG METASTASES DUE TO (OR AS A CONSCOUENCE OF):										
8	cause. Enter UNDERLYING CAUSE (Disease pr Injury C. LIVER METASTASES										
E	that initieted events	DUE TO (OR AS A CO	ONSEQUENCE OF):								
Ä	resulting in death) LAST	J									
MEDICAL CERTIFICATION	PART II. Other significent conditions	s contributing to deeth but	not resulting in	tha underiving	cause given in	Part I 24n 1	WAS AN AUTOPSY	245	WERE AUTOPSY FINDINGS		
2					, g.,		PERFORMED?	240.	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
						_ 10	YES 2 NO		OF DEATH?		
						_	/ '		1 TYES 2 NO		
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL			28 DI	ACE OF DEATN (Ch						
38	EXAMINER?	HOSPITAL:		OTHER:	11						
Ŧ	27. MANNER OF DEATH	26e. DATE OF INJURY	28b. TIME		• 5 Reeldence		NOW INJURY OC	CURED			
7	1 Natural 5 Pending	(Month, Day, Year)	INJUR	WO WO	RK?	and, organise	NOW INJURY OC	CORED			
M 2 ACCIDENT							(Street and Number	or Rumi E	Prute Number		
COMPLETED	4 Nomicide 6 Could not be	building, etc. (Specify)		City or Town	n, State)	or ridian r	outo Nambol,				
۳	29e. CERTIFIER 1 CERTIFYING PAYSICIAN: To the head of										
ž I	(Check only one) CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner es stated. MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and menner es stated.										
	296. SIGNATURE AND JITLE OF CERTIFIER			y opinion, o							
8	City Doub	()			29c. LICENSE NUM	MBER ユス	29d. DAT	SIGNED	(Month, Day, Yeer)		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	//TEM 27 /5 2	edant)	UX 13	TO		44	91		
	Eric Seifter M.D.				1 1	0100-		1 (
	31. DATE FILED (Month, Day, Year)	22 MEDISTRAR'S SIGNATU	. Daltim	ore, Ma	ryland	21201					
	NAVAR 1001	Sulia Navidana 7	7. 1.00								





TO THE HOSPIAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 rouns after death. Page 6 may be retained by the hospital or attending physician.

TO THE ELMERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

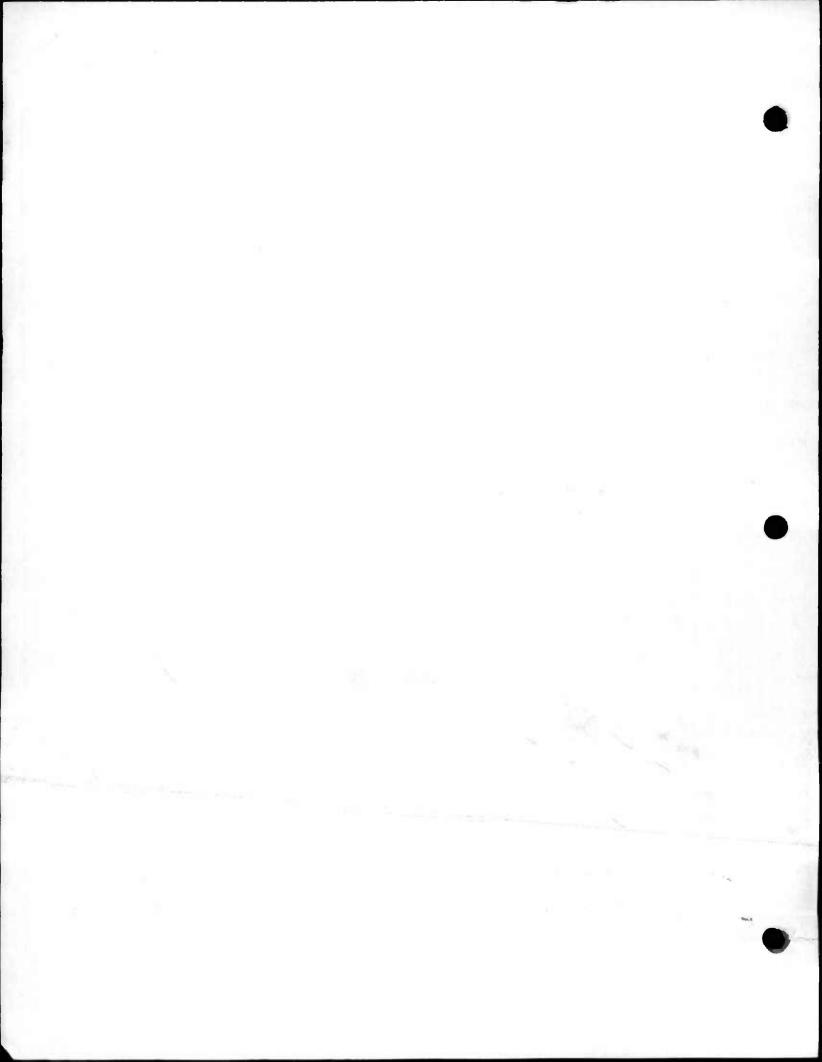
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. PHE BOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24.

Items: 23 FOR STATE REGISTRAR	STATE OF I	MARYLAND .	/ DEPAR	12/13/91 TMENT OF ICATE OF	HEALTH	AND MEN	TAL HYGIEI	NE 9/	- 30.	277	
1. DECEDENT'S NAME (First, Middle, Let			ENTIF	ICATE OF	DEA		ATE OF DEATN	<u>. </u>	3. TIN	IE OF DEATN	
ETHEL	н.		F	HOLLEY		1 1	ONTH	199	12	:00 P	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	ast birthday)	IF UNDER 1 YEAR	IF UNDE	R 24 HRS. 7. DA	ATE OF BIRTH fonth, Day, Year)	6	BIRTHPLACE Cougtry)	(State or Foreign	
216-42-1446	1 D M 2 X F	53	YRS.			5	-30-	38	mo	L	
90. FACILITY NAME (If not institution, given LORIAN - FRANKF		ING HO	OME	96. CITY, TOWN BAI	T I M		ΤY	9c. COUNT	Y OF DEATH		
RESIDENCE OF DECEDENT 100. STATE 100. COU	ITY		10c. CIT	Y, TOWN OR LOC	TION				104.0	NSIDE CITY	
LORIAN-FRANKF RESIDENCE OF DECEDENT 100. STATE 100. COU				BAITE	5 ,					IMITS?	
					H. ZIP COD	DE 3		10g. CITIZE	N OF WHAT C		
106. STREET AND NUMBER 1527 LesTen 11. MARITAL STATUS	MOFTO	on CT	-		2	1265		1	.5		
11. MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDEN	T EVER IN U.S. A		13. WAS DE	CENDENT (OF NISPANIC OR	IGIN? (Specify Yorks)	es or No — 1	RACE - Am Black, White	ericen Indien,	
3 Widowed 4 Divorced	IF YES, GIVE V					Specify:	tto thouli, acc.,		Spealty:	1 600	
	DUCATION	18e, D	ECEDENT'S	USUAL OCCUPAT	ION		16b. KIND OF BI	USINESS/INDU	DINE STRY		
(Specify Only Inthest gra	College (1-4 or 5	66	Give kind of s	work done during n se retired.)	iost of worki	ing					
15. DECEDENT'S E (pecity only highest or Elementery/Securities (0.1) 17. FATNER'S NAME (First, Middle, Last)			40ers	reguest	1						
17. FATNER'S NAME (First, Middle, Last) OSCAN	Brow				18. MOT	NER'S NAME (FI	st, Middle, Meide	n Surneme)	· C		
19a INFORMANT'S NAME (Time/Print)		-19	9b. MAILING	ADDRESS (Street	and Numbe	r or Rural Route	lumber, City or To	wn, Stete, Zip C	ode)		
Connie H.	1/1/		150	23 1	-51.	ex 1	norte	00 0	4		
20s. METNOD OF DISPOSITION Burlel 2 Cremetton 3 Re	moval from State	20b. PLACE	AND DATE	OF DISPOSITION (/	lame of	1- "	ATE 20c. L	OCATION - CI	y or Town, Sta	ite	
21. SIGNATURE OF FUNERAL SERVICE	I CENOSE	cerete	Tek		K C	em.	1.	5/1/10	<i>U</i> .		
N .		11.				ESS OF FACILITY	1				
	nenal		-			CARO	-	51	_		
immediate Cause (Finel disease or condition resulting in death)	disease or condition										
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other significent conditi	ons contributing to	death but not	raaulting	in the underlyi	ng cause	given in Part i	. 24e. WAS A	N AUTOPSY	24b. WERE	AUTOPSY FINDINGS	
							PERFO	PRMED?	COMP	BLE PRIOR TO LETION OF CAUSE	
<u> </u>							100		OF DE	(ES 2 NO	
									/~		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? XX YES 2 \(\text{ NO} \) 27. MANNER OF DEATN	HOSPITAL:			26. I	LACE OF E	DEATN (Check onl	y one)				
XIX YES 2 NO	1 Inpatient 2		3 L DOA	4 Nursing Ho		esidence 6 🗆 C					
27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	26e. DATE OF (Month, E		26b. TIM INJ	URY W	JURY AT ORK? YES 2 [DEŞCRIBE NOW	INJURY OCCU	RED		
2 Codeldo	28e. PLACE (building,	F INJURY — At hetc. (Specify)	ome, farm,	mireet, factory, off	Ce	28t.	LOCATION (Street City or Town, State	t and Number or	Rural Route No	ımber,	
	SICIAN: To the best of										
XIX MEDICAL EXAM	NER: On the baels of e	xamination end/or	Investigation	on, in my opinion,	death occu	red at the time,	date end place, e	end due to the	ceuse(a) end n	nenner ee stated.	
296. SIGNATURE AND TITLE OF CHICE					29c, LIC	OCME		29d. DATE 5	O 9	1991	
30, NAME AND ADDRESS OF BERSON	WHO COMPLETED CAU	SE OF DEATH (ITE	M 27) /7/200.	Print)		-					
AM DIX-	140	111 P	ENN	STREET	ВА	LTIMO	RE, MAR	YLAND	212	01	
31. DATE FILED (Month, Day, Year) NOV 1 2 1991	32 REGISTRA	AS SIGNATURE	1.00								

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OF VITAL RECORDS, P.O. BOX 68760,	PARAMETER THE Last Assessment that the desired to the second
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Ze is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTA	MENT OF H	EALTH AND DEATH	MENTAL HYG						
	1. DECEDENT'S NAME (First, Middle, Last)		er Rayı			2. DATE OF DEAT	гн	YEAR M				
	4. SOCIAL SECURITY NUMBER 220-09-9430	5. AGE (III yrs. rest Difficely) III UNDER 1 TEAR III UNDER 24 HRS. 7. DATE OF BIRTH					ar)	BIRTHPLACE (State or Foreign Country) Hancock, Maryland				
	9a. FACILITY NAME (If not institution, give str	eet and number)	96	CITY, TOWN O	R LOCATION OF D			Y OF DEATH				
CTOR	Washington County RESIDENCE OF DECEDENT 100. STATE 100. COUNTY	Hospital		Hagers			Wash	ington				
FUNERAL DIRECTOR		ington	Hance	OWN OR LOCATI	ON			10d. INSIDE CITY LIMITS? 1 YES 2 NO				
ERA	13965 Hollow Road			101.	ZIP CODE		100	EN OF WHAT COUNTRY?				
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S.	RMED	13. WAS DECE	21750 INDENT OF HISPA	NIC ORIGIN? (Specif	USA	4. RACE — American Indian.				
B⊀	1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 VES 2 X	NO	If yes, spe	offy Cuban, Maxic	an, Puerto Rican, etc	2.)	Black, Whita, etc. Specify: White				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	completed)	DECEDENT'S USI	done during mos	N t of working	16b, KIND O	F BUSINESS/INDU					
PLE	Elamentary/Secondary (0-12)	College (1-4 or 5+)	fe. Do NOT use re	tired.)	-1100-11							
OM	17. FATHER'S NAME (First, Middle, Last)		Laborer		18 MOTHER'S NA	Wash	ington C	o. Rds.Dept.				
BE C	Samuel Hull					ickerhof						
TO B	19a. INFORMANT'S NAME (Type/Print)	1	19b. MAILING AD	ORESS (Street en		Route Number, City of	-	Code)				
	Ralph M. Hull		14019 F	lollow 1	Road Ha	ancock, N	1d. 217	50				
	20s. METHOD OF DISPOSITION 1 IX Burtal 2 □ Cremation 2 □ Remoit 4 □ Donation 5 □ Other (Specify)	Stone	remetory of other PDTIDE	isposition (Name of the Cemete			e LOCATION — CII	ty or Town, State Iryland 21750				
	21. SIGNATURE OF MANERAL BERVICE LINE	Jen -			ADDRESS OF FA	ICILITY		cock, Md. 21750				
	23. PART I Enter the diseases, or co	omplications that caused the clist only one cause on each live	feath. Do not	enter the mod	e of dying, suc	h as cardiac or r	eapiratory arres	t, Approximata				
	IMMEDIATE CAUSE (Final disease or condition resulting in desth) S. Mosane billotter cerebral infantions Due to (OR AS A CONSEQUENCE OF): Approximate Interval Between Onact and Death Interval Between Onact Interval Between Onact Interval Between Onact Interval Between Onact Interval Between Onact Interval Between Onact Interval Between Onact Interval Between Onact Interval Between Onact Interval Between Onact Interval Between Onact Interval Between Onact Interval Between Onact Interval Between Onact Interval Between Onact Interval Between Onact Interval Between Onact Interval Between O											
NO	Sequentially list conditions b.											
CATI	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury											
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSI	EOUENCE OF):									
CAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS											
	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO							AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
PHYSICIAN: MEDI								1 TYES 2 NO				
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLA	CE OF DEATH (Ch	eck only one)						
YSI	1 YES 2 MO	HOSPITAL: 1 Inpatient 2 ER/Outpatient		HER: Nursing Home	5 - Rasidenca	8 Other (Specify)						
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	WOR	RY AT K? S 2 NO	26d. DEŞCRIBE HO	OW INJURY OCCUP	RED				
- II	3 Suicide 6 Could not be determined	26a. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify)				28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
Ę	29a. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the heat of my knowledge of	lasth consumed at	the time data	4.45							
COMPLETED	(Chock only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(a) and manner as stated. Discrete the control of the cause(a) and manner as stated.											
8E	296. SIGNATURE AND TITLE OF CERTIFICA	who was			29c, LICENSE NUM	1BER 579	29d, DATE S	IGNED (Month, Day, Year)				
2	01 -1	SOMPLETED CAUSE OF DEATH (ITE	A)			7h1	21756				
+	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	cetry 1	- ane	5	Lee dy FUM	e, ma	21156				
	NOV 06 1991 5	Ma Davidson-Randel	2									



burial-transit permit, Pages 1, 2, 3 should

)	24 hours af	ion, or remo
	executed within	and completely burial, cremat
	TO THE HOSPITAL OR AND DING PHYSICIAN: The law requires that the death certificate be executed within 24 hours af	TO THE FLINEIAL DECITION Are this certificate has been signed by the attending physician and completely filled in by the filled within 72 four and fourth with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remo
	PHYSICIAN:	this certific with the St
-	OR ARCONDING	DACCTOR AND
	HOSPITAL	FLINERAL within 72
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, 2. DATE OF OEATH MONTH 3. TIME OF CEATH acobs Jacobs 330 pm " 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 04211 YRS. 96, CITY, TOWN OF LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR timore 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Maryland 1 YES 2 NO FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21213 USA WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 TO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried If yes, specify Cuben, Mexicen, Puerto Rice

1 YES 2 SelO Specify: ВҰ 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) DISABLED 4TH be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) MAMIE SMITH LENNIE SMITH BE 19e. INFORMANT'S NAME (Type/Print) 19h. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 2702 E. OLIVER ST./BALTIMORE, MD 21233 NELLO JACOBS 20e. METHOD OF DISPOSITION
1 N Buriel 2 Cremetion 3 Re
4 Donetion 6 Other (Specify) 20c. LOCATION -- City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of must DATE BALTIMORE CEMETERY BALTIMORE, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Karen mara a WM.C.MARCH F.H./1101 E. NORTH AVENUE medical 23. PART I. Entar the disease, or omplications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximata shock, or heart failure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition resulting in death) DUE TO OR AS A CONSEQUENCE OF): Carcinoma MPORTANE II item 28 is marked, or item 23 shows any injury, or other traumatic event, Fistula Sophagea BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, leading to Immediate cause. Enter UNDERLYING enal +21 CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in dasth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24e. WAS AN AUTOPSY 1 YES 2 7 NO OF OEATH? 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL:
1) Inpatient 2 - ER/Outpatient 3 - DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 26e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO Accident 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) COMPLETED 8 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 29e. CERTIFIER t CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occured at the time, date end piece, end due to the ceuse(s) end menner ea stated. 296. SIGNATURE, AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) wa 10/31 9 9 RSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) NEVARES HOSPI + INA DI 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Lulia Saindson-Randall 31 1991 0 DHMH-16 Rev 1/89 A la

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91-6478-510 FOR 1 - STATE REGISTRAR

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INISION OF VITAL RECORDS, P.O. BOX 68760	TENDING PHYSICIAN: The It
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1	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFIC	IENT OF HEALTH A	ND MENTAL HYG		00200				
	DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEAT	N	3, TIME OF DEATH				
	Mary E.	Jones			1.1		91 10:15 P				
	214-24-1549	5. SEX 6. AGE		UNDER t YEAR IF UNDER 24 NTHS DAYS HOURS I	7. DATE OF BIRTH (Morth, Day, Yell 2-8-13	lr)	D. BIRTHPLACE (State or Foreign Country)				
9	De. FACILITY NAME (If not institution, give st	reet and number)	91	, CITY, TOWN OR LOCATION			Y OF DEATH				
	851 Gentee St	reet-Apt.	3-н	Baltimore							
DIRE(00. STATE 10b. COUNTY	,		TIMORE			10d. INSIDE CITY LIMITS?				
	00. STREET AND NUMBER		DA	10f. ZIP CODE		10g. CITIZE	1 X YES 2 NO				
		PT. 3H		21201			J.S.A.				
¥ 3	1. MARITAL STATUS Never Merried 2 Merried Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	S 2 X NO	13. WAS DECENDENT OF I If yee, specify Cuben, I 1 YES 2 NO	Mexicen, Puerlo Ricen, etc	Yee or No — 1	4. RACE — American Indian, Black, White, etc. Specify: BLACK				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16e. DECEDENT'S US	JAL OCCUPATION done during most of working	18b. KIND OF	BUSINESS/INDU					
PLE	Elementary/Secondary (0-12) 7TH	College (1-4 or 5+)	DOMESTI (tired.)							
NO.	7. FATHER'S NAME (First, Middle, Last)		DOMESTIC	16, MOTNER	'S NAME (First, Middle, Ma	iden Sumame)					
W L	VILLIAM GRAY			ALICE	E DIXON						
0 "	90. INFORMANT'S NAME (Type/Print)			NNEDY AVE./							
2	0e. METNOD OF DISPOSITION Buriel 2 Cremation 3 Remo	20	Db. PLACE AND DATE OF D	SPOSITION (Name of		LOCATION — CH					
4	Donation 5 Other (Specify)	I A	RBUTUS" MEM	ORTAL PARK		RBUTUS,					
ľ	1. SIGNATURE OF FUNERAL BERVICE LIC	WX		22, NAME AND ADDRESS	OF FACILITY						
-	23. PART I. Enter the diseases, pr complications that caused the death. Do got enter the mode of dying, such as cerdiec or respiratory erreet, Approximate										
FICATION	MMEDIATE CAUSE (Finel disease or condition esulting in death) Gequentielly list conditione, and any, leeding to immediate aloase. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente	DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):	croelecta	- Caplion	sculor	Onset and Death				
CAL CE	PART II. Other significent conditions	e contributing to deeth	but not resulting in t	e underlying ceuse give	PEF	S AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE				
MEDI						S 2/1 NO	OF DEATN? 1 YES 2 NO				
SICIAN	5. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEAT	H (Chack only one)		<u> </u>				
SIC	EXAMINER? 1 X YES 2 NO	HOSPITAL: 1 Inputient 2 ER/Out	tpetlent 3 DOA 4	HER: Nursing Home 5 Areside							
ÀHd 27	MANNER OF DEATN Naturel 5 Pending	28a. DATE OF INJURY (Month, Day, Year)			28d. DESCRIBE NO	W INJURY OCCU	RED				
B	2 Accident Investigation	M 1 TES 2 N									
ETED	3 Suicide 6 Could not be 4 Nomicide datermined 28a. PLACE OF INJURY — At home, term, atreet, fectory, office building, etc. (Specify)					eet and Number or tate)	Rural Route Number,				
COMPLE	1 CERTIFYING PHYSIC	IAN: To the best of my known: On the basis of examination	wiedge, dasth occurred si on end/or investigation, in	the time, date end place, end my opinion, death occured a	d due to the cause(s) and	manner es stated.	ceuse(s) end manner se stated.				
29 29	SIGNATURE AND TITLE OF CENTIFIER	0 01.6	0	29c. LICENSI	E NUMBER	29d. DATE S	IGNED (Month, Day, Year)				
0/	MAME AND ADDRESS OF PERSON WHO	reply	/	0.	C.M.E.	11	04 1991				
	TLAREN La	COMPLETED CAUSE OF DI)		Ral+imam						
40	. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGI	1	in street,	Daitimor	e Mary	land 21201				

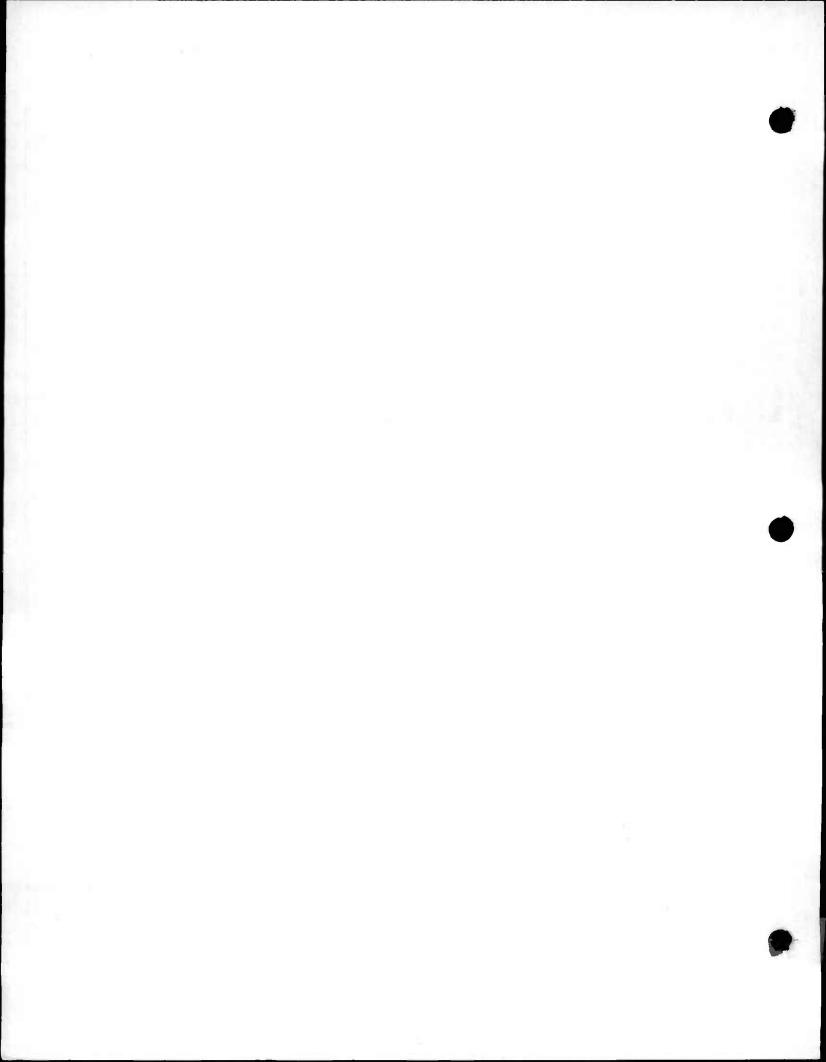
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		FOR STATE REGISTRAR	STATE OF MAR				HEALTH AND F DEATH		TYGIENE REG. NO.		
	1	1. DECEDENT'S NAME (First, Middle, Lest) WILLIAM	EDWARD		JOI			2. DATE OF MONTH		YEAR 91	3. TIME OF DEATH
Pin		4. SOCIAL SECURITY NUMBER 219-22-3521	5. SEX 6. /	61	: last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.		BIRTH By. Year) 06-29	Country	VA.
, 2, 3 should	TOR	90. FACILITY NAME (If not institution, give 540 NORTH LT RESIDENCE OF DECEDENT		NUE			OR LOCATION OF D		96.	COUNTY OF DE	ATH
nit. Pages	DIRECTOR	MD 106. STATE 106. COUN	ту			ALTIM	ORE CIT	Y			10d. INSIDE CITY LIMITS? XX YES 2 NO
ian. transit pern	FUNERAL	10e. STREET AND NUMBER 540 NORTH LI 11. MARITAL STATUS					21205				.S.A.
21215-0020 al or attending physic for use as the burlal	B₹	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR (YES 2 OR DATES	. AHMED □NO X X	If yes,	ECENDENT OF HISPA specify Cuban, Mexic ES 2 NO Speci X X	en, Puerto Rica	Specify Yee or N in, elc.)	14. RACE Black, Specify	— American Indian, White, etc. BLACK
-AND 21215-0020 the hospital or attending physician, detached for use as the burtal-tran	COMPLETED	15. DECEDENT'S ED (Specify only highest grad	UCATION de completed) College (1-4 or 5+)	184	(Give kind of v ille. Do NOT us		nost of working	16b. KI	ND OF BUSINES	SS/INDUSTRY	
s & & T	E COM	7th Grade 17. FATHER'S NAME (First, Middle, Last) Eddie	Jones		seli-	Emplo	18. MOTHER'S NA	AME (First, Midd	fie, Maiden Surna	Armst	ead
	TO B	190. INFORMANT'S NAME (Type/Print) PATRICIA KOULIS			196. MAILING 537 N	ADDRESS (Street	t and Number or Rural NOOD AVE.	Route Number, /BALTI	City or Yown, Sta	ate, Zip Code)	
IOR 6 ma ector, p		20e. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE I		20b. PLA	CEANDDATE C	FDISPOSITION (Name of ERY AND ADDRESS OF FA	DATE		E, N.J.	rn, Stata
BALTIN rs after death. Pag. n by the funeral dir removal.		· Vanessa	Coad			WM.	C. MARC	н ғ.н	. 1101	l E. N	ORTH AVE.
760, nd within 24 hours ompletely filled in the cremation. or re-		23. PART I. Enter the disease, or ehock, or heart feilure iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. HEAD	on each	line.	ck	CANCER		or reepirator	ry erreet,	Approximate intervel Batwean Onset and Deeth
P.O. BOX 68' th certificate be execute ending physician and c I Hygiene prior to buria or other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C		NSEQUENCE OF						
RECORI requires that then signed by of Health and thows any is	MEDICAL	PART II. Other algnificent condition	one contributing to dee	th but n	ot rasulting l	the underlyl	ing cause givan in		a. WAS AN AUTO PERFORMED	no	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
law law	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	/Outpatier	t 3 DOA	28. OTHER: 4 □ Nursing Ho	PLACE OF DEATH (C	heck only one)	naceful		
O \(\frac{2}{2} \) \(\frac{2}{2} \)	ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJI (Month, Day, Y	JRY par)	28b. TIM	OF 28c. II	NJURY AT YORK? YES 2 NO	28d. DESCR	IBE HOW INJUR		
DIVISION OR ATTENDING I DIRECTOR: After Neurs after death	COMPLETED	3 Suicide 6 Could not be detarmined	Soliding, the	(эреспу)				City or 1	own, State)	lumber or Rural Ro	oute Number,
TTHE MOUNT TO BE SHEET STATE OF THE SHEET STATE OF		(Check only	SICIAN: To the best of my IER: On the basis of axami					Ilme, data and	d place, and due		
THE STATE OF THE S	TO BE	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE O	F DEATH	(ITEM 27) (Type,		D23	767	290	11/5	19/
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATUR	RE .	QC1 1	ARK A	WEI	DAL	To . /	721201
1		NOV 06 1991	" Saind	01-1	andell						

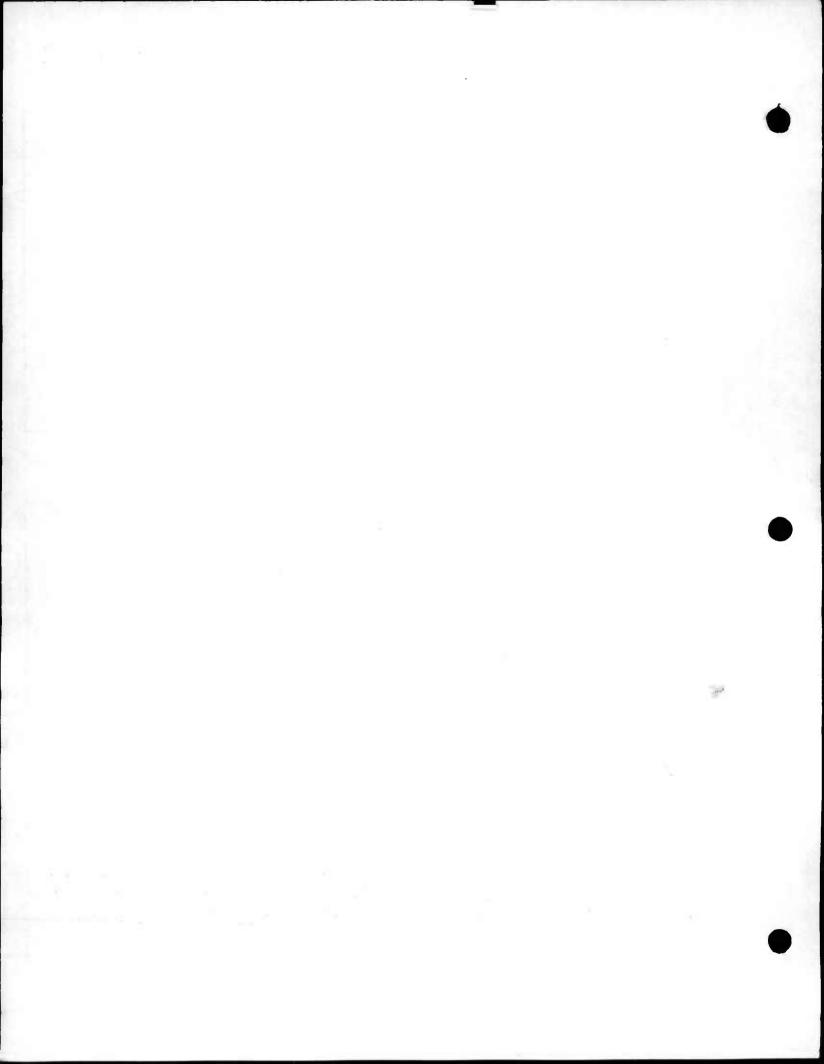


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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY FUNERAL DIRECTOR TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA	ENT OF HI	EALTH AND	MENTAL HYG				
Contract Contract	1. DECEDENT'S NAME (First, Middle, Lest)		JOHNSON			2. DATE OF DEAT		YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 213–28–0086	5. SEX 6. AGE	fin yrs. lest birthday) IF 63 YRS.	UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIFTTY (Martin, Day, 16, 11-3-19)	HPLACE (State or Foreign In) S.C.			
	94. FACILITY NAME (If not institution, give 3220 Ingleside Avel RESIDENCE OF DECEDENT		96.	Balto	LOCATION OF D	EATH	9c. COUN	TY OF D	DEATH	
	10e. STATE 10b. COUNT	Y		imore	ON		10d. INSIDE CITY LIMITS? 1 YES 2 NO			
	3220 Ingleside Avenu				21215			10g. CITIZEN OF WHAT COUNTRY?		
	1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, spec	NDENT OF HISPA city Cuben, Mexic NO Speci	NIC ORIGIN? (Specifien, Puerto Rican, ato by:	ty Yes or No—	14. RACI Blac Spec	E — American Indian, k, Whita, atc. ity: Black	
	15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12)	ICATION e completed) College (1-4 or 5 +)	16e. DECEDENT'S USU (Give kind of work of life. Do NOT use reti	done during most	of working		r BUSINESS/INDI			
	17. FATHER'S NAME (First, Middle, Last) HOllie Mack					ME (First, Middle, Mi Hilton				
	Sarah Johnson		3220	Ingleside	e Avenue	Baltimore		2006) 1215		
	204, METHOD OF DISPOSITION 1 (A Burlail 2 □ Cremation 3 □ Flor 4 □ Donation 5 □ Office (Specify) 21. SIGNATURE OF FINERAL SERVICE(L)	towal from State	R Ing Menor	fall Park		11891	Randallst			
	· Van 127	buch	,	March 4300	r F/H Wes Wabash A	t venue				
	23. PART I) Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, speck or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):									
	Sequentielly liet conditione, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inlittleted evente resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF):									
	PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO								. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 nestient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specific)										
	27. MANNER OF DEATH 1 Metural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJUI	RY AT	8 Other (Specify) 28d. DESCRIBE H		JRED		
2 Accident Investigation 3 Subtide 8 Could not be detarmined 28a. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 28a. PLACE OF INJURY — At home, term, street, factory, office City or Town, State)								Route Number,		
	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	ICIAN: To the best of my knowl R: On the basis of exemination	edge, death occurred at a and/or investigation, in	the time, date er	nd place, and due th occured at the	to the cause(a) and time, data and place	manner as stated	š. cause(a) and manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIE	ne	NI		Pgc. LICENSE NUI	ABER 5479	29d. DATE	SIGNED	(Month, Day, Year)	
	39. NAME AND ADDRESS OF PERSON WH	- Rd. L	-There	ille	me	0 2	109	3		
	NOV 06 1991	32. REGISTRAR'S SIGNA Julia Davidson-Ro	· · · · · ·	/	,					



TO EFFICION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IN PORTIANE II IRON 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. THE MENTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

	FOR 1 - STATE	STATE OF N	MARYLAND A	_DEPAR	TMEN	T OF	HEALTH AND	MEN			30	283	
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) VICTORIA —		C				DEATH	MO		MY	YEAR	3. TIME OF I	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la 94		OHNS IF UND MONTHS	ER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DA	TE OF BIRTH onth, Day, Year) /26/189	Í	8. BIRTH Countr	12:45 IPLACE (State of the control	_
DIRECTOR	98. FACILITY NAME (If not institution, give : NORTH ARUNDEL HO RESIDENCE OF DECEDENT	and the second	ION	9b. CITY, TOWN OR LOCATION OF DEATH GLEN BURNIE				9c. COUNTY OF DEATH A.A. COUNT			'Y		
	MARYLAND A 10e. STREET AND NUMBER	A. COUNTY PASADENA						10d, INSIDE CITY LIMITS? 1 🔀 YES 2 🗌 NO				NO NO	
FUNERAL	336 MAGOTHY BEA	T EVER IN U.S. AI					ANIC ORI	USA			WHAT COUNTR		
В	1 Never Married 2 Merried 3 XWIdowed 4 Divorced 15. DECEDENT'S EDU	IF YES, GIVE W				1 Yes, s	DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American, etc.) 15. RACE — American, etc.) 16. RACE — American, etc.) 17. RACE — American, etc.) 18. RACE — American, etc.) 18. RACE — American, etc.) 19. RACE — American, etc.)				tty:	maien,	
COMPLETED	(Specify only highest grade	Completed) College (1-4 or 5+		ECEDENT'S Give kind of w e. Do NOT us	vork don	e during m	ON ost of working		16b. KIND OF BU	SINESS/IND	USTRY		
8								RTHA	POR	TOR			
10	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) SHIRLEY DEAN 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE 20c. LOCATION - City or Town, State 20b. PLACE AND DATE 20c. LOCATION - City or Town, State												
7)	1 Durisi 2 Cremation 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE VI	2	cemetery, cre	ZION	CEM 22	ETER	Y DADDRESS OF F	ACILITY	/91 MAG	OTHY,	MD	•	
_	23. PART i. Enter the diseases, or	complicetions that	Covered the Ma	eath (lio n	. 1	300	BROTHER EUTAW PI	ACE	. BALTI	MORE.	MD	2121	
	23. PART I. Enter the disease, or complications that caused the seeth Do not enter the mode of dying, such as cardiac or respiratory errect, shock, or heart feliure. List only one cause on each life. IMMEDIATE CAUSE (Finel disease or condition ARDIAC (HYPOten Sion, Arthythmia Onset and										ximete ni Between and Death		
NO	IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Time: 11/2 51 12:50 FM												
CERTIFICATION	if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury thet initieted events resulting in death) LAST	iNG ury DUE TO (OR AS A CONSEQUENCE OF):											
PHYSICIAN: MEDICAL (PART II. Other eignificant condition	ART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in P								AUTOPSY RMED?	24b.	WERE AUTOPS AMAILABLE PRICOMPLETION I DF DEATH? 1 YES 2	IOR TO DF CAUSE
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ED/O-4-14-1		ОТНЕ	R:	ACE OF DEATH (C						
ву РНУ	27. MANNER OF DEATH 1 Nstural 5 Pending Investigation	26e. DATE OF I	INJURY	28b. TIME	OF	28c. INJ WO	URY AT PRK? YES 2 NO		her (Specify) PESCRIBE HOW II	NJURY OCC	URED		
	3 Suicide 8 Could not be 4 Homicide detarmined	building, 4	INJURY — At ho etc. (Specify)					Ci	OCATION (Street a ity or Town, State)			oute Number,	
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the beat of axi	my knowladge, da amination end/or i	ath occurred	d at the	time, date opinion, d	and place, end due	to the c	seuse(a) and mar ita and place, an	ner ee state	d. cause(s)	and manner a	is stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIEF		en'	9			29c. LICENSE NU		5	29d. DATE	SIGNED	(Month, Day, Ye	nar)

OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo. Print)
GUDWIN, M.D./7310 RITCHIE HIGHWAY, #500/GLEN BURNIE, MD. 21061

ARTHUR

NOV 06 1991

32. REGISTRAR'S SIGNATURE Fulia Davidson-Randall.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

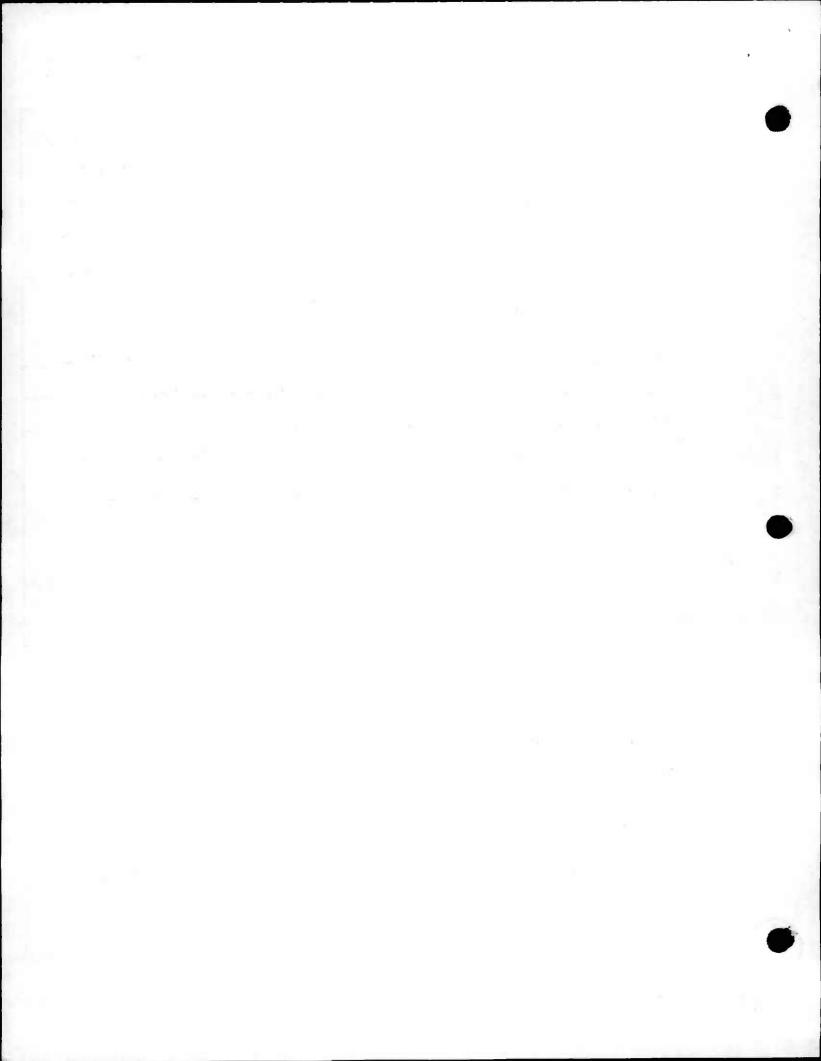
TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. N	O.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
	PAUL	٧. ا	KOLBERG			11 -	01- 9	1 6:20 A M	
			(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign	
	220 10 1871	XM2 DF 70	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Country)	
	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEAT								
Œ									
12	GREATER BALTIMORE MEDICAL CENTER TOWSON BALTIMORE CO.								
	10a. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR LOCATI	LOCATION			10d, INSIDE CITY	
MD DALTIMODE BOX									
A A	The state of the s	10g. CITIZEN	OF WHAT COUNTRY?						
岁	The street and number 100. STREET AND NUMBER								
5	11. MARITAL STATUS 1 Never Married 2 Married	P. WAS DECEDENT EVER I		13. WAS DECE	NDENT OF HISPAN	IIC ORIGIN? (Specify Y	ea or No- 14,	RACE — American Indian, Black, While, atc.	
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D			NO Specify				
, ,		M.W.II						WHITE	
🖫	15. DECEDENT'S EDUCATI (Specify only highest grade con	ION npleted)	(Give kind of v	USUAL OCCUPATION work done during mos	of working	16b. KIND OF B	USINESS/INDUST	RY	
"	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	se retired.)				1	
₹	1276.					STATE	OF M	ARYLAND	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	ME (First, Middle, Malde	n Sumame)		
ш	WILLIAM K	CLASRE			()AGO	SOSIA	Hani	11-	
8	19a, INFORMANT'S NAME (Type/Print)		19b. MAILINO	ADDRESS (Street an	Number or Rural R	Soute Number, City or To	wn. State. Zip Coo	do)	
2	FAMILY KILDE	205	<	me Ac	ABOUR	C.			
	20a. METHOD OF DISPOSITION		PLACEANDDATE	OF DISPOSITION /Nam	THOO V	2 200 1	00471011 011		
	126, Buriet 2 Cremetion 3 Removal 4 Donation 5 Other (Specify)	from State	petery, crematory or of	ther place)	801	111-7	OCATION — City	or Town, Stata	
	21. SIGNATURE OF FUNERAL SERVICE LICENS		MKKWOO		ADDRESS OF FAC	101, 115	1KN17	12,10	
	100	//		EVAN	S C HAP	TOE NE	JORIUS	,	
	tall to van	1.00		8300	HAREC		- Bak	211.5	
	23. PART i. Enter the diseases, or com	plications that cause	d the death. Do n	ot enter the mod	of dying, such	as cardiac or rea	piretory arrest	Approximata	
	allock, or maint lailure. List	t only one cause on e	ach line.			. 44 04/0140 01 104	sirotory arrest,	interval Betwaan	
	iMMEDIATE CAUSE (Final disease or condition	DICCEMINA	TED THIED					Onset and Death	
	resulting in death) a	DISSEMINA			COAGULA	ATION		2 HOURS	
			CONSEQUENCE OF	·):					
No I	Sequentially list conditions, b.	ACUTE ANTI	ERIOR MI CONSEQUENCE OF					12 HOURS	
IFI	If any, leading to immediate cause. Enter UNDERLYING			·):					
임	CAUSE (Disease or injury C	HYPERTENS	CONSEQUENCE OF					15 YEARS	
ΙĒΙ	that initiated events resulting in death) LAST	DOE TO (OR AS A	CONSECUENCE OF):					
CERTIFICATION	d								
	PART ii. Other significant conditions conditions	ontributing to death b	out not resulting i	n the underlying	Cause given in I	Part I. 24a, WAS A	ALITOREY	24b. WERE AUTOPSY FINDINGS	
DICAL	OBSTRUCTIVE U			,,,,,,	gron in		RMED?	AVAILABLE PRIOR TO	
						1 YES	2X X NO	COMPLETION OF CAUSE OF DEATH?	
Σ	ADENOCARCINOM	A_OF_PROSTA	ATE			_		1 TYES 2 NO	
PHYSICIAN:									
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			CE OF DEATH (Che	ck only one)			
S		Inpatient 2 ER/Out	etlant 3 🗆 DOA	OTHER: 4 Nursing Home	5 - Rasidenca (6 Other (Specify)			
동	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM			28d. DESCRIBE HOW	INJURY OCCURE	ED	
ВУ	1 Netural 5 Pending 2 Accident Investigation	(MONIO, Day, IOBI)	INJ		S 2 NO				
	2 Accident Investigation 3 Suicida 6 Could not be	26a, PLACE OF INJURY	- Al home, farm, s	treet, factory, office		261, LOCATION (Street	and Number or B	burel Poute Number	
8	4 Homicide datarmined	building, atc. (Spec	oify)			City or Town, State)	oral riodia riginosi,	
COMPLET	29a. CERTIFIER						-		
d d	(Check only CERTIFYING PHYSICIAN	N: To the best of my know	ledge, death occurre	d at the time, data a	nd place, and due t	to the cause(a) and mi	inner as stated,		
Ö	one) 2 MEDICAL EXAMINER: O	In the basis of examination	n and/or investigation	n, in my opinion, des	th occured at the t	time, data and placa, a	nd due to the ce	use(a) and manner as stated.	
l w l	29b. SIGNATURE AND TITLE OF CERTIFIER				9c. LICENSE NUM	BER	29d. DATE SIG	NED (Month, Oay, Year)	
8	Serena K. Nolen				D25010		D 11/	+/91	
유	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print)					
	Serena R. Nolan, MD	8035 A Ha	rford Roa	ad Balto.	MD 21:	234			
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGN	ATURE				_		
	NOV 0 6 1991	Julia Davidson	Broke 00						
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BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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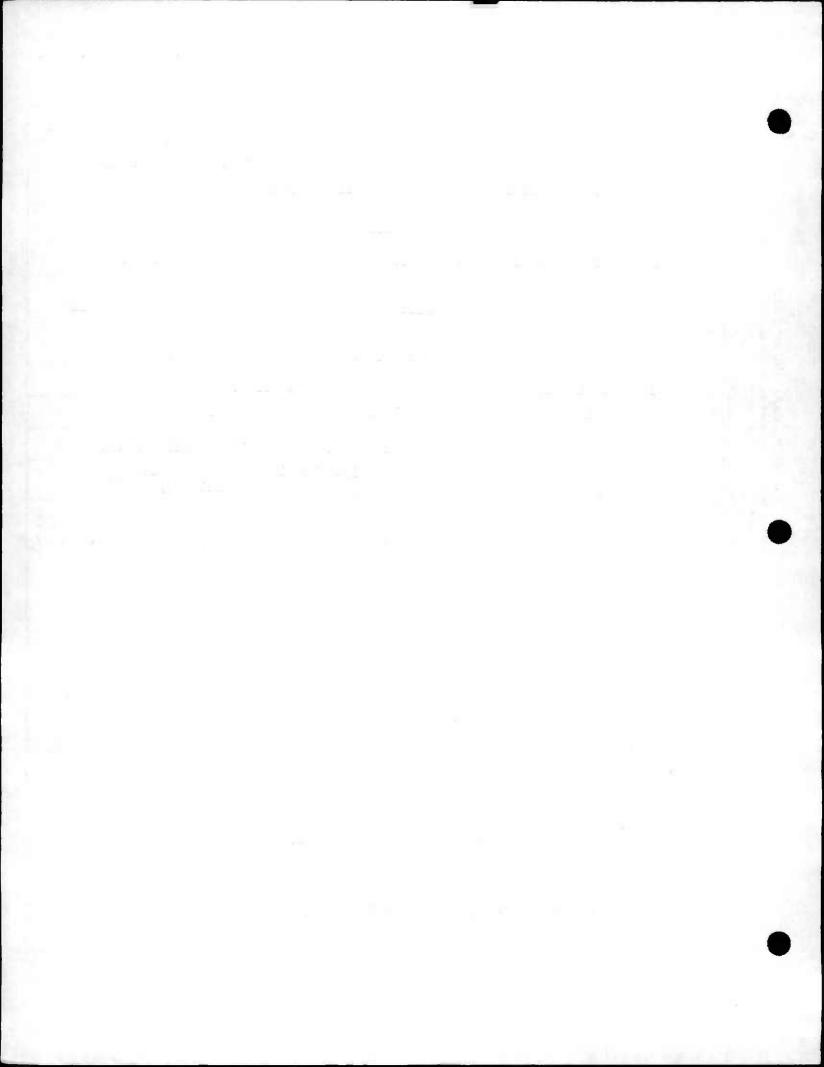
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ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or at	ifter this certificate has been signed by the attending physician and completely filled in by the funeral direct	eath with the State Dept. of Heaith and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING	TO THE FUNERAL DIRECTOR: After	be filed within 72 hours after death	IMPORTANT: If item 28

91 30285 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) ARTHUR MICHAEL KINSELLA 3. TIME OF DEATH 2. DATE OF DEATH YEAR ARTHUR 2:45 10 3 7. DATE OF BIRTH (Month, Day, Year 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthdey) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 218263682 DAYS 11/23/1931 Maryland 60 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Good Samaritan Hospital Baltimore City DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10e. STATE 10b. COUNTY 10d. INSIDE CITY LIMITS? Baltimore Maryland 1X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 21201 10g. CITIZEN OF WHAT COUNTRY? 716 North Washington Place U.S.A. Apt. 807 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Bleck, White, etc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES If yes, specify Cuben, Maxican, Puerto Ri 1 YES 2 X NO Specify: 1 Never Merried 2 X Merried Specify: BY 3 Widowed 4 Divorced white Korean Conflict COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 15. DECEDENT'S EOUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade complete Elamentery/Secondery (0-12) College (1-4 or 5+) 12 years Merchant Seaman Tugboat 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Bridget A. Garraghan <u>Arthur J. Kinsella</u> BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number of Rural Route 10861 Glen Hannah Dr. Laurel MD 20723 9 Rev. John Kinsella 20e. METHOD QE DISPOSITION
1 ☐ Burlal 2 ☑ Cremation 3 ☐ Removal from State
4 ☐ Donation 8 ☐ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State DATE 11/1 Baltimore City Greenmount o'Crematory Thomas Joseph Bozek (M00879) Mitchell-Wiedefeld Home Inc. 6500 York Road Baltimore, MD 21212 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory streat, shock, or heart failure. List only one cause on such lins. Approximats Interval Between Onset and Death IMMEDIATE CAUSE (Finsi disesse or condition JEPTIC SHOCK N 3-4 WKs resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, isading to immediats cause. Entar UNDERLYING CAUSE (Disesse or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO MEDICAL Am COMPLETION OF CAUSE OF DEATH? 1 - YES 2 0 NO 1 - YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Inpatient 2 - ER/Outpatient 3 - DOA OTHER:
4 □ Nursing Home 5 □ Residence 8 □ Other (Specify) 1 - YES 2 NO 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 🔀 Natural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY - At home, farm, street, factory, office 281, LOCATION (Street and Number or Rural Route Number, 3 Suicide A Could not be COMPLETED

4 Homicide	datermined	surang, are (openy)	City of No.	vii, statey
a, CERTIFIER 1 (Check only one) 2	/		rred at the time, date end place, end due to the cause(s) tion, in my opinion, death occured at the time, date end	
b. SIGNATURE AN	TITLE OF CERTIFIER	PGV-1	29c. LICENSE NUMBER	29d. DATE SIONED (Month, Day, Year)
VI Min	1 . 1 -	1174-1		10 12 1 10 1

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) BERNAL JONAS GOOD SAMARITAN

NOV 06 Sull Jan don Mandelle HOSPITAL OF MAXYLAND



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	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	TMENT OF H	EALTH AND	MENTAL HYGI		00200		
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	George H. Linz	ey, Jr.				MONTH 11		7:40 a. M.		
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	7. DATE OF BIRTH (Month, Day, Year		BIRTHPLACE (State or Foreign Country)			
	217-20-0207	1 x M 2 □ F 6	6 YRS.		(aryland					
<u>ac</u>	90. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH									
흕	1205 Wild Orchid Drive Fallston Harford County									
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY		
		Tallston						1 YES 2 THO		
\¥	10a. STREET AND NUMBER	D NUMBER 10f. ZIP CODE						N OF WHAT COUNTRY?		
FUNERAL	1205 Orchid Dr			210	047		USA			
E	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER I	2 NO	13. WAS DECE	ENDENT OF HISPA	. RACE — American Indian, Black, White, etc.				
B	3. Widowed 4 Olvorced	IF YES, GIVE WAR OR D	WW 11	1 TYES	2 (X)NO Spec	thy:		Specify: White		
0	15. DECEDENT'S E	DUCATION	16e. DECEDENT'S	USUAL OCCUPATIO	N	16h KIND OF	BUSINESS/INDUS			
COMPLETED	(Specify only highest gr Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of w life. Do NOT use	rork done durina mos	st of working	1001 11110 01	DOGINE SS/NOOS	ini		
MPI	12 yrs.	2 yrs.	Manage	r		Bruni	ng Pain	t Co.		
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Maid				
H	George Harry Li	azey, Sr.				et Droll				
2	190. INFORMANT'S NAME (Type/Print) Mrs. Juliana W.	26433	19b. MAILING	ADORESS (Street an	nd Number or Rura	Route Number, City or	lown, Stete, Zip Ce	ode)		
						e Fallsto				
	20e. METHOO OF DISPOSITION 13. Burlel 2 Cremation 3 R	emoval from State 20t	D. PLACE AND DATE O	F DISPOSITION (Name of place)	ne of	OATE 20c.	LOCATION — CIT	y or Town, State		
	4 ☐ Donetion 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	urguatem	Memoria	ADORESS OF F	ns 11/5/9	l Balti	more, Md.		
	· C. F. Ja	esahn		E.	F. Lass	ahn Funer	al Home			
	. 0 9			117	50 Bela	ir Rd. Ki	ngsvill	e. Md.		
	23. PART i. Enter the diseases, of ahock, or heart failure	or compilications that caused re. List only one cause on e	d tha death. Do no	ot enter the mod	le of dying, su	ch as cardiac or re-	piratory arrea	Approximata interval Between		
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띹	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF)):						
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	PART ii. Other algnificant conditi	lona contributing to death b	ut not reauiting in	the underlying	Cause given in	Part I 24n was	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS		
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PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLA	CE OF DEATH (C	heck only one)				
VSIC	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp		OTHER:		a Other (Specify)				
E	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c, INJU	RY AT	26d. DESCRIBE HOY	V INJURY OCCUR	ED		
B	1 Natural 5 Pending 2 Accident Investigation	n		M 1 YE	S 2 NO					
ED	3 Suicide 6 Could not b	26e. PLACE OF INJURY building, etc. (Spec	— Al home, ferm, str	reel, fectory, office		281. LOCATION (Street City or Town, Sta	et and Number or	Sural Route Number,		
E .						ony or rown, ora	10)			
COMPLET	29e. CERTIFIER (Check only one)	YSICIAN: To the best of my knowl	edge, death occurred	st the time, date e	nd place, end due	to the ceuse(e) end n	nenner ee stated.			
g l	2 MEOICAL EXAMI	NER: On the basis of examination	end/or Investigation	In my opinion, des	eth occured at the	time, date end plece,	end due to the c	euse(e) end menner ee stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIF	ER /	1		29c. LICENSE NU	MBER	29d. DATE SI	GNEO (Month, Day, Yeer)		
2	Monday	auch	ef		D333	551	11	14/91		
- 1	30. NAME AND ADDRESS OF PERSON V						7	1		
	Michael Auerbac		in Sq. Ho	spital 9	000 Fra	nklin Sq.	Dr. 21	237		
ŀ	31. DATE FILED (Month, Day, Year)	JE HEGISTHAN'S SIGN	NIUNE	-01-11	Politica					
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	TO THE HOSPITAL OR AT ACCINITY WISICIAN: The law requires that the death certificate be executed within 24 hours after	TO THE FUNERAL DIRECTOR AND INFORMATION OF THE PARTIES OF THE ACCOUNTS OF THE PROPERTY OF THE	be filed within 72 incurs and the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal	secondary at the medical contract of the medical second in the medical second the medical second sec
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	¥ 0	ошо	, c	ave.
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	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	MONTHS DAYS		R 24 HRS.	7. DATE OF (Month, D			BIRTHPLAC Country)	M D
9	9a. FACILITY NAME (If not institution, give	/1	00	77,16.	9b. CITY, TOW?	N OR LOCAT	ION OF DE	ATH	0	9c, COUNTY	OF DEATH	110.
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	MD. 1333 SweetBrian							in LA	we	BULA	iR 10	LIMITS? YES 2 NO
FUNEHAL	10s. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?										COUNTRY?	
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2	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 18b. KIND OF BUSINESS/IN								SINESS/INDUS	STRY		
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	17. FATHER'S NAME (First, Middle, Last)				ou ; ex	18. MO	THER'S NA	ME (First, Midd	fle, Maiden	Sumame)	-	
מט	ANTHONY	1. L.	Bent	0		1	MAVI	De 1	DU	UALL		
2	19a. INFORMANT'S NAME (Type/Print)	-	19	6. MAILING	ADDRESS (Street		A .			n, State, Zip Co	ode)	L BALTO
	20a. METHOD OF DISPOSITION	emo	20h BLACE	Z/C	E OE DISPOSITIO		Bins		_	CATION - CH	L L q	100
	20b. PLACE AND DATE OF DISPOSITION (Name 1 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State 20c. LOCATION — City or To										Jiata	
ì	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE				AND AODR		CILITY N.S	FUN	eal H	one	
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32. REGISTRAR'S SIGNATURE

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PHYSICIAN: THE JAW (EQUITES THAT THE DEATH CENTRICATE OF EXECUTED WITHIN CHARGE OF THE OPERATION OF THE INSPIRAL OF ALTERNATION OF THE INSPIRAL OF ALTERNATION OF THE INSPIRAL OF ALTERNATION OF THE INSPIRAL OF THE OPERATION OF THE INSPIRAL OF THE OPERATION OF TH	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 sh	in 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitited at once.	
TO THE HOSPITAL DR ATT	TO THE FUNERAL DIR	be filed within 72 hour	IMPORTANT: It Item	

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Lag 3. TIME OF DEATH 2. DATE OF OEATH 3:45 ears 7. DATE OF BIRTH (Month, Day, Year) NOV. 28, 1916 8. BIRTHPLACE (State or Foreign 5. SEX 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. NORTH CAROLINA DAYS 1 M 2 F YRS. 217 12 9469 74 9e. FACILITY NAME (If not institution, give street LOCATION OF DEATH 9c. COUNTY OF DEATH BON SECOU BattingrE SECOURS DIRECTOR 10d. INSIDE CITY LIMITS? 10c. CITY, TOWN OR LOCATION 10a STATE 10b. COUNTY BALTIMORE MARYLAND 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10a, STREET AND NUMBER 10f. ZIP CODE 1703 EDMONDSON AVENUE 21223 U.S. OF A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexicen, Puerto Ric 1 YES 2 NO Specify: FORCES? 1 YES 2 1 Never Merried 2 Merried Specify: BLACK В 3 Wildowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. OECEOENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) MERCHANTDIZING CHECKER RETAIL STORE 17, FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) BRODIE BENJAMIN HOWELL HELEN MARSHALL 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) MRS. JUDITH COLEMAN 1639 N. BENTALOW STREET BALTIMORE, MARYLAND 21216 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory of 1/12/9 BALTIMORE NATIONAL CEMETERY 20a, METHOD OF DISPOSITION
1 Suriel 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) METHOD OF DISPOSITION 20c. LOCATION - City or Town, State RALTIMORE MARYLAND 21. SIGNATURE OF SUNERAL SERVICE LICENS 22. NAME AND ADDRESS OF FACILITY LEWIS T. GWYNN FUNERAL HOME 21215-6393 4517 PARK HEIGHTS AVE. BALTIMORE, MARYLAND 23. PART I. Enter the diseases, or complications of ceused the deeth. Do not enter the mode of dying, such se cerdisc or respiretory errest, shock, or heart failure. List only one cause on each lina. Approximate interval Between **Onset and Death** IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) 05 MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initisted events resulting in deeth) LAST 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO PART II. Other significant conditions contributing to daeth but not resulting in the underlying cause given in Part i. COMPLETION OF CAUSE 1 TES 2 NO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF QEATH (Check only one) **EXAMINER?** OTHER: 1 YES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 26d. OEȘCRIBE HOW INJURY OCCUREO 28b. TIME OF INJURY 1 Natural M 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide a Could not be COMPLETED 4 Homicide

2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and menner as stated. 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER

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Balt.

de WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF PERSON Sm

MARCOS 12 REDISTRANS SIGNATURE 31. DATE FILED (Month, Day, Year) NOV 06 199

29b. SIGNATURE AND TITLE OF CENTURIES

BE

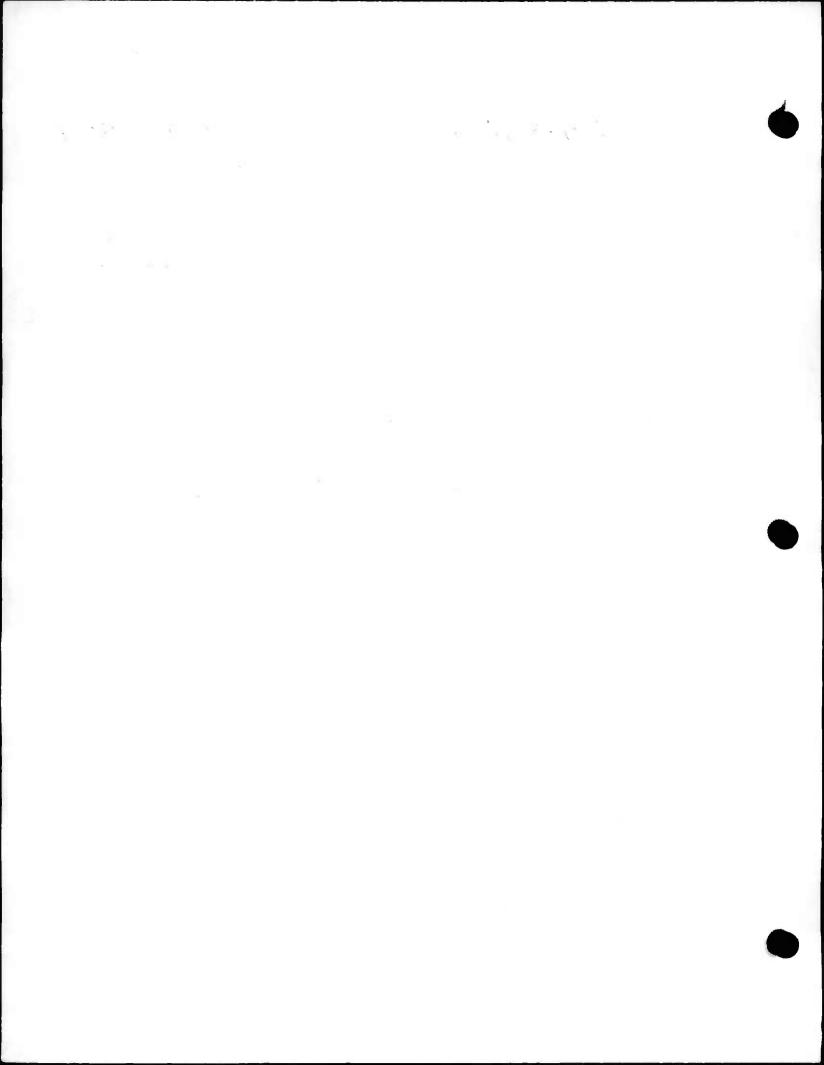
2

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(s) end merrner es stated.

SECOURS

15

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detactive filled within 72 hours after death with the State Dect. of Health and Mental Hydierie prior to burial, cremarion, or removal	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	Pi	tely	7
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	R AT	REC	E
	07	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filled within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation or remanal	=
	PITA	ERA 72	=======================================
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	1 - FOR STATE REGISTRAR		STATE OF	MARYLA	ND / DEP/					MENT	AL HYGI			
	1. DECEDENT'S NAME (Firs									2. OAT	E OF OEATH			3. TIME OF DEATH
	John Frede		Miller							MON 1	1	DAY 1	91	5:00 A N
	4. SOCIAL SECURITY NUM 215-10-883		5. SEX	6. AGE (In	yrs. last birthda	MONTH	DER 1 YEAR	IF UND	ER 24 HRS.	7. DAT	E OF BIRTH	37	6. BIRT	HPLACE (State or Foreign try) Tyland
	9a. FACILITY NAME (If not I		street and number)			9b. C	HTY, TOWN	OR LOCA	TION OF DI				UNTY OF	_
E E	Dulaney To	son N	ursing He	ome			Tows			LAIII				more County
15	RESIDENCE OF DE	CEDENT											G. 2. C. 1.	more dodney
DIRECTOR	Maryland	10b. COUNT	Υ			,	n on Loc More		7					10d. INSIDE CITY LIMITS? 1 1 YES 2 NO
	100. STREET AND NUMBER							01. ZIP CO				10a C	TIZEN OF	WHAT COUNTRY?
FUNERAL	3900 Ednor	Road						212	218			100.0		S.A.
3	11. MARITAL STATUS		12. WAS DECEDER	YT EVER IN U	J.S. ARMED		13. WAS DE	CENDENT	OF HISPAN	NIC ORIG	in? (Specify	Yes or No.		
	1 Never Married 2		FORCES?				It yes, s	specify Cul	oan, Maxica O Specifi	n. Puerto	Rican, stc.)	100 01 110		E — American Indian, ik, Whita, etc.
ВУ	3 Widowed 4 Divi	orced				_			o opecn	y.			Spec	White
	15. DEC (Specify on	CEDENT'S EDU	CATION completed)	1	6a. DECEDENT	'S USUAL	OCCUPAT	TON	kina	16	b. KIND OF	BUSINESS/IN	IDUSTRY	
l iii	Elementary/Secondary (College (1-4 or 5	+)	life. Do NOT	use retire	d.)	rost or wor	ang					
COMPLETED	12 years		<u>n/a</u>		Printe	er					News	paper		
8	17. FATHER'S NAME (First, A							18. MO	THER'S NA	ME (First,	Middle, Mak	len Surname)		
B	Henry Mill								arol					
2	19a. INFORMANT'S NAME (19b. MAILH	NG ADDR	ESS (Street	and Numb	er or Rural i	Route Nur	nber, City or	Town, State, 2	(ip Code)	
	John L. Mi				8912	Seve	en Lo	ocks	Road	, Be	theso	a, MD	. 20	817
	20a. METHOD OF DISPOSIT 1 X. Burlal 2 Crematic	on 3 🗆 Ram	oval from Stata	20b. Pl	LACEAND DAT	E OF DISP	OSITION (Vame of		1		LOCATION -	-	
	4 Donation 5 Other			_ Par	kwood								re, l	Maryland
	21. SIGNATURE OF FUNERA			2180	1	- 1	Mit.	and ADDR	ESS OF FA	duty de fe	1d Ho	mρ		
	John G.	Reit	M0080	3	1/_	175	6500	Yor	k Rd	. Ba	ltimo	re, M	aryla	and 21212
	23. PART I. Enter the d shock, or h	liseeses, of deert fallure.	complications the List only one cer	t ceuead t	he death. Do h line.	not ent	ter the m	ode of d	ying, suci	h as car	rdiec or re	epiratory s	rrest,	Approximate
	IMMEDIATE CAUSE (FI	nël 🗸	0											Oneat and Death
	disease or condition resulting in death)	\rightarrow	- John	is										2dans
			OUE TO	(OR AS A C	ONSEQUENCE	OF):								3 months
ON	Sequentielly list condit	ions,	h lea	uls.ti		_								3 months
CERTIFICATION	If eny, leading to imme ceuse. Enter UNDERLY	diete	DUE 10	(OR AS A C	ONSEQUENCE	OF):								
문	CAUSE (Disease or Inju		C. DUE TO	(OD AS A CO	ONSEQUENCE	0F)								
Ē	that initiated events resulting in deeth) LAS	т .	DOL 10	(On AS A C	ONSECUENCE	OF):								
핑			d											
A P	PART II. Other eignifice	ent condition	s contributing to	death but	not resulting	in tha	underlyii	ng ceuse	given in	Pert I.		AN AUTOPSY	24t	. WERE AUTOPSY FINDINGS
12	Nooma	il tv.	essewe	Herd	hour	dea	lus	\$	the	west	PERI	ORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC					0			1			100	ANTINO		OF DEATH? 1 YES 2 NO
										_				1 129 2 NO
K	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL					26. F	LACE OF	DEATH (Che	eck only o	ne)			
Si	1 YES 2 NO		HOSPITAL: 1 Inpatient 2	ER/Outpatis	ent 3 🗆 DOA	OTH	ER:		fasidenca					
PHYSICIAN:	27. MANNER OF DEATH		28s. DATE OF		26b. Ti	ME OF	28c. IN	JURY AT				V INJURY O	CURED	
BY F		Pending Investigation	(Month, C	ray, reer)		NJURY M		ORK? YES 2	□ NO					
	3 Suicide 8	Could not be	28a. PLACE C	F INJURY -	At home, term	street, t	actory, offi	ca		28t, LO	CATION (Stre	et and Numbe	or or Rural I	Route Number,
ETED	4 Homicide	determined	bunding,	atts (Specify)					i	City	or Town, Sta	te)		
12	29a, CERTIFIER (Check only	IFYING PHYSI	CIAN: To the beat of	my knowlede	ge, death occu	red at the	e time des	a and plea	a and du-	to the co	una(a)			
COMPL	one) 2 MED	ICAL EXAMINE	R: On the basis of a	xamination as	nd/or investigat	ion. In m	v opinion.	death acci	and at the	time det	e and place	anner as at	rted.	a) and manner as stated.
- 1	29b. SIGNATURE AND TITLE				1/1			_			- and piece,			
8	1/1	SOU	111/	111				29c. LIC	ENSE NUM	BER フラ	1	29d. DA	TE SIGNED	(Month, Day, Year)
임	30. NAME AND ADDRESS OF	F ERSON WH	O COMPLETED CALL	SE OF DEATH	H (ITEM 27) /7-	a Print		V	CC	>>,	7	1/	NO	V 41
	Joseph W. Z						Sui	te 1	02 Tc	OWSO	n. MD	. 212	04	
	-				2 2021	2.00		CC 1	02 10	W SO.	119 1111	• ZIZ	04	

III M.D. 7801 York Rd. Suite 102 Towson, MD. 21204

32. REGISTRAR'S SIGNATURE



Joseph W. Zebī 31. DATE FILED (Month, Day, Vear) NOV 06 1991

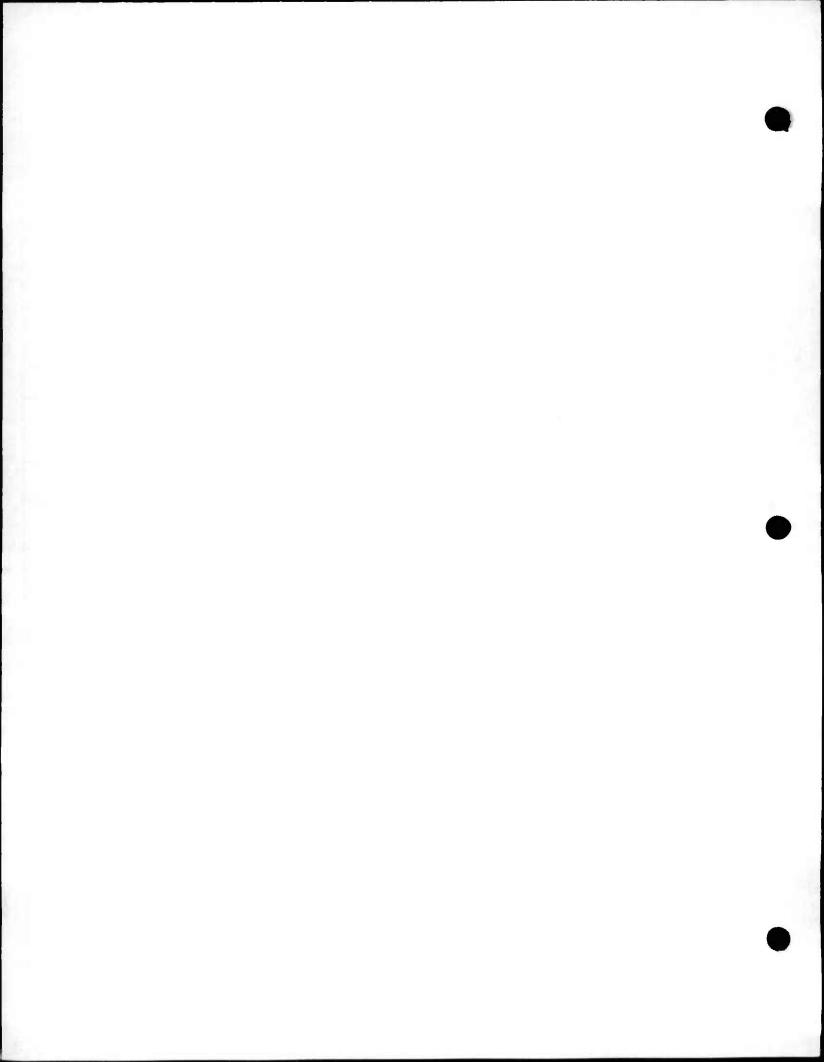
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1. 2. 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF REGISTRAR	MARYLAND / DEPARTM CERTIFIC	MENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.							
1	1. DECEDENT'S NAME (First, Middle, Last)			2. OATE OF DEATH	3. TIME OF DEATH						
- 9		McAlister		11-5-91	3:30 A. M						
	4. SOCIAL SECURITY NUMBER 5. SEX	MO	F UNDER 1 YEAR	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)						
	227-10-0641 TXXM 2 F	78 YRS.		6-26-13	Virginia						
œ		91	b. CITY, TOWN OR LOCATION OF DE	EATH 9c. C	COUNTY OF DEATH						
57	4600 Mary Avenue		Baltimore								
REC	10a. STATE 10b. COUNTY	10c. CITY, T	OWN OR LOCATION		10d. INSIDE CITY						
0	Md.		Baltimore		1 F YES 2 NO						
FUNERAL DIRECTOR	10e. STREET AND NUMBER		10f. ZIP CODE		CITIZEN OF WHAT COUNTRY?						
NE	4600 Mary Avenue				U.S.A.						
B≼	1 Never Merried 2 3 Married FORCES?	NT EVER IN U.S. ARMED 1 ☐ YES 2 ☐ NO WAR OR DATES	13. WAS DECENDENT OF HISPAN If yea, specify Cuban, Mexice 1 YES NO Specify	n, Puerto Rican, atc.)	- 14. RACE — American Indian, Black, White, etc. Specify: White						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USI	done during most of working	16b. KIND OF BUSINESS	•						
<u>=</u>	Elementery/Secondary (0-12) College (1-4 or 5	+) life. Do NOT use re	etired.)								
ME	12th GRade		Operator	Bethlehe	5000						
				ME (First, Middle, Malden Surnam	10)						
BE	John R. McAlister 198. INFORMANT'S NAME (Type/Print)	19h MAILING AC	Queenie ORESS (Street and Number or Rural F	V. Drewy							
임	Lucille R. McAlister		ary Avenue Balt								
	20a. METHOD OF DISPOSITION	20b. PLACE AND DATE OF D	DISPOSITION (Name of		I — City or Town, State						
	1 Donation 5 Other (Specify)	cemetery, crematory or other	r Faith Cem.		imore, MD.						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1	22. NAME AND ADDRESS OF FAC		5 BElair Road						
	23. PART I. Inter the diseases, or complications the select, or heart failure. List only one car	wypły	John C. Miller	r, Inc. Bal	timore, MD21206						
	IMMEDIATE CAUSE (Finel disease or condition reaulting in death)	use on each fine.	liama	hae cerdlec or reepiretory	Onset and Death						
CERTIFICATION	Sequentielly list conditione, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that intileted evants resulting in deeth) LAST										
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part L Dia Bet Was an Autopsy Performed? 1 YES 2 MO OF DIATH? 1 YES 2 MO OF DIATH? 1 YES 2 MO OF DIATH? 1 YES 2 MO OF DIATH? 1 YES 2 MO OF DIATH? 1 YES 2 MO OF DIATH? 1 YES 2 MO OF DIATH? 1 YES 2 MO OF DIATH? 1 YES 2 MO OF DIATH? 1 YES 3 MO OF DIATH										
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	10	16. PLACE OF DEATH (Che	sch only and							
ŽŽ 📗	1 VES 2 066 1 Superifert 2	M.ER/Outpatient 3 DOA 4	THER: Nursing Home 5 19 Residence	6 Cher (Specify)							
ВУ РН	27. MANNER OF DEATH 1 Waturel S Pending P	SNJURY 280. TIME OF INJURY		28d. DESCRIBE HOW INJURY	OCCUPIED						
	2 Suicide 2 Suicide 28e. PLACE C	OF INJURY — At home, farm, stree, etc. (Specify)	t, factory, office	28f. LOCATION (Street and Number or Rural Route Number, City or Rein, State)							
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of MEDICAL EXAMINER: On the basis of-	I my knowledge, death occurred at examination and/or investigation, in	the time, date and place, and due to my opinion, death occured at the	to the cause(a) and manner as time, date and place, and due to	stated, o the cause(a) and manner as stated,						
O BE (29b. SIGNATURE AND TITLE OR CERTIFIER	(his	29c. LICENSE NUM D 14	959 D	DATE SIGNED (Month, Day, Year)						
4	30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAU	SE OF DEATH (ITEM 27) (Type, Prin	1)		11/2/11						
	31. DATE FILED (Month, Day, Year) NOV 6 1991	AR'S SIGNATURE	ndalle								



	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFIC	IENT OF HEALTH A	AND MENTAL	HYGIENE REG. NO.	30291	
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE O	F DEATH	3. TIME OF DEATH	
	(Emmanuel) Emanuel		Mills		MONTH 1	0 1 1	991 7:30 PM	
	4. SOCIAL SECURITY NUMBER 214-50-5046	1 M 2 D F 4:	3 YRS. MO	UNDER 1 YEAR IF UNDER 2 NTHS DAYS HOURS	Min. (Month, 1 3–10		8. BIRTHPLACE (State or Foreign Country) Ala	
TOR	9a. FACILITY NAME (If not institution, give str 3726 Sylvan Dr RESIDENCE OF DECEDENT		96	Balto	N OF DEATH		unty of DEATH altimore	
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TO	DWH OR LOCATION			10d. INSIDE CITY LIMITS? 1 🕍 YES 2 🗌 NO	
FUNERAL	3726 Sylvan Drive			101. ZIP CODE		10g. cm	TIZEN OF WHAT COUNTRY?	
Β¥	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN C FORCES? 1 [A] YES IF YES, GIVE WAR OR DAT		13. WAS DECENDENT OF If yes, specify Cuban, 1 YES 2 NO	HISPANIC ORIGIN? Maxican, Puarto Ric Specify:	(Specify Yea or No— ean, atc.)	14. RACE — American Indian, Black, White, etc. Specify: Black	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 12th	ATION completed) CoHege (1-4 or 5+)	8a. DECEDENT'S USC (Give kind of work life. Do NOT use re	done during most of working	16b. K	IND OF BUSINESS/IN	IDUSTRY	
BE CO	17. FATHER'S NAME (First, Middle, Last) Eddie Mills			Mati	lda George	idle, Maiden Surname)		
5	194. INFORMANT'S NAME (Type/Print) JOAnn Mills			press (Street and Number of ylvan Drive			ip Code)	
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remort 4 Donation 5 Other (Specify)	val from Stata cemete	LACE AND DATE OF D bry, cremetory or other in MISON FORE	olece)	11691		- City or Town, Stata Mills, Md	
	21. SIGNATURE OF FUNERAL SERVICE LICE	Ebron		March F/H V 4300 Wabash	vest Avenue			
	23. PART I. Enter the diseases, pr co abook, pr heert failure. L IMMEDIATE CAUSE (Final disease pr condition resulting in deeth)	omplications that caused to list only Dne cause Dn each DUE TO (OR AS A C	£ 9	//	g, auch as cerdia	c or reapiratory ar	Approximate Intervel Between Onset and Death	
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C			V			
BY PHYSICIAN: MEDICAL CI	PART II. Other alignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. 24s. WAS AN AUTOPSY FIRE AUT							
SICIA		HOSPITAL: 1 Inpatiant 2 ER/Outpati	ant 3 [DOA A [HER:	ATH (Check only one)			
	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be detarmined	28a. DATE OF INJURY — MINIORY — MINIORY — Dulkling, atc. (Specify, at home	9 1 6:20	Nursing Home 5 I Analysis 28c. INJURY AT WORK? 1 □ YES 2 I , factory, offica	NO Self	inflic ON (Street and Number Town, State)	ed wound or or Rural Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI 2 X MEDICAL EXAMINER:	AN: To the best of my knowled	ge, death occurred at	the time, data and place, a	nd due to the cause	Sylvan (a) and manner as ata od place, and due to the		
TO BE C	296 SIGNATURE AND TITLE OF CENTIFIER	COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type. Prin	0.0	SE NUMBER	29d. DAT	TE SIGNED (Month, Day, Year)	
	FNAL - 160 31. DATE FILED (Month, Day, Year)	NE /// M/) 111 Per		Baltin	nore Mar	ryland 21201	
	NOV 0 6 1991 July	Ma Davidson-Rand	latte					

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

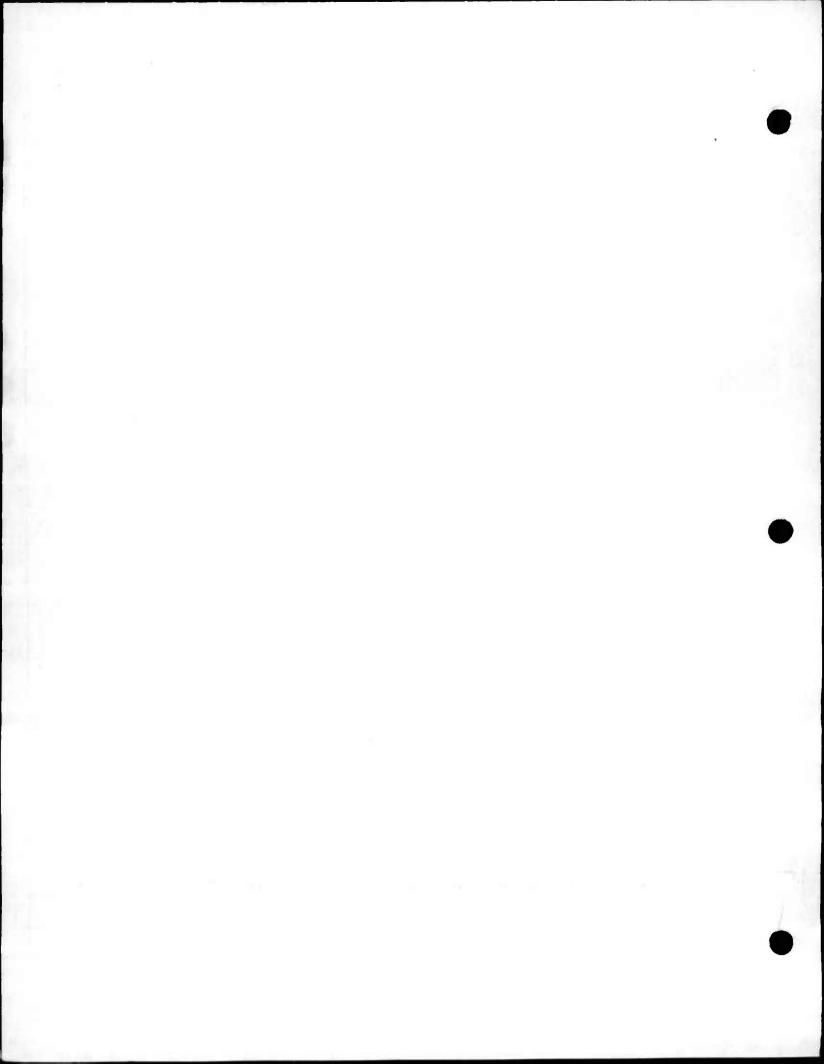
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages, 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	TMENT OF H	EALTH AND	MENTAL HYGIEN		00272
	1. DECEDENT'S NAME (First, Middle, Li					2. DATE OF DEATN		3. TIME OF DEATH
	Helen M. P	etti	E (In yrs. last birthday)		I and the second second	11-2-91		6:35 P.M
	218-05-3207	1 M 2 X F	72 YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	9e. FACILITY NAME (If not institution, gi	ive street and number)	,-	9b. CITY, TOWN (OR LOCATION OF E	9-8-1919 DEATN	9c. COUNTY	Delaware OF DEATN
DIRECTOR	Meridian Hamilto	n Nursing Hom	ne	Bal	timore C	ity	N/	
RE	10e. STATE 10b. COL		10c. CITY	Y, TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
	MD.	N/A			imore Ci	ty		1 X YES 2 NO
FUNERAL	6040 Harford	Dood		101	2121 ⁴			OF WNAT COUNTRY?
ONE	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC		NIC ORIGIN? (Specify Ye	U.S	
BY F	1 Never Merried 2 Merried	FORCES? 1 YES	S ZXXNO	II yes, sp	ecity Cuben, Mexic	en, Puerto Ricen, etc.)	1 or NO 14.	RACE American Indien, Black, White, etc. Specify:
	3 Widowed 4 Divorced				722	.,,		White
COMPLETED	15. DECEDENT'S E (Specify only highest gr	rade completed)	18e. DECEDENT'S (Give kind of w	USUAL OCCUPATION ork done during more retired.)	ON st of working	16b. KIND OF BU	SINESS/INOUS?	TRY
2	Elementary/Secondary (0-12) 8th Grade	College (1-4 or 5+)		Maker				
₩ O	17. FATNER'S NAME (First, Middle, Last)		Home	Haker	18 MOTNER'S N	AME (First, Middle, Malden	Sumanal	
BE C	Frank Zak	roczynski					arcryk	owska
TO B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		Route Number, City or Tow	-	
۴	Anthony J. Pett	i				ltimore, Md		
	20e. METNOD OF DISPOSITION 1 Burlel 2 □ Cremation 3 □ R	emoval from State	b. PLACE AND DATE O	F DISPOSITION (Na	me of	OATE 20c. LO	CATION — City	or Town, State
	4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE		Gardens	of Fait		-	ltimor	e,MD.
	21. SIGNATURE OF PUNERAL SERVICE	Do h	1		D AOORESS OF F	6		lair Road
_	Dichlen	11. Buy	say					re,Md21206
	23. PART I. Enter the disesses, is shock, or heart fellor iMMEDIATE CAUSE (Final disesse or condition resulting in desth)	e. List only one couse on	esch line.	bon	Feul	th as cardiac or respi	ratory arrest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST	b. OUE TO (OR AS	A CONSEQUENCE OF		X //	eun	M	
CAL	PART ii. Other aignificant condit	ions contributing to desth	but not resulting in	the underlying	cause given in	Part I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
						PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME								DF OEATH?
PHYSICIAN: MEDI								
ĕ l	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PL	ACE OF DEATH (C)	eck only one)		
14S	1 YES 2 NO	1 Inpetient 2 ER/Out	tpatient 3 DOA	Nursing Nome		8 Other (Specify)		
BY PI	Natural 5 Pending investigatio		28b. TIME INJU	M 1 Y	RK? ES 2 NO	28d. DEŞCRIBE NOW II	JURY OCCURE	0
	3 Suicide 8 Could not a determined		Y — At home, ferm, st ecify)	reet, tectory, office		281. LOCATION (Street e City or Town, State)	nd Number or R	ural Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PN:	YSICIAN: To the beel of my know	wiedge, death occurred on end/or investigation	d at the time, date :	and piece, end due	lo the ceuse(e) end man	ner ee stated.	use(e) end menner ee stated.
TO BE (296. SIGNATURE AND TITLE OF CERTIF	1 Wson	0 W)	29c. LICENSE NUI	9793	29d. DATE SIG	NEO (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON Y	VNO COMPLETEO CAUSE OF DI	EATH (ITEM 27) (Type, I	Print)				
	31. OATE FILED (Month, Day, Year)	32. REGISTRAR'S SHOP	NATURE	Randa 82				



BALTIMORE, MARYLAND 21203-3146

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1

BOX 13146, P.O. RECORDS. OF VITAL

DIVISION

223

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2. DATE OF DEATH DAY 11/2/91 Gladys M. Roberts A. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 91 DAYS 220 30 1077 HOURS 9/4/1900 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH Dorchester House Balto. DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Md. Baltimore permit. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 21216 2531 Calverton Hghts Avenue page 5 should be detached for use as the burial-transit ours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cuban, Maxican, Puarto Rican, atc.)

1 YES 24 NO Specify: 1 Never Married 2 Married BY 3 Widowed 4 Divorced LED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) COMPLET Elementery/Secondary (0-12) College (1-4 or 5+) Domestic Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Gary Williams Maggie Crawley Ħ BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1504 Round Hill Rd. Balto., Md. 21218 Ida Wyatt eg 26s. METHOD OF DISPOSITION

1 X Burlel 2 Cremation 3 Removal from State
4 Penetion 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION -- City or Town, State must the funeral director, Balto., Md. Arbutus examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY James A. Morton & Sons ame W. W whom 1701 Laurens St. Balto., 23. PANT I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. medical filled in by 6 **IMMEDIATE CAUSE (Final** the cremation. disease or condition and completely fi to burial, cremation resulting in death) executed within event, DUE TO (OR AS A CONSEQUENCE OF): other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): Hygiene prior to If any, leading to immediate cause. Enter UNDERLYING attending physician 2 law requires that the death certificate CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST the atten PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY MEDICAL signed by ti any 1 TYES 2 NO this certificate has been with the State Dept. of PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL OR ATTENDING PHYSICIAN: The Hem OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked. 1 Netural М 1 YES 2 NO BY DIRECTOR: After thours after death death 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 69 COMPLETED 8 Could not be determined 28 4 📋 Homicide Hem 29a. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. FUNERAL WITHIN 72 1 = 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. IMPORTANT: 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE THE Delay

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

3830

32. REGISTRAR'S SIGNATURE

lia Davidson-Randsee

FALLS

ANIL UBBILDE

31. DATE FILED (Month, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

91 30293

3. TIME OF DEATH

10d. INSIDE CITY 1 YES 2 | NO

21217

Approximate interval Between

24b. WERE AUTOPSY FINDINGS

1 | YES 2 | NO

29d. DATE SIGNEO (Month, Day, Year)

AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

Onset and Death

14. RACE — American Indian, Black, White, etc.

8. BIRTHPLACE (State or Foreign

Md.

10g. CITIZEN OF WHAT COUNTRY?

Black

Ma.

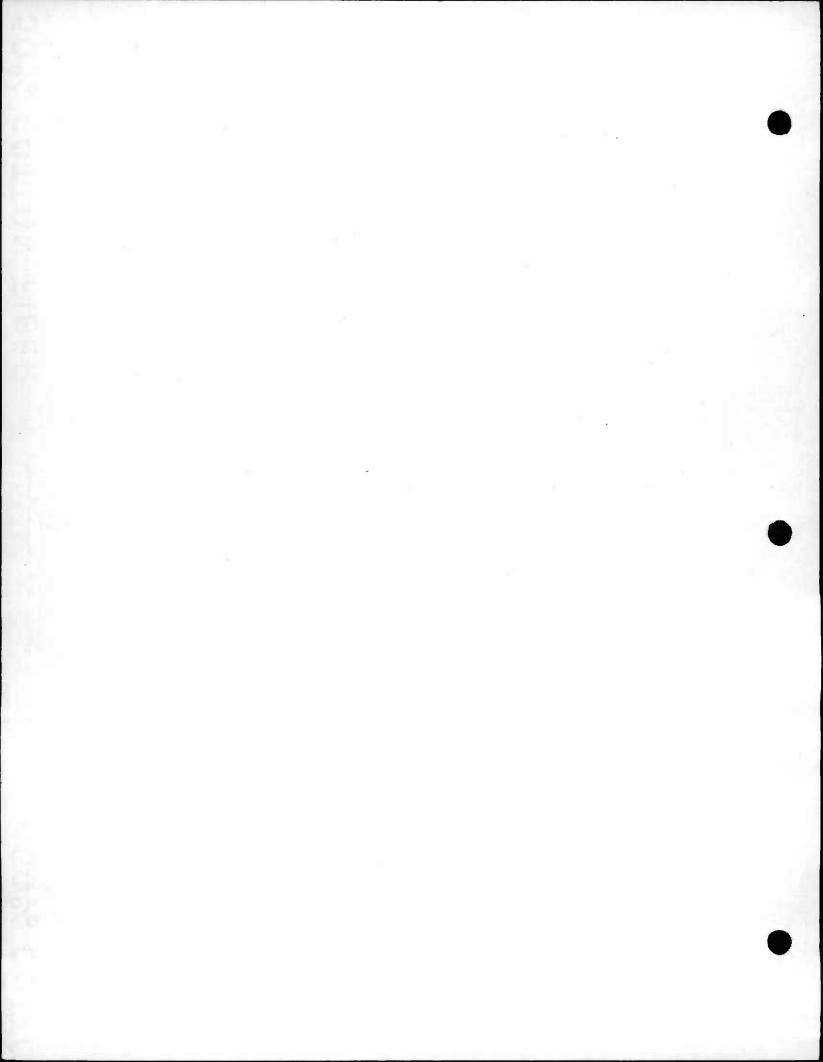
9c. COUNTY OF DEATH

USA

REG NO

DHMH-16 Rev 1/89





ay be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

Pages 1, 2, 3 should

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page 5 should be detached for use as

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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ath	the interest this certificate has been signed by the attending physician and completely filled in by the funeral d	
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9	÷	. The state bept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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H	傷	Ä
- P	뉖	8
ATTENDED PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 m	-	3
10	2	7 7
8	SNE	diffi
H	FF	× p
TO THE HOSPITA	王	fle
7	TO THE FUNERAL DIFFE	be filed within 72

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S HAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY 01 51° 9:50 11 GEORGIA VIRGINIA RIGHTSTINE AM 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN 224-92-5689 106 OCT.5, 1885 WEST VIRGINIA 9b. CITY, TOWN OR LOCATION OF DEATH 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF OEATH RECTOR HOMEWOOD RETIREMENT CENTER WILLIAMSPORT WASHINGTON RESIDENCE OF DECEDENT 10a. STATE 10b. COUHTY 16c. CITY. TOWN OR LOCATION 10d. IHSIDE CITY ā MD WASHINGTON 1 TYES 2 HO WILLIAMSPORT 10a. STREET AND HUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2750 VIRGINIA AVENUE 21795 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPAHIC ORIGIN? (Specify Yea or No-14. RACE - American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)
1 ☐ YES ★ HO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 ☐ YES AXXHO Specify: BY 3√ Widowed 4 ☐ Olvorced WHITE E 15. DECEDENT'S EDUCATION
(Specify only highest grade comple 18a. DECEDENT'S USUAL OCCUPATION 16b, KIND OF BUSINESS/INDUSTRY COMPLET Elamentary/Secondary (0-12) College (1-4 or 5 +) 12 4 HOMEMAKER HOME 17. FATHER'S NAME (First, Middle, Last) 16, MOTHER'S NAME (First, Middle, Maiden Sumame) WILLIAM I. BOONE AVA STULTZ ш m 19a. INFORMANT'S HAME (Type/Print) 19b. MAILIHO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5 MR. JOHN B. SCHLEY PO BOX 157, SHEPHERDSTOWN, WV 25443 20a. METHOD OF DISPOSITIOH
1 □ Burlal 2 💢 Cremation 3 □ Removal from State 20c. LOCATION - City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or SMITHSBURG CREMATORY 4 Donation 5 Other (Specify) SMITHSBURG, MD 21. SIGHATURE OF FUHERAL SERVICE LICENSEE 22. HAME AND ADDRESS OF FACILITY Charles BROWN FUNERAL HOME, 327 W. KING ST. POBOX 821, MARTINSBURG, WV 25401 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cerdisc or respiratory errest, Approximete ahock, or heart feilure. List only one cause on each line. interval Between Onset end Deeth **IMMEDIATE CAUSE (Finei** disease or condition_ Yours lest resulting in death) CERTIFICATION Sequentielly liet conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST or Item 23 shows any injury, PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AWAIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 TLNC 1 | YES 2 | HO BY PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 IDOA ng Home 5 - Residence 8 - Other (Specify) 4 Water 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. IHJURY AT WORK? 28b, TIME OF 28d. DESCRIBE HOW INJURY OCCURED IMPORTANT II mam 28 is marked, 1 Natural М 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 Homicide 29a CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the tima, data and place, and due to the cause(a) and manner as stated. nination and/or investigation, in my opinion, death occu 29g. LICENSE HUMBER 29d, DATE SIGNED (Month Day Year BE

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print

32. REGISTRAR'S SIGNATURE

chia Davidson-Randale DHMH-16 Rev 1/89

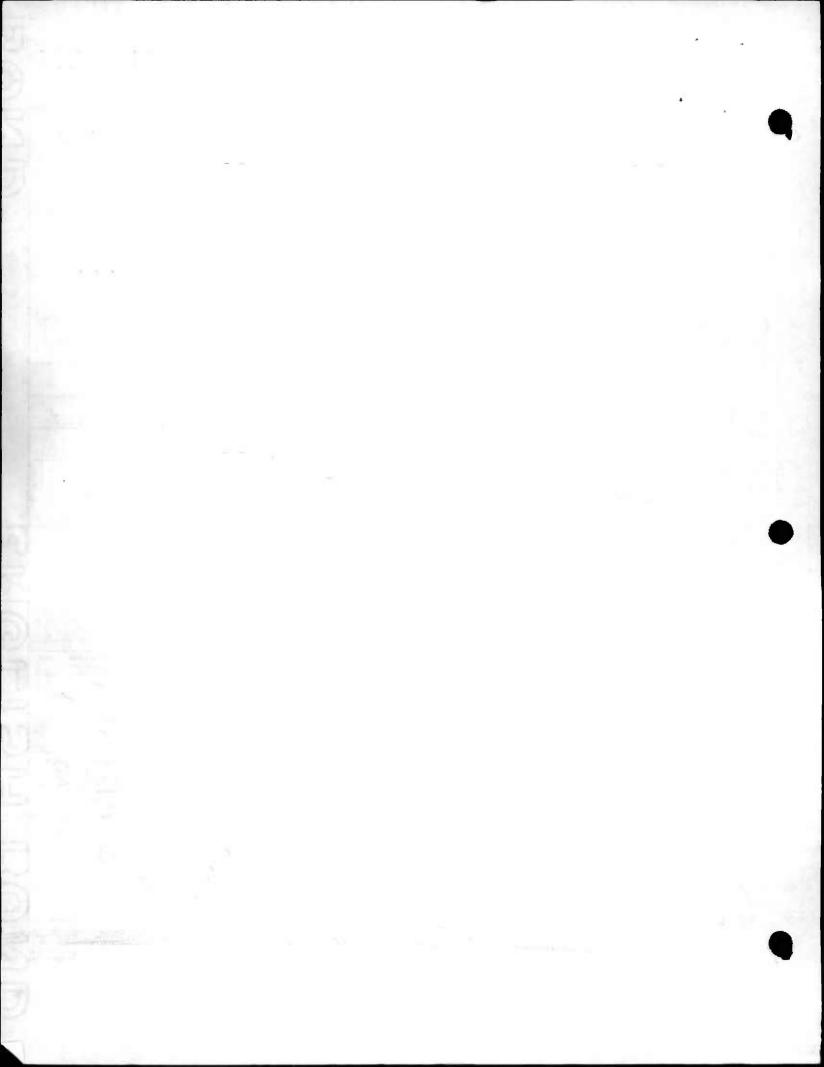
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Suranta A Charles St. Sandalina White was the second to the second of the se

ospilal of attelluling prosicials.	ched for use as the burial-transit permit. Pages 1, 2, 3 should		æŠ
es mai me deam cenuncate de executed within 24 hours are deam. Fage o may be retained by the mospin	IR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2,	saith and Mental Hygiene prior to burial, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL OR ALTENDING PHYSICIAN: The law requir	DIRECTO	e filed within 72 hours after death with the State Dept. of He	MPORTANT: If item 28 is marked, or item 23 show

	FOR Item:1, pe	STATE OF MARYLA	O DEPARTME	NT OF HEALTH AND	MENTAL HYGIENE	91	30295
	REGISTRAR OUT LED 1. DECEDENT'S NAME (First, Middle, Last)	MARY EVE ROS	CERTIFICA	TE OF DEATH	REG. NO. 2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH
		□ M 2½ F 8.	3 YRS. MONT	DER 1 YEAR IF UNDER 24 HRS. B DAYS HOURS MIN. ITY, TOWN OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year) 3-2-1908	Country	CHLOSLAVAKIA
DIRECTOR	FRANCIS SCOTT KEY RESIDENCE OF DECEDENT 106. STATE 106. COUNTY		TER	BALTIMORE IN OR LOCATION		1	
		BALTIMORE	106. C111, 104	DUNDA 101. ZIP CODE		10g. CITIZEN OF W	10d. INSIDE CITY LIMITS? 1 YES 2 NO HAT COUNTRY?
FUNERAL	6733 RAILWAY AVENU	ΙE		2122			I.S.A.
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 WWidowed 4 Divorced	2. WAS DECEDENT EVER IN U FORCES? 1 TYPES IF YES, GIVE WAR OR DAT	J.S. ARMED 2 V NO ES	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 WHO Speci	en, Puerto Rican, etc.)	r No— 14. RACE Black Specif	- American Indian, White, atc.
COMPLETED		mpleted) College (1-4 or 5+)		ne during most of working id.)	16b. KIND OF BUSIN	HOME	
OME	6 YEARS N/A 17. FATHER'S NAME (First, Middle, Last)		HUIV	E MAKER 18. MOTHER'S N	AME (First, Middle, Maiden Su		
BE C	MICHAEL LANSCIR					YELINEK	
6	19a. INFORMANT'S NAME (Type/Print)		1	RESS (Street and Number or Rural			01027
	MARTAN SCHERTLE 20a. METHOD OF DISPOSITION 1 1X Burlel 2 Cremetton 3 Remove 4 Donatton 5 Other (Specify)	20b. of ce	N ACE AND DATE OF D	OSEDALE AVENU ISPOSITION (Name OF MARY CEM.	DATE 20c LOCA	TION - City or To	vn, Stata MARYIAND
	21. SIGNATURE OF PUMERAL SERVICE LICEN	Lish		22. NAME AND ADDRESS OF F DUDA-RUCK FU 7922 WISE AV	INERAL HOME		LK INC.
	23. PART I. Enter the diseases, or corshock, or heart feliure. List immediate CAUSE (Final disease or condition resulting in death)	Sepsis Due to (or as a c	CONSEQUENCE OF):				Approximata Interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if sny, leeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A C Cerebro LA DUE TO (OR AS A C Hypertern	consequence of): consequence of):	cident			
MEDICAL	PART II. Other significant conditions Districted melli		t not resulting in the	underlying couse given in	Part i. 24a. WAS AN AI PERFORM	ED?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	theck only one)		
PHYSICIAN:		OSPITAL: Impatient 2 - ER/Outpe		HER: Nursing Home 5 □ Residence	8 Other (Specify)		
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	26d. DEŞCRIBE HOW IN.	JURY OCCURED	20 3
	3 Suicide 8 Could not be determined	28s. PLACE OF INJURY building, etc. (Specif	- Al homa, ferm, street,	factory, office	281. LOCATION (Street an City or Town, State)	d Number or Rural F	loute Number,
COMPLETED	(oriotin orin)			he time, data and place, and do my opinion, death occured at th) and menner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	Christopher		29c. LICENSE N	68010	29d. DATE SIGNED	(Month, Day, Year)
F	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Print)				

Davidson-Randall



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Alter this certificate has been signed by the attending physician and completely filled in by the funeral	death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
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	1 - STATE REGISTRAR	STATE OF MA	ARYLAND / DEPAI CERTIF	RTMEN	T OF H	EALTH DEAT	AND I	MENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH			3. TIME OF DEATH
	LARRY	EUGI			FOR			10 30		991	12:45 ам
	4/38 82 9307	1 X M 2 F	3. AGE (In yrs. last birthday) 42 YRS.	MONTHS	DAYS	HOURS	24 HRS. MIN.	7. DATE OF BIRTH 11-18-48		 Count 	HPLACE (State or Foreign IV) LSIANA
	9e. FACILITY NAME (If not institution, give	street and number)		9b. CIT	Y, TOWN OF	LOCATIO	ON OF DE			INTY OF D	
S.	PRINCE GEORGES	SCENERAL	НОСРІТА		HEVI	FDIV	7				E GEORGES
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT				OR LOCATE				FK	INCI	
DIR	The state of the s				7 4 A						10d. INSIDE CITY LIMITS? 1 X YES 2 X NO
	10e. STREET AND NUMBER			047		ZIP CODE			10a CIT	IZEN OF	WHAT COUNTRY?
E.	4737 Homer Av	enue				2074				. S . A	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN II S ARMED	1 42							
BY	1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 [IF YES, GIVE WAI	XYES 2 NO		if yes, spec	city Cubar	n, Mexica	IC ORIGIN? (Specify Year, Puerto Rican, etc.)	or No	14. RACI Blac Spec	E — Amarican Indian, k, Whita, atc. ity: Black
8	15. DECEDENT'S EDU	JCATION	18a. DECEDENT'S	USUAL O	CCUPATION	v		16b. KIND OF BUS	INESS/IN	OUSTRY	
COMPLETED	(Specify only highest gradi Elementery/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	work done ise retired.)	during most	t of working	g				
P			Unemp	love	ed						
o O	17. FATHER'S NAME (First, Middle, Last)				T	18. MOTH	IFR'S NAI	WE (First, Middle, Maiden S	Sumamal		
	George Dixon							a Rayfor			
BE	19s. INFORMANT'S NAME (Type/Print)		10h MAII ING	ADDRES	8 (8)		_	Noute Number, City or Town			
ဥ	Ms. Denise Sum	mers						., Tacom			n. 98408
	20a. METHOD OF DISPOSITION 1 XBurlal 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	noval from State	20b. PLACE AND DATE	OF DISPOS	SITION (Nam	ne of		DATE 20c. LOC	ATION -	City or To	wn, Stata
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	ORKU			EM			404	MA	LA
	· Noseph h.	Rupo		Jo	osep.	h L.	Ri Ave	iss Funer enue, Bal	al to.	Home	2222-26 21216
	23. PART I. Enter the diseases, or	complications that	ceused the deeth. Do	not enter	the mod	e of dyle	ng, such	ss cardiec or respir	atory ar	rest.	Approximete
	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	e. TVN	on each line. Shat war as a consequence of	ovr	٨	6		bolomen			intervel Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	b	R AS A CONSEQUENCE O	F):							
PHYSICIAN: MEDICAL C	PART II. Other significant condition	ns contributing to de	eeth but not resulting	in the ur	nderiying	ceuse g	iven in i	Pert i, 24s. WAS AN /		24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă								1 YES 2	□ NO		COMPLETION OF CAUSE DF DEATH?
<u> </u>											1 YES 2 NO
z I						_				1	
×	25. WAS CASE REFERRED TO MEDICAL				28. PLA	CE OF DE	ATH (Che	ck only one)			
S	EXAMINER? 1X YES 2 NO	HOSPITAL:	R/Outpatient 3 DOA	OTHER	R:						
Ì ₹	27. MANNER OF DEATH	28a. DATE OF IN		-	28c. INJU	-	Hoenca (B Other (Specify) 28d. DESCRIBE HOW IN	HIRV OC	011050	
	1 Natural 5 Pending	10 / 29	Year) IN.	JURY	WOR	K?		all the same of th			
à	2 Accident Investigation			4 pm		S 2 X		SUBJECT			
	3 Suicide 8 Could not be 4 Homicide determined	building, ato						281. LOCATION (Street er City or Town, State)	nd Nymbe	37 Jural E	TOMER AVEN
			PRIV	ATE	RES:	LDEN	CE	#C SUIT	LAN	D, N	MARYLAND
립	29e. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of m	knowledge, death occurr	ed at the t	lme, date e	nd place,	and due	to the cause(e) and ment	ner en ste	tad.	
COMPLETED	# MEDICAL EXAMINE	ER: On the basis of exam	nination end/or investigation	on, in my o	opinion, des	th occure	d at the t	Ime, data and place, and	due to th	he couse/e) end manner ea stated.
	296. SIGNATURE AND TITLE OF CERTIFIE		Λ								
BE	/ I alm in	di M	()			29c. LICEI					(Month, Day, Year)
임	10. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE	OF DEATH ATEN AT	Out-of		0.	C.M	.E.	1	0/30)/1991
- 1	THE PROPERTY OF PERISON WE	SOMPLE IED CAUSE	OF DEATH (ITEM 27) (Type	, PTINE)							

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PENN STREET

BALTIMORE, MARYLAND 21201

DHMH-16 Rev 1/89

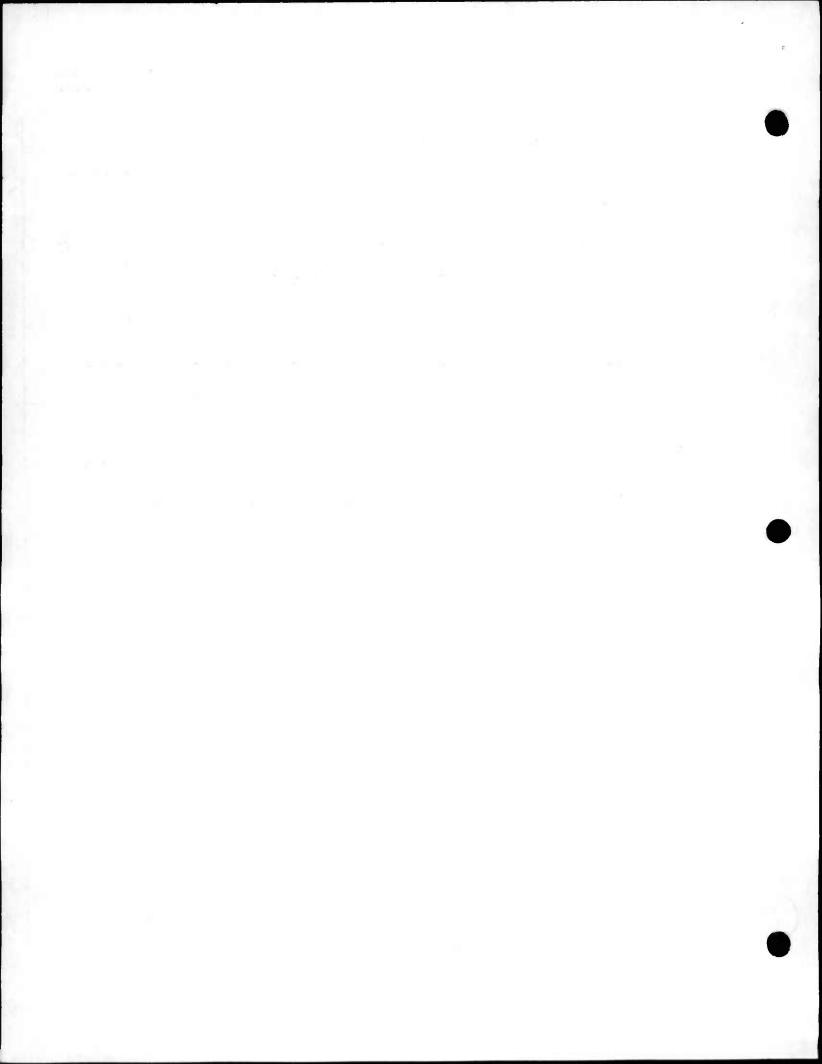
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retained by the hospital or attending physician. 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDIN TO THE FUNERAL DIRECTOR: Afte be filed within 72 hours after dea IMPORTANT: It item 28 is m	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hos TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATH			3. TIME OF DEATH
	Dona 1d		SWAGLER						Novemb	er 1	19	91	5:14 pm M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER		IF UNDE	R 24 HRS.	7. DATE OF	BIRTH		8. BIRTH	IPLACE (State or Foreign
	220 134135	1) M 2 🗆 F	bb	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, De	ly, Year)	45	Countr	γ) ,
	9a. FACILITY NAME (If not institution, give si	treet and number)			9b. CITY,	TOWN C	R LOCAT	ION OF DE	ATH	1	9c. COU	NTY OF O	
OH	FRANKLIN SO	HE STAY	CPITAL		R	355	101	5			Dal+	imor	0
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY						7500				Dari	TIIIQT	<u>e</u>
E	Coord - O Coort			10c. CIT	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY LIMITS?
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ВУ	3 Widowed 4 Divorced	IF YES, GIVE W	T ARM	V	1 1	☐ YES	NO S	Specify	r:			Speci	Y
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Ö	17. FATHER'S NAME (First, Middle, Lest)								ME (First, Midd			7 0	31110
BE (JAMES SI	DAGLE	R				j-	RAC	2271	FR	Y		
9	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	AOORESS	(Street a	nd Numbe		Poute Number, (City or Town	, State, Zip	Code)	
۱	FAMILY KELDET	205		5	ams	AS	A	Bov	5				
	20e. METHOD OF DISPOSITION 134 Burial 2 Cremation 3 Remo	umi from State	20b. PLACEA			TION (Na	me of		OATE	20c. LOC	CATION —	City or To	wn, State
	4 Donation 5 Other (Specify)		cametary, cren	natory or o	ther place)	1225			11-3-	CZA	RRIS	00 (PARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE				AME AN	D ADORE	SS OF FAC	CILITY _ (5 MO	Riss	1	THIV ARIA
	1 Hail d.	Sam. /			3	MIL	2/2	V-	200	21 10	12	. l	
	23. PART i. Enter the diseases, or c	omplications the	caused the des	th Do s	25	s 00	HA	K-D	KU KU	160	-16	RW	3441
	SHOOK, OF HEART FAILURE. I	ist only one cau	se on each line.	in. Do i	ot enter	ine mo	de or dy	ing, auch	as cardiac	or reapir	atory arr	est,	Approximate Interval Between
	iMMEDIATE CAUSE (Final disease or condition	0		. n . r									Onset and Death
	resulting in death)	Acute N	VIYOCAPOTO			:t10	n						
	N .	002.10	(OII AS A CONSEC	OENCE OF	·).								
7													
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IFICATION	if any, leading to immediate		(DR AS A CONSEO										
ERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury												
CERTIFICATION	if any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEO	VENCE OF	7:								
	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEOU	VENCE OF	7:	lerlyIng	Cause	given in i	Part f. 24e	. WAS AN A		24b.	WERE AUTOPSY FINDINGS
	if any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions POSSIL	contributing to	(OR AS A CONSEOU death but not re	VENCE OF	7:	lerlying	cause	given in i			MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
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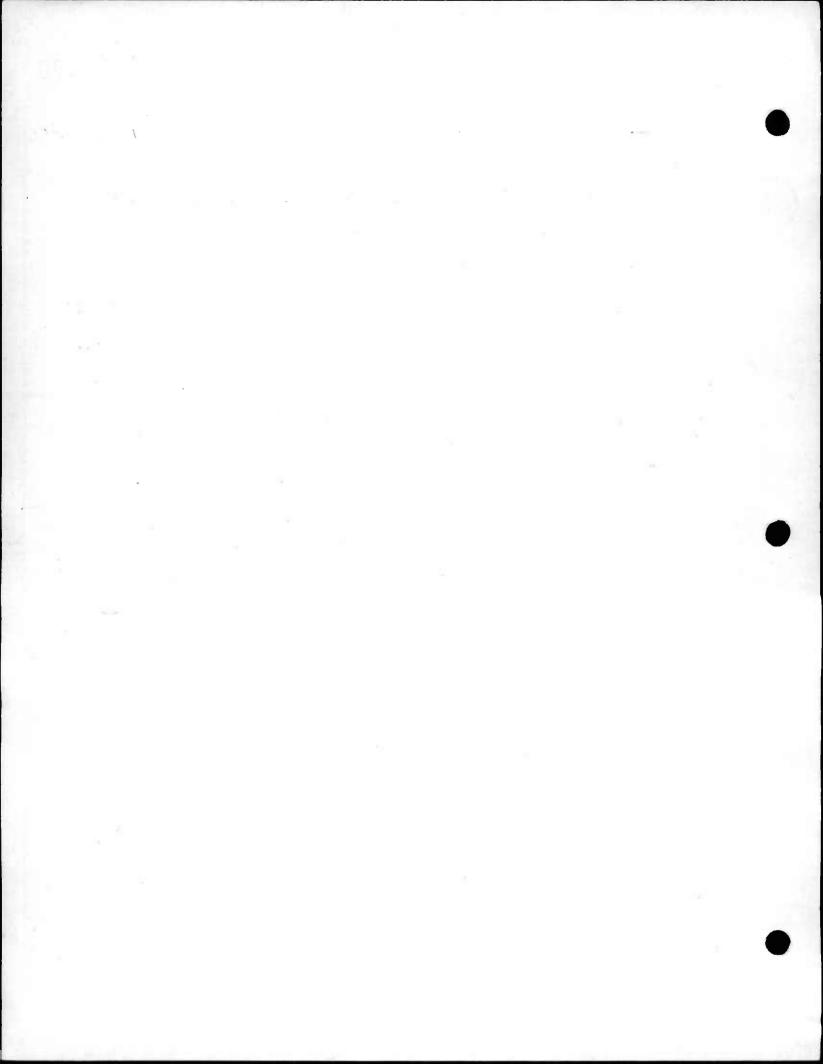


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YTAL OR ATTENDING PHY	RAL DIRECTOR: After thi	72 hours after death w	: If item 28 is mark
HOSPITAL OR ATTENDING PHY	UNERAL DIRECTOR: After this	vithin 72 hours after death w	ANT: If item 28 is mark
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach	iled within 72 hours after death w	IMPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE SOMPLETED

	1 - FOR STATE OF MARYLAND / DEPART CERTIFIC	MENT OF HEALTH AND I	REG. NO.	00230							
1	Smith, Milton J. Smith	SMITH	2. DATE OF DEATH 11-5- MONTH DAY	91 1207 PM							
	214-12-4247 1×M2□F 81 YAS. M	IF UNDER 1 YEAR IF UNDER 24 HRS. IONTHS DAYS HOURS MIN. Bb. CITY, TOWN OR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year)	e. BIRTHPLACE (State or Foreign Country) Maryland DUHTY OF DEATH							
TOR	Meridian teathrane 3227 Bel Pre	Selver Sp		iont.							
DIRECTOR	Maryland na Bal	timore	J	10d. INSIDE CITY LIMITS? 1 1 YES 2 ☐ HO							
FUNERAL	101 West University Pkwy BROADVIEW A		0	USA							
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 12. YES 2 NO IF YES, GIVE WAR OR DATES WW II	13. WAS DECEMDENT OF HISPAN If yes, specify Cuben, Mexica 1 YES 2 NO Specify 1	y:	Specify: White							
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) 12 College (1-4 or 5 +) 4 16e. DECEDENT'S US (Give kind of wo life. Do NOT use	rk done during most of working	Contract Ad	HDUSTRY Bendix Corp dministrator							
CON	17. FATHER'S HAME (First, Middle, Last)	16. MOTHER'S NAME (First, Middle, Melden Surneme)									
BE	Albert Smith Virginia S. Hopkins 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Bural Route Number, City or Town, State, Zip Code)										
5	Bruce Smith Son 15 Glynn Garth, Reisterstown, MD 21136										
	20s. METHOD OF DISPOSITION 1 Disposition 3 Removal from State 4 Nonation 5 Other (Specify)										
	21. SIGNATURE OF RUNERAL SERVICE LICENSEE HONALD Wade, Dir 22. NAME AND ADDRESS OF FACILITY STATE ANATOMY BOARD 655 W. Baltimore St, Balto., MD 21201										
	23. PART I. Enter the diseasea, or complicatione that caused the death. Do no shock, or heart failure. Liet only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSECUTABLE OF)	t enter the mode of dying, suc	th as cardiac or respiratory	Approximate Intervel Batween Onset and Death							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions contributing to death but not resulting in	the underlying cause given in	Part I. 24a. WAS AN AUTOPS PERFORMED? 1 YES 2	AMAILABLE PRIOR TO							
SICIAN		26. PLACE OF DEATH (Ch OTHER: VD Nursing Home 5 ☐ Residence	11								
BY PHY	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Yeer) 29e. PLACE OF INJURY 29b. TIME IHJU 29c. PLACE OF INJURY 29b. TIME 29c. PLACE OF INJURY 29b. TIME 20b. TIME 20b. TI	OF 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY (OCCURED							

HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 | YES 1 | NO 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Yeer) 26b. TIME OF IHJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Notural 1 YES 2 NO 2 Accident 28e. PLACE OF IHJURY — Al home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be datermined 4 Homicide 1 CERTIFYING PHYSICIAH: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basic of examin QUREAND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 9 N WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 32 REGISTRAE'S SIGNATURE AS A SECOND



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31. DATE FILED (Month, Day, Year)

NOV 06 1991

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

KOLDON

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32. REGISTRAR'S SIGNATURE his Drividson Bandall

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funeral director,

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DIVISION OF VITAL RECURDS, P.O. BOX 13146,	NO.	뽔	OUR
	PITAL OR ATTENDING PHYSICIAN: The law requires that it in commente be executed within 24-mours after	FAIL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	n 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove
	110	2	7

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2. DATE OF DEATH 11-04-91 3. TIME OF DEATH 2+ 2p 1. DECEDENT'S NAME (First, Middle, Last) idhu/Narain S. Varain Sidhu 7. DATE OF BIRTH (Month, Dev. Year) 12 - 20 6. BIRTHPLACE (State or Foreign 4. SOCIAL SECURITY NUMBER 5 SFY 6. AGE (In yrs. last birthday IF UNDER 1 YEAR MONTHS DAYS HOURS MIN. India 031-60-7520 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF OEATH 9c. COUNTY OF DEATH Pleasant Vig Jarroll DIRECTOR Maryland Howard Ellicott City 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3982 White Rose Way 21042 India 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, Whits, atc. If yes, specify Cubsn, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced Asian Indian ED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) COMPLET Elsmentary/Secondary (0-12) College (1-4 or 5+) 8th Farmer Agriculture 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surnsme) Bhan S. Sidhu Nand K. Dhaliwal BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 21042 Deepinder P. Sidhu 3982 White Rose Way. Ellicott City, MD 20s. METHOO OF DISPOSITION
1 □ Burist 2 📉 Cremation 3 □ Removal from State 20b. PLACE OF OISPOSITION (Name of cemetery, crematory or 28c. LOCATION — City or Town, State Metro Crematory, Inc. 11-05 Baltimore, MD Donation 5 - Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MacNabb Funeral Home, Inc. 21228 George E. MacNabb 301 Frederick Rd., Catonsville, MD 23. PART I. Enter the diseases, or complicatione that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximete ahock, or heart fellure. List only one cause on each line. Interval Between Atheroschusia coverany disease Oneet and Deeth IMMEDIATE CAUSE (Fine) disease or condition YRS Cardiae reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): atheros, leurs YRS (comme CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reculting in deeth) LAST 24a. WAS AN AUTOPSY PERFORMED? PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO MEDICAL Alzhenners Lymphima COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 TNO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) HOSPITAL . 1 TYES 2 NO 1 | Inpatient 2 | ER/Outpetient 3 | DOA 26s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 26c, INJURY AT WORK? 27. MANNER OF DEATH 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 6 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 Homicide 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of sxamingation end/or investigation, in my opinion, death occurred at the time, data and place, and dus to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Morth, Day, Year) BE

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Ellicott City

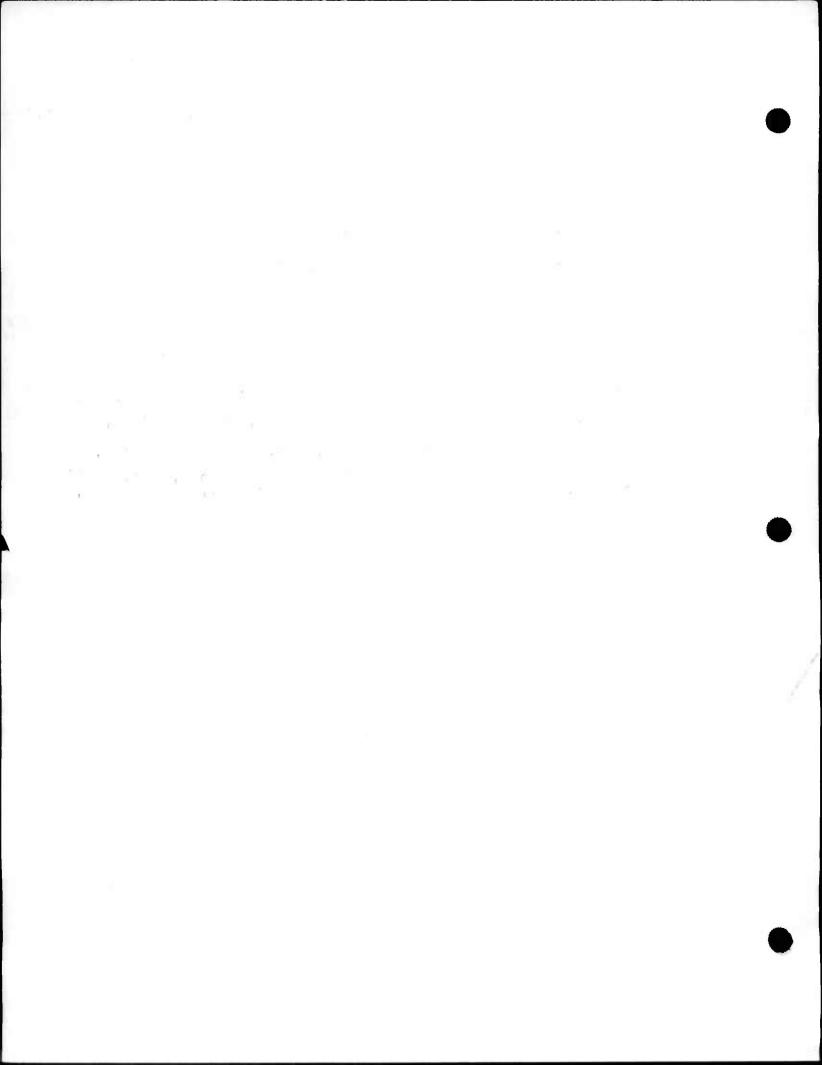
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	TO THE HOSPITAL OR ATTENDED PROCESSIVE TO BE A REQUIRED TO THE HOSPITAL OR ATTENDED PROCESSIVE STREET OF THE PROCESSIVE S	TO THE FUNERAL DIRECTOR: After a conflictments been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be find within 70 hours after death wi	IMPORTANT: If Item 28 is marked, or liter 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR		STATE OF MA			ICATE			MENI	REG. NO.		
	1. DECEDENT'S NAME (First		bert Sc	HR	Sc	hroede	Y &	2		TE OF DEATH	7 9	year 0/45
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. 482–48–2874 1 🕅 M 2 🗆 F					MONTHS DAYS HOURS MIN. (Month, Day, Year) Cour						Nebraska
J.R	90. FACILITY NAME (If not in	estitution, give s	street and number)	1 /10	30 M	9b. CITY, T	OWN OR	LOCATION OF DI	EATH C	/		Y OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY					Y, TOWN OR	LOCATIO				-	10d. INSIDE CITY
	Virginia	Loud	oun		Le	esbur	a					TYPES 2 NO
FUNERAL	10e. STREET AND NUMBER							IP CODE				EN OF WHAT COUNTRY?
JNE	210 Wildman	n Stre	12. WAS DECEDENT	EVER IN U.S. AF	RMED	13, WA		2075 IDENT OF HISPAI	NIC ORI	GIN? (Specify Yes		ed States 4. RACE — American Indian,
YFL	1 Never Merried 2 🔀		FORCES? 1 []	YES 2	NO	16.3		Ify Cuban, Maxica	en, Puer			4. RACE — American Indian, Black, White, atc. Specify:
D BY	3 Widowed 4 Dive	EDENT'S EDU	1959-19		ECEDENT'S	USUAL OCC	IBATION			16b. KIND OF BUS	INESS INDIA	White
ETE	(Specify on	ly highest grade	Completed) College (1-4 or 5 +)	(0	Bive kind of a. Do NOT u	work done dui	ing most	of working		IOD. KIND OF BUS	INE 33/INDU	SINT
COMPLETED	Listing possession, y	,	5	N	lap L	ibrar	ian			Federal	Gove:	rnment
BE CO	17. FATHER'S NAME (First, A Lawrence		roeder				1			at, Middle, Malden McGrew	Surname)	
0	19a. INFORMANT'S NAME (3	19						umber, City or Town		
	Beth Ann 20a. METHOD OF DISPOSIT	TION		20b. PLACE	210 Wildman Street, Lee E OF DISPOSITION (Name of completery, cremetory or					eesburg, VA 22075 20c. LOCATION — City or Town, State		
	1 Burial 2 X Cremati 4 Donation 5 Other		noval from Stata	Lee	's C	remato	ory			Wasl	ningto	on, D.C.
	21. SIGNATURE OF FUMERA	AL SERVICE LI	CENSER									y Funeral Home
	23. PART I. Enter the c	liseesee, or	compilectione that	caused the d		1300	/-4 U	11 20.11	LL , VV	asningu	O $1 $ $1 $ $1 $ $1 $ $1 $ $1 $ 1	C.20002-5816
	ahock, Dr heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finsi disease Dr condition resulting in death) a. Acute Myorardia 1 Jusufficience										retory arre	st, Approximate
	diseese Dr condition		a. Acu:		е.					a chronicon.		Interval Between
NC	diseese Dr condition resulting in death)	nsl	a. Acu: Abue TO (C	on each lin	My EQUENCE O	IOLA DF):				a chronicon.		Interval Between
ICATION	disesse Dr condition resulting in death) Sequentisity list condition any, leading to imme cause. Enter UNDERLY CAUSE (Disesse or Inj.	tions, ediste	a. ACU (c) b. AS (c) DUE TO (c) c.	OR AS A CONSE	e. My EQUENCE C	10				a chronicon.		Interval Between
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BY PHYSICIAN: MEDICAL	disease Dr condition resulting in death) Sequentisily list condition and the condition in	nsl tilons, odiste ling ury ST ant condition TO MEDICAL	B. DUE TO (C DUE TO (PR AS A CONSE	EQUENCE C	OFF: OFF:	26. PLAMING Home WORLD 1 YE	CSUSE GIVEN IN	Pert I	24a. WAS AN PERFOR	AUTOPSY IMPEO? NJURY OCCU	Interval Between Onset and Deeti Onset and Deeti Onset and Deeti Onset and Deeti Onset and Deeti Onset onset
BY PHYSICIAN: MEDICAL	diseese Dr condition resulting in death) Sequentisily list condition and it any, lesding to imme cause. Enter UNDERLY CAUSE (Disease or injusted initiated events resulting in death) LAS PART II. Other algnification in the initiated events resulting in death) LAS PART II. Other algnification in the initiated events resulting in death) LAS 25. WAS CASE REFERRED EXAMINER? 1	tions, diste find fury ant condition To MEDICAL Pending investigation Could not be detarmined	a. DUE TO (C b. DUE TO (C c. DUE TO (C d	PR AS A CONSE OR AS	EQUENCE COMEN	OTHER: 4 Nursis	26. PLAM ng Homa 1 YE. INJUF WORI 1 YE y, offica	CSUSE GIVEN IN CE OF DEATH (C) 5 Rasidanca RY AT KY KY KY IN IN IN IN IN IN IN IN IN I	f R 1 Pert I 2 Sd. 1 2 Sf. 1	24a. WAS AN PERFOR 1 VES 2 Y one) Char (Specify) DESCRIBE HOW I	AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? Autopsy Occident Number of the part of the pa	Interval Between Onset and Deeti Onset and Deeti Onset and Deeti Onset and Deeti Onset and Deeti Onset and Deeti Onset O
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32. REGISTRAR'S SIGNATURE

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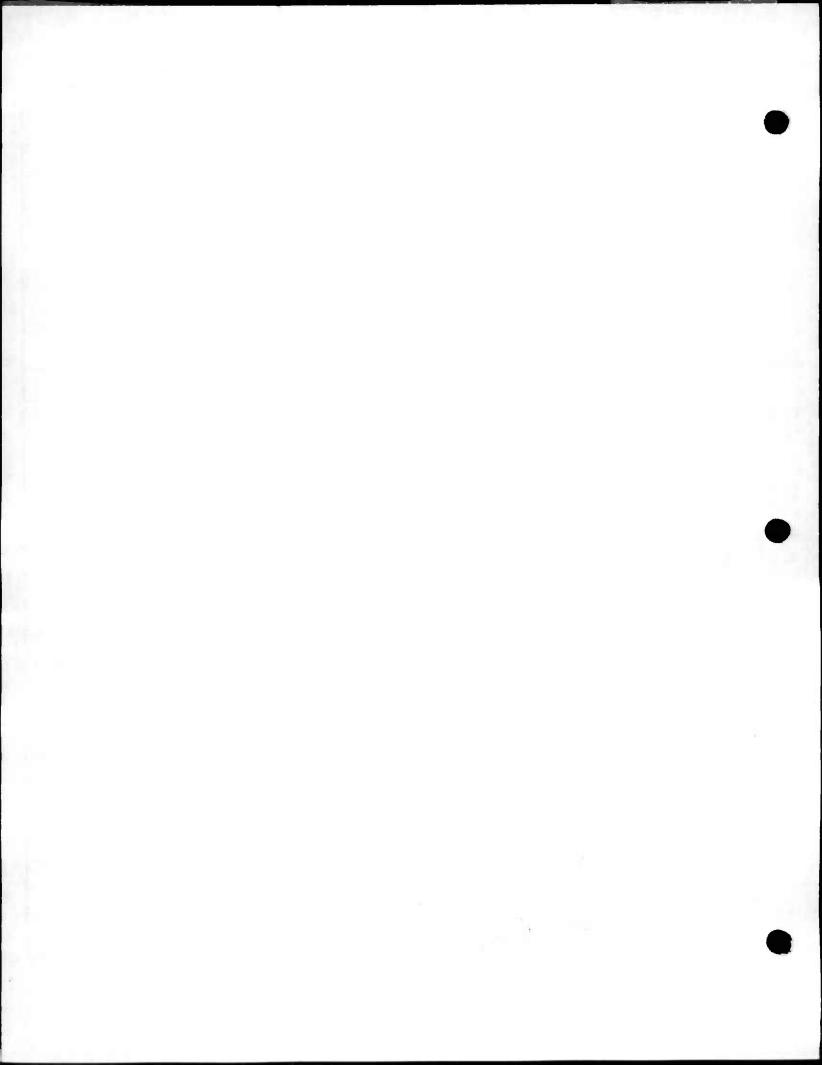


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	TO THE HISPITAL OF CHEMINAL PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FINIERAL OPERATOR IN Example 1.0 The property of the property of the physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be fined within 22 hours after the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. INPORTANT. If then 23 hours and injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND (DEPAR	RTMEN	T OF H	IEALTH DE A	AND I	MENT	AL HYGIEN		31	0301
	1. DECEDENT'S NAME (First, Middle, Last)				IOAII		DLA			E OF DEATH			3. TIME OF DEATH
	Jesomy F. Sn.	1965							MON	T 2°	AY (YEAR	2009 "
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER			R 24 HRS.		E OF BIRTH		8. BIRT	HPLACE (State or Foreign
	212-01-3371	XXM2□F	79	YRS.	MONTHS	DAYS	HOURS	Mile.	De	c. 8,19	911	Ba]	to. Co. Md
_	9s. FACILITY NAME (If not institution, give s				9b. CITY	Y, TOWN	OR LOCAT	ION OF DE	EATH			NTY OF	
6	University Hospit	aı			Ra	1111	nore	City	/				
S	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	1		10c, CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY
DIRECTOR	Maryland	Harford				el Ai	ir				LIMITS?		
A P	10e. STREET AND NUMBER					101	f. ZIP COL	Œ			10g. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL	1503 Char	ter Oak	Ave.					2	2101	4	11	.S.F	1
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AI	RMED	13.	WAS DEC	ENDENT	OF HISPAN	VIC ORIG	IN? (Specify Yes	or No-		E — American Indian, k, White, stc.
BY F	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE W	YES 2	NU				an, Maxica Specifi		Rican, etc.)		Spec	othy:
	15. DECEDENT'S EDUC	CATION											White
	(Specify only highest grade	completed)	(0	ECEDENT'S Sive kind of a. Do NOT u	work done se retired.)	during mo	ON ost of work	ing	16	b. KIND OF BU	SINESS/IND	DUSTRY	
COMPLETED	12 yrs.	College (1-4 or 5	Co	onstr	ucti	on w	orke	er		Unive	sal	Hous	sing
Ö	17. FATHER'S NAME (First, Middle, Last)				<u> </u>		18. MO1	HER'S NA	ME (First.	Middle, Maiden	Surna me)		
BE	L	ouis	Snyder				-	Mary		Schepe	er		
0 B	19a. INFORMANT'S NAME (Type/Print)	0 1	19	b. MAILING	ADDRES	S (Street a	nd Numbe	r or Rural I	Route Nur	nber, City or Tow	n, State, Zip	Code)	
-	Mrs. Phyllis R.	Snyder								el Air,	, Md.	210	014
	20s. METHOD OF DISPOSITION X Burlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval Irom State	20b. PLACE cemetary,_cr	AND DATE	OF DISPOS	SITION (Na	ma of 1	_7-9	1 04		CATION —		
	21. SIGNATURE OF FUNERAL SERVICE LIC		cemetary, cri Dula	aney				Garc SS OF FA			noniu		
	▶ E. F. La		n										uneral Home 21087
z	23. PART i. Enter the diseases, or cahock, pr heart failure. IIMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Col	coused the deae on each line	Dol	mo			Ing, suc			ratory ar	reat,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	Ç	(OR AS A CONSE										
CER	resulting in death) LAST	1											
N: MEDICAL	PART II. Other significant condition	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in							Part i.	24a. WAS AN PERFOR 1 YES 2	MED?	241	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			07:::-		ACE OF D	EATH (Che	eck only o	ne)			
PHYSICIAN:	I TYES 2 AND	I Inputiant 2	ER/Outpatient 3	□ DOA	OTHER		• 5 🗆 R	esidence	8 🗆 Oth	er (Specify)			
H	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF (Month, D		28b. TIM INJ	E OF URY	28c. INJI WO	URY AT RK?		28d. DE	SCRIBE HOW I	NJURY OC	CURED	
益	2 Accident Investigation				M		/ES 2 [] NO					
COMPLETED	3 Suicide 8 Could not be 4 Homicide detarmined	28s. PLACE Of building,	F INJURY — At ho atc. (Specify)	ome, larm, a	etreet, lect	ory, office			281. LO: C/f)	CATION (Street a or Town, State)	and Number	or Rural i	Route Number,
1PL		CIAN: To the best of											
8	One) 2 MEDICAL EXAMINE	R: On the basis of er	ramination and/or	Investigatio	n, In my o	plnion, de	eath occu	red at the	time, dat	a and place, an	d dua lo th	e ceuse(d	e) end manner es stated.
BE (290. SINDALONE DE TILE OF GENTHELER					T	29c. LIC	ENSE NUM	IBER		29d. DATI	E SIGNED	(Month, Day, Year)
10	20. WHIE AND ADDRESS OF PERSON WHO	COMPLETED CAUS	SE DF DEATH OTE	M 27) /7//	Print)						> \	1/9	.141
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	NOV 06 1991	19	idson-Range	lable									



	1 - STATE REGISTRAR	STATE OF MARY	CERT	PARTMEN FIFICAT	T OF H	TEALTH DEAT	AND ME	NTAL HYGIS				
	1. DECEDENT'S NAME (First, Middle, Last	S M.	SMIT	T14	4-4		2.	DATE OF DEATH		YEAR	3. TIME OF DEATH 12:246	
	4. SOCIAL SECURITY NUMBER 151-14-7097	1 🗆 M 2 🗗 F	E (In yrs. last birth	RS. IF UNDE	DAYS	IF UNDER HOURS	24 HRS. 7. MIN.	DATE OF BIRTH (Month, Day, Year, 0 - 2 4	1900	Country	idence, R. I	
TOR	FACILITY NAME (If not institution, give	then Her	3p.	9b. CIT	Sa Ba	lt.	ON OF GEATH	B	9c. COUNT			
DIRECTOR	Md. Harford Co. 10c. CITY, TOWN OR LOCATION Jarretts							ville			10d. INSIDE CITY LIMITS? 1 YES 2XXNO	
FUNERAL	10s. STREET AND NUMBER 3638	Fox Meadow	s Ct.		101	. ZIP CODE	21084	H	10g. CITIZE	10g. CITIZEN OF WHAT COUNTRY?		
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	13.	WAS DEC	ENDENT O	F HISPANIC (n, Maxican, Po Specify:	ORIGIN? (Specify uarto Rican, atc.)	Yea or No- 1	No— 14. RACE — American Indian, Black, White, etc. Specify: White		
COMPLETED	15. DECEOENT'S ED (Specify only highest grad Elementary/Secondary (0-12) 12 YIS.	UCATION le completed) College (1-4 or 5+)	/Give kin	NT'S USUAL Of d of work done OT use retired.)	during ma	ON st of working	7		ivate	STRY	WITEC	
BE CON		Villiam (Grandage			E	lizab	First, Middle, Maid eth Hop	kinson			
2	190. INFORMANT'S NAME (Type/Print) Mrs. Vera L. Co	ortner	19b. MAII	3638 F	OS M	^{nd Number} eadov	or Aural Aoute IS Ct.	o Number, City or Town, State, Zip Code) Jarrettsville, Md. 21084				
	20e. METHOD OF DISPOSITION 1	noval from State	Ob. PLACE AND DA	CIEMET	SITION (Na COLA		11-4-	91 Ba	LOCATION — CH Alto.Md	or Town	n, Stata 229	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE E.F.L 11750 Belair Rd. Kind							assahn sville	assahn Funeral home sville,Md. 21087			
ATION	shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST d											
MEDICAL	PART II. Other significant conditions contributing to desth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 VES 2 MO							O C	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE OF DEATH? YES 2 PNO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	strationt 3 D DO	OTHER	R:		ATH (Check o					
	27. MANNER OF DEATH 1 Partitural 5 Pending	28s. DATE OF INJURY (Month, Day, Year,	7 28b.	TIME OF INJURY	28c. INJL WOR	JRY AT	101	Other (Specify)	INJURY OCCUP	RED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJUI building, etc. (Sc	RY — At home, lan	rm, streat, fact				LOCATION (Stree City or Town, Star	et and Number or te)	Rural Rou	ite Number,	
COMPLETED		SICIAN: To the best of my kno									nd manner as stated.	
H H	296. SIGNATURE OF CERTIFIE	211					ISE NUMBER				Ionth, Day, Year)	
٥	30. NAME AND LODRESS OF PERSON WI	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Print)					And	/ /		
	31. DATE FILEO (Month, Day, Year) NOV 0 6 1991	32. REGISTRAR'S SIG	-Randoll									

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	OH ATTENDAG PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may by	1
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i	1. DECEDENT'S NAME (First, Middle, Lest) WAUGHNETA E. STREET Waughnette Street 2. DATE OF DEATH MONTH 10/27/91											3. TIME OF OEATH	
	4. SOCIAL SECURITY NUMBER 5. SEX 1 □ M 2 ☑ F 98				s. last birthday) YRS.	MONTHS DAYS HOURS			24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 4/9/1893	3	a. BIRTHPLACE (State or Foreign Country) WASHINGTON, D. C	
TOR	9a. FACILITY NAME (If not institution, give street and number) 2525 West Inns of Evergreen Belvedere Ave. 9b. CITY, TOWN OR LOCATION OF GEATH Baltimore												
DIRECTOR	PESIDENCE OF DEC 10a, STATE MARYLAND	STATE 10b. COUNTY						TION					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
ERAL	10a. STREET AND NUMBER 2525 W. B		BALTIMORE 101. ZIP CODE 21215					10g. CITIZEN OF WHAT COUNTRY USA					
BY FUN	11. MARITAL STATUS 1 Never Married 2 3 X Widowed 4 Div	ARMED	18	yes, sp		n, Mexica	NIC ORIGIN? (Specify \ in, Puerto Rican, etc.) y:	es or No- 14. RACE — American Indian, Black, White, etc. Specify: BLACK					
PLETED		EDENT'S EOU y highest grade		Give kind of life. Do NOT	work done di			ng	16b. KIND OF BUSINESS/INDUSTR			110	
BE COMPL	<u></u>	Α.	LEWIS					5	USAN		INE		
5	19a. INFORMANT'S NAME (LILYROSE 20a. METHOD QE DISPOSIT	CROS	SSMAN	20b, PL	611	N. MO	NTE	ELLO				MAS	02401 SACHUSETTS
	1 Burial 2 N Cremation 3 Removal from State 4 Donation 5 Other (Specify) METRO CREMATORY, TNC 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									//-/- 9/ C/	ATONSV	/ILL	E, MD.
	Estep Brothers Funeral Home P.A. 1300 Eutaw Pl. Balto. Md. 21217 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory errest.											21217	
	ahock, of heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a											Interval Between Onset and Deat	
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING									mes			
ERTIFICATION	CAUSE (Disease or inj that initiated events resulting in death) LAS	ury	d.	O (OR AS A CO	NSEOUENCE (OF):		K	22	l Fail	lure		yys
MEDICAL C	PART II. Other algnific	death bus	not resulting in the underlying cause given					Part Part Part Part Part Part Part Part		24	Ib. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
HYSICIAN:	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:			OTHER	/			neck only one)			
BY PHYS	1 YES 2 MO 27. MANNER OF OEATH 1 Netural 8 2 Accident	Pending Investigation		-	26b. Ti	-	26c. IN. W	JURY AT ORK? YES 2		6 Other (Specify) 26d. DESCRIBE HO	W INJURY O	CCURED	
TED	2 Accident 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									I Route Number,			
COMPLE	conduct of the									e to the cause(a) and i			e(a) and manner as stated.
TO BE C	29b. SUBMAYURE AND THE	Asta	Mus	onald	M. Pac	huta,	M.	03	A G	MBER 752	29d. DA		ED (Month, Day, Year) 28/91
				altimo	re, Ma				}				
	31. OATE FILED (Month, Day			widson-									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

Torondon figures, w. 1. Pr. 1 2735 N. Threigh Stores Tailing a. marel on 2019

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

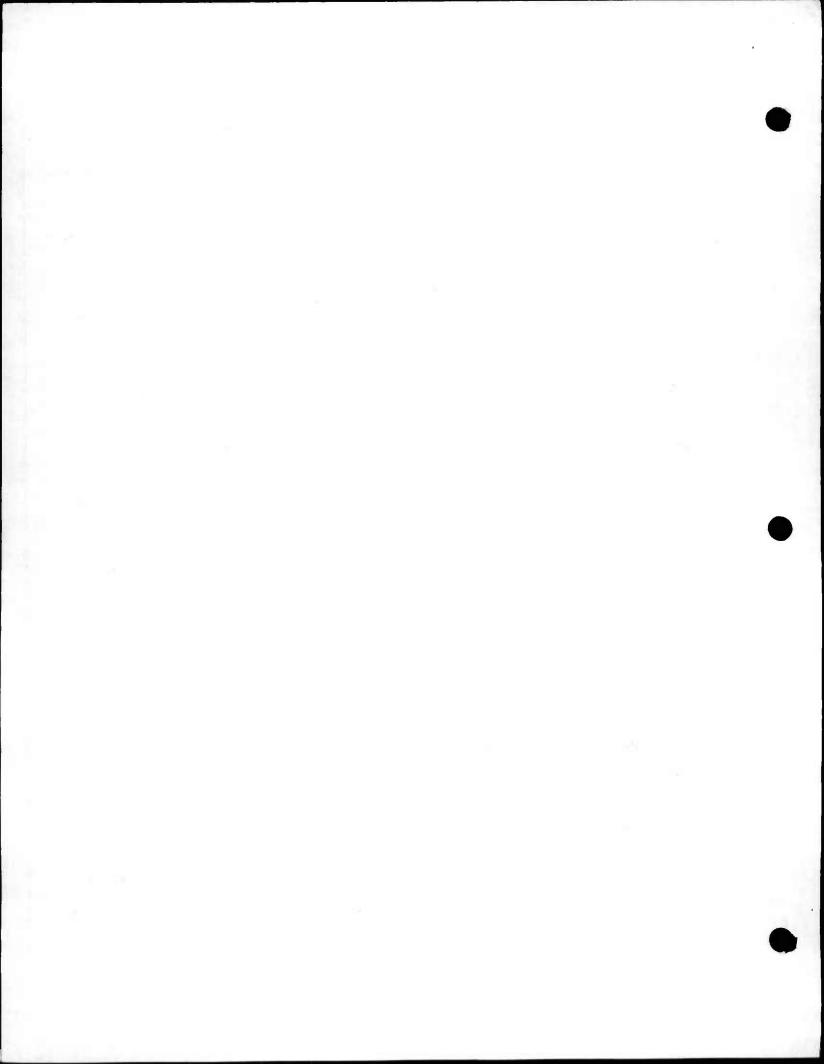
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Menial Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN										
	EVELYN A TURC MONTH DAY YEAR 11:3										
	4. SOCIAL SECURITY NUMBER 5	rs. last birthday)			24 HRS.	7. DATE OF BIRTH	BIRTHPLACE (State or Foreign				
	230 03 9575 1	□M 2.8 F 76	YRS.	MONTHS D/	YS HOURS	MIN.	(Month, Day, Year)	7 218	Country)		
_	9a. FACILITY NAME (If not institution, give stree	4 1		9b. CITY, TO	WN OR LOCATIO	ON OF DEAT	тн /	9c. COUNTY	OF DEATH		
힏	GOOD SAMARITAN HOSPITAL BALTIMORE										
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c,_CI7	TY, TOWN OR L	OCATION				10d, INSIDE CITY		
뚭	MARYLAND BALTE	mores	A	Sekvi.	115				LIMITS?		
A.	10e. STREET AND NUMBER	,	110/0	101. ZIP CODE			N OF WHAT COUNTRY?				
띮	2310C TARKS		21234				.A.7.				
FUNERAL		S. ARMED	13, WAS	DECENDENT O	F HISPANIC	NIC ORIGIN? (Specify Yea or No — 14. RACE — American Indian,					
B	1 ☐ Never Married 2 ☑ Married FORCES? 1 ☐ YES 2 ☑ NO If yes, specify: Black, White, etc. Black, White, etc. Specify: Sp										
	15. DECEDENT'S EDUCATION 16. DECEDENT'S USUAL OCCUPATION 16. KIND OF BUSINESS/INDUSTRY										
COMPLETED	(Specify only highest grade cor Elementary/Secondary (0-12)	(Give kind of life, Do NOT u	work done durin	g most of working	g	166. KIND OF BUS	TRY				
릴	12 YRS.	1-1-5	RK			500'02 Sec. 10:20					
8	17. FATHER'S NAME (First, Middle, Last)	0			18. MOTN	ER'S NAME	(First, Middle, Maiden	Sumame)	ZI ONII		
BE	HUGUST W	- KAPPO	70		5	SLS	is Bus	ick	<		
70	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (St	reet and Number	or Rural Rou	ute Number, City or Town	n, State, Zip Co	de)		
	20a. METHOD OF DISPOSITION	oras	25	JUS 1	AC AP	SOVE					
1	1 Burial 2 Cremation 3 Remova		ACE AND DATE ry, crematory or o	ther place	N (Name of	0.1	DATE 20c. LO	CATION - City	y or Town, State		
		Donation 5 Other (Specify) SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY									
	*100 JE			SYF	KS CH	APIL	06 Wru	108:00			
		m; h		8.8	3H00	1RF0	RO KORC) - HP	iRKVILLS		
	23. PART i. Enter the diseases, or com shock, or heert feliure. Lis	t only one cause on each	e death, Do i line,	not enter the	mode of dyir	ng, such e	es cerdiec or respi	ratory arrest	Approximate interval Between		
	iMMEDIATE CAUSE (Final disease or condition	CARD	IAC.	10	OBE				Onaet and Deeth		
	disease or condition resulting in death) CARDIAE ARREST DUE TO (OR AS A CONSEQUENCE OF):										
z	umanos en ros	ACUTE	MY	OCA	RDIF	AC	INF	ARC	5		
윤	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING OROMARY ARTERIOS CLERES / S DUE TO (OR AS A CONSCOUENCE OF): OROMARY ARTERIOS CLERES / S										
S	CAUSE (Disease or injury	ORONA	Ry	AR	TRI	050	CCERE	5515			
Ë	that initieted events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST										
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST b. ACCIVE MYOCHRENIAL INDEADOR OF: DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS										
음	PERFORMED? 1 VES 21 NO OF DEATH?										
PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 21 NO							1 TYES 2 NO				
ä											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
1YS	1 PSS 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Name 5 Residence 8 Other (Specify)										
효	27. MANNER OF DEATH 1			INJURY WORK?			28d. DESCRIBE NOW INJURY OCCURED				
ВУ	2 Accident Investigation 3 Suicide S Could not be	At home, farm,	TI TES 2 NO								
	3 Suicide 8 Could not be 4 Homicide 8 Could not be datarmined 28e. PLACE OF INJURY — At home, farm, straet, lactory, c					Office 281. LOCATION (Street City or Yown, State			and Number or Rural Route Number,		
٣	29a. CERTIFIER CERTIFIER PHYBICIAL	N: To the best of my knowledge	a danth accura								
3 Suicide 6 Could not be datarmined 26t. LO Chy Check only 26t. CERTIFIER (Check only one) 2 MEDICAL EXAMPLES. On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the calculations of the country of the country one) 2 MEDICAL EXAMPLES. On the basis of examination and/or investigation, in my opinion, death occurred at the time, date								he cause(s) and manner as stated,			
29s. SIGNATURE AND TITLE OF CONTRETER 29s. LICENSE NUMBER 29s. DATE SIGNED (More). Day 29s. DATE SIGNED (More). Day											
							14/9/				
2	30. NAME AND ADDRESS OF PERSON WHO CO	0. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									
	5714 A	5714 HARFORD RR, BALTO MO YUNO									
	. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE										
	NOV 06 1991 Julia Savida Bardine										
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DIVISION OF VITAL RECORDS,	Section of the latest
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		FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPA	RTMENT	OF HEALTH AND OF DEATH	MENTAL	HYGIENE REG. NO.			
		1. DECEDENT'S NAME (First, Middle, Last)	Marian Robert	ta Thomas	5		2. DATE (F DEATH BAY	1991	EAR 3. TH	ME OF DEATH
		4. SOCIAL SECURITY NUMBER 219–22–3290	5. SEX 8. AGE (fin yrs. lest birthday YRS.		YEAR IF UNDER 24 HRS. DAYS HOURS MIN.		F BIRTH Day, Year) 0-1924	8.	BIRTHPLACE Country)	E (State or Foreign
	<u>.</u>	9a. FACILITY NAME (If not institution, give:				TOWN OR LOCATION OF			9c. COUNTY	OF DEATH	_ ru
1 6	2	Inns of Evergreen Nursing Home Balto									
action	DIRE	10e. STATE 19b. COUNT	Υ	_	ITY, TOWN OR	LOCATION				· ·	INSIDE CITY LIMITS? YES 2 NO
Š	HAL	100. STREET AND NUMBER 5110 Woolverto	on Avenue			101. ZIP CODE 21215		1		OF WHAT O	
FINEDAL		11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. W	AS DECENDENT OF HISPI yes, specify Cuben, Mexic	ANIC ORIGIN?	(Specify Yea or			nerican Indian,
2	- 11	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA		1[YES 2 1 NO Spec					1ack
Once.	WILCIC	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12th		18a. DECEDENT (Give kind o life. Do NOT	f work done dur	CUPATION ring most of working	16b. :	KIND OF BUSIN	ESS/INDUS	TRY	
11 m		17. FATHER'S NAME (First, Middle, Last) Robert Y. Gibson	Robert Y. Gibson Hazel Taylor								
be notified	2	Jacqueline He	enson	196. MAILIN		street and Number or Rura erton Avenue		TO, MD	21215		
must		29a. METHOD OF DISPOSITION 1 A Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)		PLACE AND DATE etery, cremetory or Garriso			1179			or Town, Sta	
examiner		21. SIGNATURE OF FUNERAL SERVICE LIN	Elvan		22. NA	Me and address of F larch F/H West 300 Wabash /	t			1.0,	
event, the medical		23. PART t. Enter the disesses, prehock, or heart fellure. IMMEDIATE CAUSE (Final disesse preholition resulting in death)	List only one cause on et	nic 14	end	failur	ch ss cardi	sc or respirat	ory srrest		Approximate Interval Between Onset and Death
traumatic		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury									
ERTIFIC		that initiated events resulting in desth) LAST	DUE TO (OR AS A CONSEQUENCE OF): d.								
any inju		PART II. Other significant condition	ns contributing to death be	ut not resulting	In the unde	erlying cause given in		PERFORME	:0?	AVAILA	AUTOPSY FINDINGS ABLE PRIOR TO LETION OF CAUSE ATH?
							-			1 🗆 1	YES 2 NO
SICIAN:		25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF DEATH (C	heck only one)				
N.S.	4 III	1 YES 2 NO	1 - Inpetient 2 - ER/Outpeter 28e. DATE OF INJURY	ptient 3 DOA	4 Nursing	g Home 5 🗆 Realdence					
		1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	li-	JURY M	DC. INJURY AT WORK? 1 YES 2 NO	28d. DESC	NUM WOH BEIR	JRY OCCUR	ED	
ETED		3 Suicide 8 Could not be detarmined	28s. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify)					281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
IMPORTANT: If Item 24 Is m TO BE COMPLETED B		29a. CERTIFIER (Check only one) 1 CERTIFYING PAYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and manner as stated. 2 MEDICAL PXABUSER: On the best of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and dua to the cause(a) and manner as stated.									
MPORT		ALLEN HETTLEMAN, M.D. 29c. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year)							Day, Year)		
₹ 2		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (1707) POAD									
		31. DATE FILED (Month, Day Year)	The state of the s	MORE, M Davidson		08					
		NUVU	O IIJJI Juma	www.dson-	-Manage	-					

ALEN SETTEMBER STA

3. TIME OF DEATH

2. DATE OF DEATH MONTH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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DIVISION OF VITAL RECORDS, P.O.

MONROE 1:00 AM 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 7 DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 02 20 02 20 220-20-0796 YRS. completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should rifal, cremation, or removal. 9a, FACILITY NAME (If not institution. 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DINAI FUNERAL DIRECTOR Ba RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Itimore 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? US 212 6 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yes, specify Cuban, Maxican, Puerto Rican, atc.)
 \(\subseteq \text{YES 2 (2/NO} \) Specify: 14. RACE — American Indian, Black, White, alc. 1 Never Married 2 Married COMPLETED BY Specify: 3 Widowed 4 Divorced BLACK 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compi Elementary/Secondary (0-12) College (1-4 or 5+) notified at once. 17. FATHER'S, NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname BE 19a. INFORMANT'S NAME (Type/Print) 2 retta RO 20a METHOD OF DISPOSITION
1 of Burlat 2 Cremetion
4 Donation a pe PLACE AND DATE OF DISPOSITION (Na ery, crematory or other place) 296 LOCATION - City must DATE Buriel 2 Cremetion 3 Donetion 5 Other (Specify) examiner SIGNATURE OF EMPERAL SERVICE LICENSES arc medicai 23. PARTIX Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory Approximata shock, or heart failure. List only one cause on each line Interval Batw IMMEDIATE CAUSE (Final Onset and Death the disease or condition _____ a. Trontoparietal
DUE TO (OR AS A CONSCOUENCE OF): IN PHYSICIAN: The law requires that the death certificate be executed within event, this certificate has been signed by the attending physician and comes, with the State Dept. of Health and Mental Hygiene prior to burial, in mrked, or item 23 shows any Injury, or other traumatic ev Death Brain CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated avants resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 Ninpatient 2 - ER/Outpatient 3 - DOA ne 5 - Rasidence S Sther (Specify) 4 - Nursing Ho 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation Naturel 1 YES 2 | NO BY 2 Accident DIRECTOR A Tours War de Tem 28 Is 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rurel Route Number, City or Town, State) ETED 6 Could not be 4 Homicide COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. THE HOSPITAL THE FUNIFIAL filed within 729 2 __ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. MPORTANT 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 91 11103 23 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF PERSON NEVAR ASIGL NA 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE chia Savidson-Randalle 1991

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

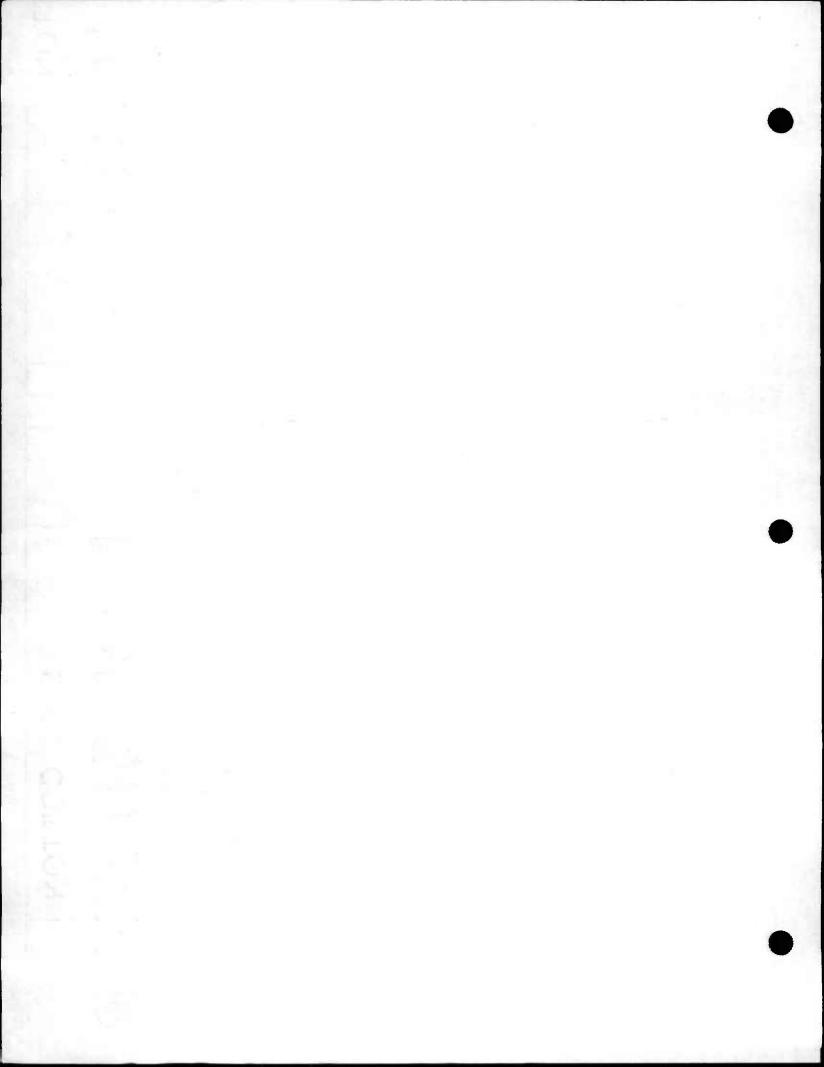
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DIVISION OF VITAL RECORDS, P.O. BOX 68:

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacted for use as the burial-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMENT CERTIFICATE		MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)	0	O 441 1 0		2. DATE OF DEATH MONTH D	AY YEA	3. TIME OF DEATH			
	ADELINE	U.	MNIS		OCT: 30	1991	13' 27PM			
13	4. SOCIAL SECURITY NUMBER		In yrs. last birthday) F UNDER	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		RTHPLACE (State or Foreign			
	9e. FACILITY NAME (If not institution, give s	10 M 3/QF 8	YRS.	TOWN OR LOCATION OF DI	つの7人 井」。	9c. COUNTY O	500.			
œ	Caron Samar.	Tan Har O'T	E) B	AC AC	EAIN	SC. COUNTY O	PDEATH			
6	RESIDENCE OF DECEDENT	MICHELI	ru Oi	KIIIOR			10d. INSIDE CITY			
DIRECTOR	10e. STATE 10b. COUNTY									
	100, STREET AND NUMBER	1, worr	I AR	10f, ZIP CODE		LIMITS? 1 ☐ YES 2 ☑ NO 10g, CITIZEN OF WHAT COUNTRY?				
FUNERAL	9405 FULLS	ROALS AVS		21234		log. Citizen C	S A			
S	11. MARITAL STATUS	12. WAS DECEDENT EVER I		WAS DECENDENT OF HISPAI		s or No — 14. F	ACE — American Indian,			
	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES		f yes, specify Cuben, Mexics YES 2 NO Specif			Heck, White, etc.			
D BY			[]		Total constants	1	ZTI KU			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDENT'S USUAL O (Give kind of work done life. Do NOT use retired.)	CCUPATION during most of working	186. KIND OF BU	ISINESS/INDUSTR	NY .			
2	Elementary/Secondary (0-12)	College (1-4 or 5+)	AT HA	C) S			,			
8	17. FATHER'S NAME (First, Middle, Last)		777	18. MOTHER'S NA	AME (First, Middle, Maider	Surneme)				
BEC	VITO GAJ	ملا		12719	LIA GRE	20000				
10	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRESS	(Street and Number or Rural	Route Number, City or Tox	wn, State, Zip Code)			
-	LAWITA LOR	OROS	SAC		ZVC	Name and the same				
	20s. METHOD OF DISPOSITION 128. Burlet 2 Cremetion 3 Rem		b. PLACE AND DATE OF DISP cemetary, cremetory or other p	lace)	PATE 20c. L	OCATION — City of	or Town, State			
	4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	1077 KODS 8	NAME AND ADDRESS OF FA	VCILITY CO- CO	SALIO,	[(U.			
	1 Jan 15	f and		YARS CHAREN	10 ROGO -	PARKY	1772			
	23. PART i. Enter the diseases, or	complications that cause List only one cause on a		tha moda of dying, suc	ch sa cardiac or resp	oiratory srrest,	Approximata interval Batween			
	IMMEDIATE CAUSE (Final	List only one cause on a	acii iiiia.				Onset and Daeth			
	disease or condition resulting in death)	MINVIES								
- 4		MENTHE								
CERTIFICATION	Sequentially list conditions,	MONTHS								
PAT	if sny, leading to immediata cause. Enter UNDERLYING	PI	VEU MONU	A			WEEKS			
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):							
	resulting in death) LAST	d								
2	PART ii. Other significant condition	ns contributing to death i	out not resulting in the u	ndarlying csuse given in	Part i. 24a. WAS A		24b. WERE AUTOPSY FINDINGS			
ICAL	_				PERFO	PRMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
						A	OF DEATH?			
PHYSICIAN: MEDI					_	1				
동	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHE	26. PLACE OF DEATH (C	heck only one)					
XSI	1 TYES 2 NO	HOSPITAL:		sing Home 5 - Residence						
표	27. MANNER OF DEATH 1 Netural 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURE	D			
B	2 Accident Investigation	Investigation 28s. PLACE OF INJURY — All home, farm street factory, office 28f LOCATION (Street and Number or								
COMPLETED	4 Homicide determined	building, etc. (Spe	icify)		City or Town, State	9)				
Ē	29a. CERTIFIER 1 CERTIFYING PHYS	BICIAN: To the best of my know	viedge, death occurred at the	lme, date and place, and du	s to the cause(s) and m	enner as stated.				
M	one)	ER: On the besie of examination					use(s) and menner se stated.			
Ö	29b. SIGNATURE AND TITLE OF CERTIFIE	ER .		29c. LICENSE NU	IMBER	29d, DATE SIG	NED (Month, Day, Year)			
) BE	FRED T	ACICEY	DM			31 4	30 91			
2	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Print)				A			
	3000	SAMA	MITAN	HOSPI	IAL					
	31. DATE FILED (Month, Day, Year) 1 NOV 0 6 1991	32 REGISTRAD'S STOR	Mandall.							
	I NIIV (70 1991	1000 1000 1000								



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MARYLAND 21215-002	A may be enteriored to the bounded or appropriate the
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TO BE COMPLETED BY FUNERAL DIRECTOR

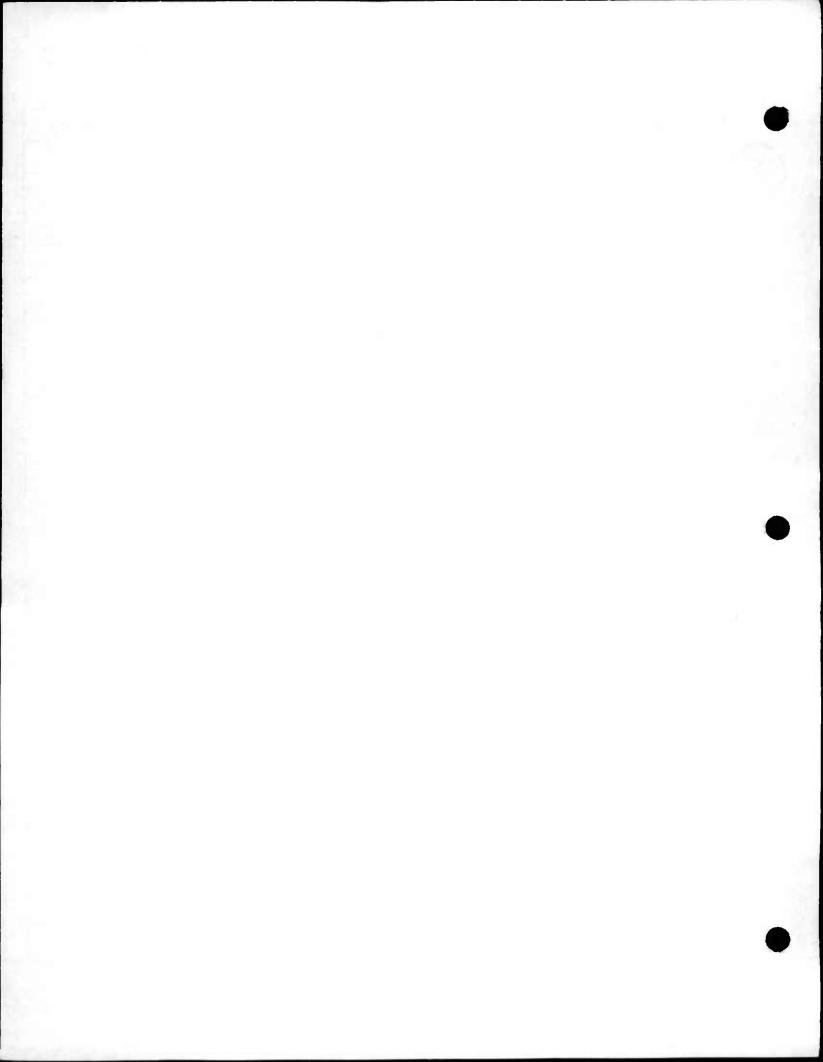
DIVISION OF VITAL RECORDS, P.O. BOX 68760, (

ID THE MOSTIAL OF ALIGNOMS PRISONARY THE IAM THE WAIT THE WAIT THE WEST THE MOST THE
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burda-transf nermit. Pages 1
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

1. DECEPENT'S NAME (First, Middle, Last)	1						TIEG. ITO.			
HENRY K.	Wolbies	HE	NRY KE	NNETH	WOLBIER	2. DATE MONTI	OF DEATH	9	YEAR	1737 PM
4. SOCIAL SECURITY NUMBER 113 16 7534	5. SEX	6. AGE (In yrs.		IF UNDER t Y	EAR IF UNDER 24 HRS	49.4	OF BIRTH h, Day, Year)	1010	8. BIRTHP	LACE (State or Foreign
94. FACILITY NAME (If not institution, give st	reet and number)		ing.	96. СПЖ ТО	WN OR LOCATION OF	DEATH	-08-1	9/9/	NTY OF DEA	
LORIEN NURS	ing + R	chasilo	topes	Co	lumb,	i, t	1D.		11	WARK
10e. STATE 10b. COUNTY	. 100.0	,		TOWN OR L	, -				,	IOd. INSIDE CITY LIMITS?
10e, STREET AND NUMBER	WARRE			N/U	molp					YES 2 NO
6334 (edan.	LAN	e		2/0	44		10g. CITIZ	USA	AT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	YES 2	ARMED NO	It ye	DECENDENT OF HIS e, specify Cuban, Mer YES 2 NO Spe	dcen, Puerto I		or No	14. RACE - Black, Specify.	- American Indian, White, atc.
15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)		DECEDENT'S L	ork done durin	PATION ng most of working	t6b	KIND OF BUS	INESS/IND	USTRY	
Elementary/Secondary (0-12) 12	College (1-4 or 5 d	•)	ife. Do NOT use		etired	Fe	ederal	Gov'	t Emj	ployee
17. FATHER'S NAME (First, Middle, Last)	WoJ	bier			ts. MOTHER'S	NAME (First, I	Middle, Maiden S	Surname)		
19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	AOORESS (St	reet and Number or Ru	ral Route Numi	ber, City or Town	, State, Zip	Code)	-
Theresa Wolbier	<i>\tilde{V}</i>	ife			ers Farm	Rd, (Columbi	la, M	ID 21	044
	17 my 1301	remetery r	E AND DATE OF crematory or oth	er place)		DAT			City or Town	
21. SIGNATURE OF YUNERAL SERVICE LIC	Ronal	d Wade	, Dir		E AND ADDRESS OF					
136mlla / //x	Mac	, 11–6-			W. Balti					1201
23. BART I. Enter the diseases, or c ehock, or heart feiture. I IMMEDIATE CAUSE (Finel disease or condition resulting in desth)	omplications the Liet only one cau	se on eech III	deeth. Do no ne. SEOUENCE OF)	-	mode of dying, s		flac or respir	etory arre	eet,	Approximate interval Between Onset and Daath
Sequentially list conditione, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury		(OR AS A CONS								
that initisted events resulting in deeth) LAST		ON AS A CONS	EOUENCE OF)							
PART ii. Other significent conditions	contributing to	deeth but not	resulting in	the under	lying ceuse given	in Part I.	24a. WAS AN A		24b, W	ERE AUTOPSY FINDINGS
							PERFORM 1 YES 2		0	WAILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				2	6. PLACE OF DEATH	Check only on	e)			
1 TYES 2 NO	HOSPITAL:	ER/Outpatient	3 DOA	OTHER:	Home 5 - Raeldeno	e 8 🗆 Other	r (Specify)			
27. MANNER OF DEATH t Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, Da		28b. TIME INJU	OF 28c	INJURY AT WORK?		CRIBE HOW IN	JURY OCC	URED	
3 Suicide 8 Could not be determined	28e. PLACE Of building,	FINJURY — At I	home, ferm, str	eet, tectory,	office	28t. LOCA City of	ATION (Street and or Town, State)	nd Number o	or Rural Rou	te Number,
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER					data end place, and d					nd manner as stated
29b. SIGNATURE AND TITLE OF CERTIFIER					29c, LICENSE N					fonth, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (IT	EM 27) (Type, F	rint)				•		
31, DATE FILED (MONIP, Day, Year) 1991	32/ REGISTRAI	R'S SIGNATURE		-		-				
NUV 0 6 1991	Julia D	R'S SIGNATURE	-data-							



Pages 1

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mous after death. Page 6 may be retained by t	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at
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91-6424-510 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATN VEAR MELTON L ewis 10 31 2:55P WHITENER Jr. 1991 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTN B. BIRTNPLACE (State or Foreign 220-86-8038 M27 10761 1 🗙 M 2 🗌 F 28 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR INNER HARBOUR BALTIMORE CITY 10a. STATE 10b. COUNTY JOG CITY TOWN -- COCATION 10d. INSIDE CITY MD. Baltimore 1 YES 2 | NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1503 E. Federal St. 21213 U.S. A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE - American Indien, Black, White, etc. 1 Never Married 2 K Merried IF YES, GIVE WAR OR DATES BY Bľack 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade of Elementary/Secondary (0-12) College (1-4 or 5+) 5 t Law Student Law Office 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) MeltonaL. WhitnerSr. Carolyn Chapman BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Melton L. 1503 E. Federal St. Balto., MD. 21213 Whitner Sr 20e. METHOD OF DISPOSITION

Depuries 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Arbutus Memorial Pk. ☐ Donation 5 ☐ Other (Specify) _ 11/8 Arbutus, MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ▶ Betts Funeral Home 1129 N. Caroline St. Balto., Md 2121 23. PART i. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory strest, Approximete shock, or heert feilure. Liet only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death diseese or condition rownin 9 resulting in death) DUE TO (OR AS A CONSEQUENCE OF MEDICAL CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reculting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA | 4 | Nursing Name 5 | Residence XLXOther (Specify) **EXAMINER?** XX YES 2 NO INNER HARBOUR 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT 26d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending 31 199 110:45 A 1 YES 2 NO SUBJECT BY JUMPED IN HARBOUR 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be datermined COMPLETED 4 Nomicide INNER HORBOUR BALTIMORE CITY 29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as atsted. 2XXMEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner as stated. 29b, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) rute /W) ▶11 OCME 01 1991 2

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) 111 PENN STREET

BALTIMORE, MARYLAND

21201

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

1991

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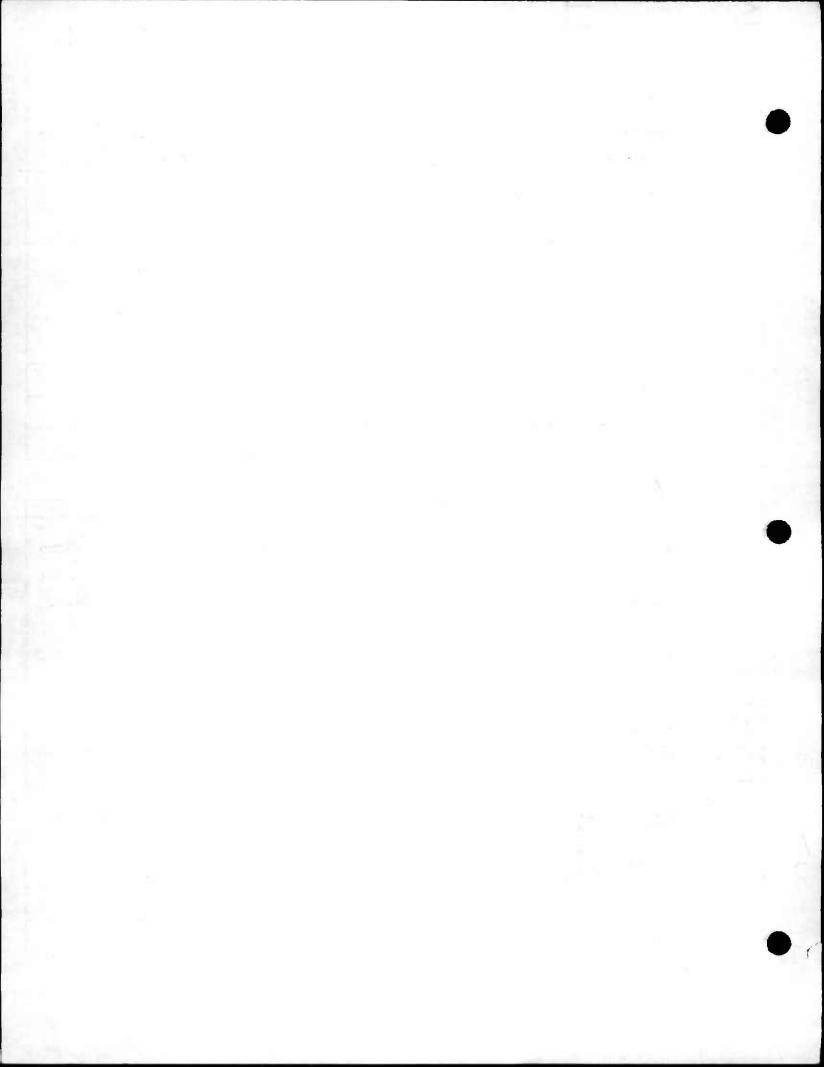
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1. DECEDENT'S NAME (First, Middle, Lest)	TERMYTO	n Smith	Walte	er	3	, *	E C	2. DATE OF I	DEATH DA	w 65/	YEAR	3. JIME	OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (Ip-yrs, last		IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DATE OF E	-		6. BIRTI	HPLACE (S	State or Foreign
The state of the s	1 M 2 □ F	89	YRS.		DAYS	HOURS	MIN.	(Month, De	y, Year) /	02	Count		
213-01-7392		0 1	ins.					2 [([alnu	mere,
9e, FACILITY NAME (If not institution, give	street and number)			9b. CITY,	TOWN		ON OF DE	h., 5	**	1.11.14.14.14.1	C. COUNTY OF PEATH		
5500 Samon To	N TOGE	del		Baltrush City N/A									
RESIDENCE OF DECEDENT	1												
10a. STATE 10b. COUN	ry V		10c. CITY	, TOWN OR	LOCAT	ION						10d. INS	SIDE CITY
Maryland	N/A		Bal	timor	ce C	City							S 2 NO
10e. STREET AND NUMBER	,					ZIP COD	E	1 🔣 Y					UNTRY?
4221 Chamman als Ass						21206				U.S.			
4231 Shamrock Av													
11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	FEVER IN U.S. ARI						IIC ORIGIN? (S		or No—	14. RAC Blac	E — Amer	ricen Indian, etc.
1 Never Merried 2 Merried	IF YES, GIVE W						Specify				Spec	olfy:	
\$ €\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\											Whit	te	
15. DECEDENT'S ED (Specify only highest grad	UCATION	16a. DEG	CEDENT'S	USUAL OC	CUPATIO	ON .		16b, KIN	ID OF BU	SINESS/INI	DUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+	life.	Do NOT us	rork done du e retired.)	army mo	St OF WORK	ng						
12th Grade	Contage (1-4 of 5 f		erk					Clot	thing	g Con	man	J	
17. FATHER'S NAME (First, Middle, Last)						10 140**	HED'S NA	ME (First, Middl		_	1		
									ns, maiden	sumame)			
Unknown							cnowr.						
19s. INFORMANT'S NAME (Type/Print)								Route Number, (-				
Ruth King (daugh	ter)	58	326 M	uriet	tta	Ave.	. , Va	n Nuys	s, Ca	alifo	rnia	a 914	401
20a, METHOD OF DISPOSITION		20b, PLACE	_					DATE		CATION -			
1 Buriel 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	moval from State	of cemetary.	crematory	or other pla	2C0)	11101110		1					
		Oak La	awn C					11/4		timor	ce, n	wary.	Land
21. SIGNATURE OF FUNERAL SERVICE L	TCEMSEE	0		JO	ame al	ND ADORE	SS OF FA	Inc.					
Ke. Hlin	m. M.	anh.						yland		06			
23. PART i Enter the diseeses, Di	111.11	7-my						-					pproximata
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST													
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. 24s. WAS AN AUTOPSY PERFORMED? ANILABLE PRIOR TO COMPLETION OF CAUSE													
								''	YES :	Z NO		OF DEAT	
								—				1 YE	S 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?						LACE OF	DEATH (Ch	eck only one)					
1 ☐ YES 2 ☐ ÑO	HOSPITAL:	ER/Outpatient 3	□ DOA	4 Nursi		16 5 D A	lesidence	6 Other (S)	pecify)				
27. MANNER OF DEATH	28s, DATE OF	INJURY	28b. TIM	E OF	28c. IN.	JURY AT	- CALL SAN DA	28d, DESCRI		INJURY O	CCURED		
1 Natural 5 Pending	(Month, D		INJ	URY	W	YES 2	□ NO	Contract					
2 Accident Investigation		F Int Illiance						004 4 000	DA1 (C:				
3 Suicide 6 Could not b	28e. PLACE O building,	F INJURY — At ho stc. (Specify)	me, farm, a	ntreet, facto	ory, offic			281. LOCATIO	ON (Street fown, Stete		er or Aural	Houte Nur	mber,
4 Homicide determined													
enel enel	SICIAN: To the best of											(s) and ma	anner ss state
29b. SIGNATURE AND TITLE OF CERTIF	IER					290 110	ENSE NUI	MBER	_	294 DA	TE SIGNE	Q (Month,	Day Years
N 1 KS	~ C	\sim	1			Z PG. LIC	H-	. 0		290. DA	ITO	21	91
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30. NAME AND ADDRÉSS OF PERSON V	VHO COMPLETED CAUS	SE OF DEATH (ITE	M 27) (Type,	, Print)									
31. DATE FILED (Month, Day, Yhari	32. REGISTRA	R'S SIGNATURE						-					
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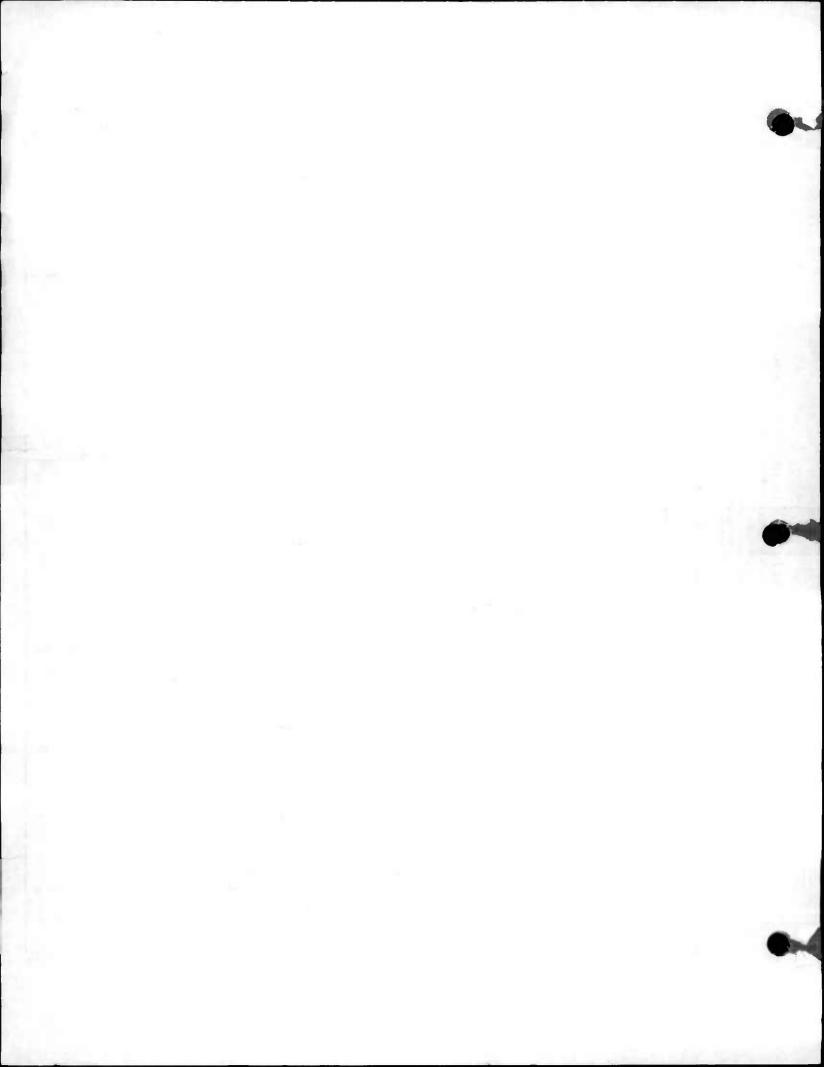
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31. DATE FILEO (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

TOR	4. SOCIAL SECURITY NUMBER	1 D.	WH	n D Whi	تد.				MONTI	1 D		YEAR 3 I	3130A,	
TOR	216-09-2		X M 2 🗆 F	8. AGE (In yrs. lest		MONTHS DAY		UNDER 24 HRS.	(Monti	OF BIRTH	20	Countral	ACE (State or Foreign	
牙順	ST. JOSEF	H. Has	o number) DITA	_		-	WN OR LI	OCATION OF OE	EATH 9c COUNTY OF			TY OF DEA		
DIRECTOR	100. STATE Maryland	Baltimo	re Cou	intv		town on Lo							Od. INSIDE CITY LIMITS? YES 2 1 NO	
FUNERAL	100. STREET AND NUMBER 22 Alston Ro						10f. ZIP	CODE LO93			U.S.	TIZEN OF WHAT COUNTRY?		
à l	11. MARITAL STATUS 1 Never Merried 2 M M 3 Wildowed 4 Divorce	arried F		T EVER IN U.S. ARK		If yes		ENT OF HISPAN Cuben, Mexica NO Specify	n, Puerto I		or No-	14. RACE - Black, V Specify: Whit		
PLETED	15. DECED (Specify only h Elementary/Secondary (0-1: 12th Grade	DENT'S EDUCATION ighest grade complete (2) Coll	eted) ege (1-4 or 5 +	(GA life.		11.559-51		working		lack 8				
SE COMPL	17. FATHER'S NAME (First, Midde Frederick Wh.			THE			18.	MOTHER'S NA	ME (First, I	Middle, Maiden		<u></u>		
TO B	19a. INFORMANT'S NAME (Type) Florence Dobl	bs White	:	2	2 Als	ston R	oad,			le, Ma	rylar	nd 21		
	Florence Dobbs White 22 Alston Road, Lutherville, Maryland 21093 20s. METHOD OF DISPOSITION XX Burlel 2 Cremation 3 Removal from State 20b. PLACE AND OATE of DISPOSITION (Name of Cemetary, Crematory of other (Pace) 20b. PLACE AND OATE of DISPOSITION (Name of Cemetary, Crematory of Other (Specify) 20b. PLACE AND OATE of DISPOSITION (Name of Cemetary, Crematory of Other (Specify) 20b. PLACE AND OATE of DISPOSITION (Name of Cemetary, Crematory of Other (Specify) 20b. PLACE AND OATE of DISPOSITION (Name of Cemetary, Crematory of Other (Specify) 20b. PLACE AND OATE of DISPOSITION (Name of Cemetary, Crematory of Other (Specify) 20b. PLACE AND OATE of DISPOSITION (Name of Cemetary, Crematory of Other (Specify) 20b. PLACE AND OATE of DISPOSITION (Name of Cemetary, Crematory of Other (Specify) 20b. PLACE AND OATE of DISPOSITION (Name of Cemetary, Crematory of Other (Specify) 20b. PLACE AND OATE of DISPOSITION (Name of Cemetary, Crematory of Other (Specify) 20b. PLACE AND OATE of DISPOSITION (Name of Cemetary, Crematory of Other (Specify) 20b. PLACE AND OATE of DISPOSITION (Name of Cemetary, Crematory of Other (Specify) 20b. PLACE AND OATE of DISPOSITION (Name of Cemetary, Crematory of Other (Specify) 20b. PLACE AND OATE of DISPOSITION (Name of Cemetary, Crematory of Other (Specify) 20b. PLACE AND OATE of DISPOSITION (Name of Cemetary, Crematory of Other (Specify) 20b. PLACE AND OATE of DISPOSITION (Name of Cemetary, Crematory of Other (Specify) 20b. PLACE AND OATE of Cemetary, Crematory of Other (Specify) 20b. PLACE AND OATE of Cemetary, Crematory of Other (Specify) 20b. PLACE AND OATE of Cemetary, Crematory of Other (Specify) 20b. PLACE AND OATE of Cemetary, Crematory of Oate of Cemetary, Crematory of Oate of Cemetary, Crematory of Oate of Cemetary, Crematory of Oate of Cemetary, Crematory of Oate of Cemetary, Crematory of Oate of Cemetary, Crematory of Oate of Cemetary, Crematory of Oate of Cemetary, Crematory of Oate of Cemetary, Crematory of Oate of Cemetary, Crematory										1000			
	23. PART J. Enfer the dis-	un h	h	uphen	\ <u>-</u>	John 6415	C. Bel	Miller air Ro	, In	Baltin		-	land 2120	
	shock, or has IMMEDIATE CAUSE (Fina disease or condition resulting in death)	ert fellure. List o	nly one cau	se on each lina.	-1					nec or resp	iretory arre	, ist,	Approximate Interval Betwee Onset and Dear	
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):													
MEDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED?									/ERE AUTOPSY FINDINGS MALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	НО	PITAL:	ER/Outpatient 3	_ no.	OTHER:		OF OEATH (Ch				1		
ву Рну	27. MANNER OF OEATH 1 Natural 5 P		28a. DATE OF (Month, De	INJURY	28b. TIMI	OF 28c	WORK?			SCRIBE HOW	INJURY OCC	URED		
ETED	3 Suicide 6 Cd	ould not be stermined	28e. PLACE Of building,	F INJURY At horatc. (Specify)	me, farm, s	treet, factory,	office		28f. LOC City	ATION (Street or Town, State	and Number	or Rural Rou	rte Number,	
COMPL	one)			my knowledge, dec mamination and/or i									and manner as stated.	



DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL OF APPLICATION SHADICIAN: The law requires that the death certificate be executed within 2-	WISICIAN: The law requires that the death certificate be executed within 24-miles after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DESCRIPTION OF THE TIME CAN BE A MADE AND THE ALL MADE AND THE PROPERTY OF	certificate has been signed by the standing physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.
De filed Within /2 fouls are the state of the control of the contr	madical evenings must be notified at once
IMPORIANI: IK HEID ZE IS MENES, OF HEID 23 SHOWS ANY INJUST, OF CAME CASHIN, MA	medical grammer by morner or once.

•							C		303	6
	FOR STATE REGISTRAR	STATE OF MARYLAND /			F HEALTH AND N		GIENE			
	1. DECEDENT'S NAME (First, Middle, Last)	WE	4SEL	d a		2. DATE OF DE	ATH DAY	YEA	10	E OF DEATH
	LOUISE C	<u> </u>			AR IF UNDER 24 HRS.	10	27	91		5:30 PM
i	233-50-2852	6. AGE (In yrs. Ins		MONTHS DAY	7. DATE OF BIR (Month, Day,) NOV 13,	WV	(State or Foreign			
TOR	9a. FACILITY NAME (If not institution, give street 9136 Edgewood Dr. RESIDENCE OF DECEDENT	t and number)			vn or Location of DE	ATH		Mont	gome 1	ry
DIRECTOR	10e. STATE 10b. COUNTY	gomery		town or Lo					L	NSIDE CITY JMITS? YES 2 NO
ERAL	100. STREET AND NUMBER 9136 Edgewood Dr				101. ZIP CODE 20877			10g. CITIZEN		OUNTRY?
BY FUNERAL		2. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 A IF YES, GIVE WAR OR DATES	RMED NO	It yes	DECENDENT OF NISPANI I, specify Cuben, Maxican YES 2 X NO Specify:	, Pueno Rican, e			RACE — Am Black, White Specify: hite	nericen indien, e, etc.
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade col Elementery/Secondary (0-12)	mpleted) (0 life College (1-4 or 5 +)	live kind of w Do NOT use	usual occup ork done during retired.)	g most of working			pment		
	17. FATHER'S NAME (First, Middle, Last)	nnings Cottri			16. MOTHER'S NAM	ME (First, Middle,		urname)		
TO BE	190. INFORMANT'S NAME (Type/Print) Richard R. Wensell				oot and Number or Rural R	oute Number, City aithers				7
	20e. METNOD OF DISPOSITION 1 \(\overline{\text{M}}\) Buriel 2 \(\overline{\text{Cremation}}\) Cremation 3 \(\overline{\text{Ramova}}\) Ramova 4 \(\overline{\text{D}}\) Donetion 5 \(\overline{\text{Other}}\) Other (Specify)	20b. PLACE other p	of oisposi	moria	of cometery, crometory or l Gardens			ation - city ser, V		6726
	21. SIGNATURE OF FUNERAL SERVICE DEEN	ISPE		Rot	ruck Funera South Main	al Home	V		7.777	26726
	23. PART I. Enter the diseases, or cor	mplications that caused the d	eath. Do n	ot antar tha	moda of dying, suct	n as cardisc o	r respir	etory srrest,	1	Approximata
	IMMEDIATE CAUSE (Final	at only one cause on each lin		LNIT	Contra					Intarval Between Onset and Death
-	disease or condition resulting in death) a. METATATL Britist Carus 4470 DUE TO (OR AS A CONSEQUENCE OF):									
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING									
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE OF	7):						
빙	PART II. Other significant conditions	contribution to doubt but not	as as delegand	m Alex consider	dulan saura alura la	Book I Date to			041 19705	AUTOPSY FINDINGS
MEDICAL		ooninousing to death out not	readining i	-	Tynig Cadao given iii		YES 2	MED?	AVAIL. COMP OF DI	ABLE PRIOR TO PLETION OF CAUSE EATN?
									1 []	YES 2 NO
PHYSICIAN:		HOSPITAL:		OTHER:	26. PLACE OF DEATH (Ch	eck only one)				
IŞ.	1 TYES 2 NO 1	1 ☐ Inpatient 2 ☐ ER/Outpatient 28e. DATE OF INJURY	3 DOA	4 - Nuraing	Home 5 Reeldence	6 Other (Spec			FD.	
ВУ РН	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	SINT	M 1	WORK?					
ETED	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY — At h building, etc. (Specify)	ome, farm, a	itreet, factory,	office	281. LOCATION City or Tow		nd Number or F	Rural Floute N	lumber,
COMPLE	(Orlock Orli)	AN: To the best of my knowledge, or On the basis of examination end/or							iuse(a) and	manner ee stated.
BE	290. SIGNATURE AND TITLE OF CENTIFIER	andla			29c. LICENSE NUI	MBER 75		29d. DATE SI	GNED (Mont	h, Day, Year)
일	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (IT	FM 27) (Type	Print)		- 47				



30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

ROLL BOCCIO D 14808 PA 110

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

NOV 06 1991 Fulia Savidson—Randale

ROCKUILE, MO

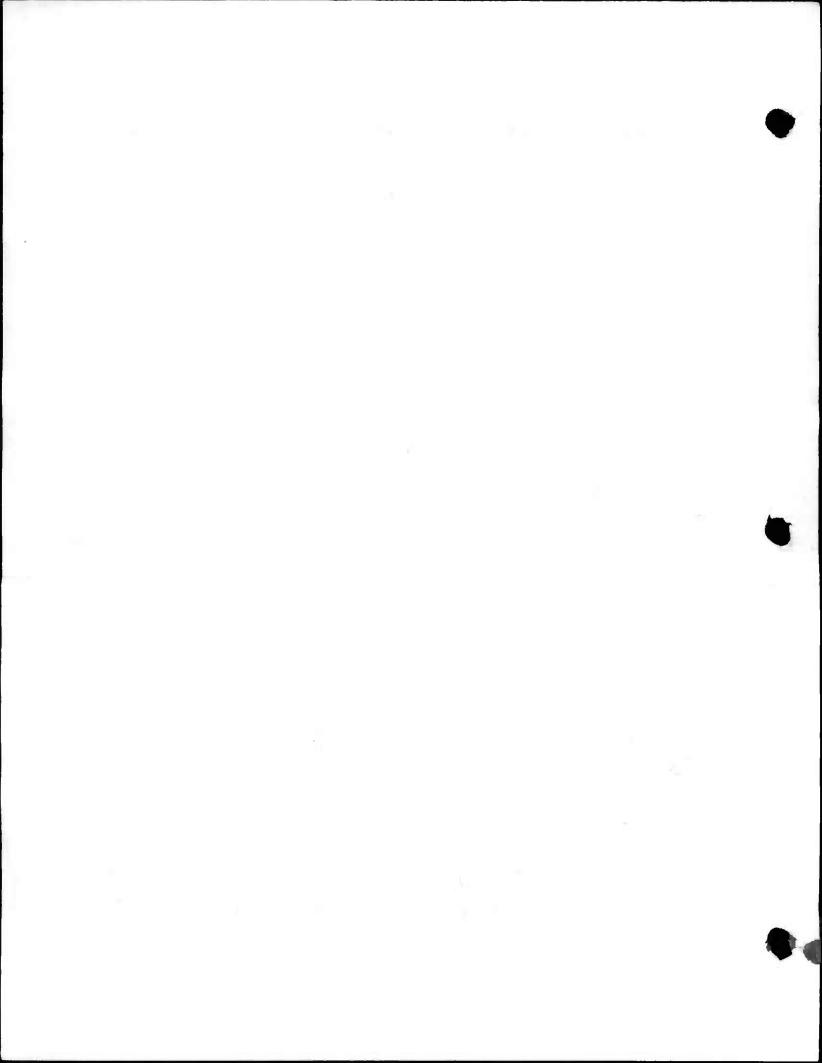
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TENDING PHYSICIAN: The law requires that the death certificate be executed within 2

30 THE 30

TE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENG
STRAR	CERTIFICATE OF DEATH REG. NO.

	1 - STATE REGISTRAR	TATE OF MARYLA		RTMENT OF H		MENTAL HYGIEN	E	00013	
	DECEDENT'S NAME (First, Middle, Last)	ile (ast)						3. TIME OF DEATN	
	Dorothy Catherine				I tellinger in per	October 3	_		
	4. SOCIAL SECURITY NUMBER 5. SI	6. AGE (In	n yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Open 2, 19		BIRTHPLACE (State or Foreign Country)	
ŀ	9a. FACILITY NAME (If not institution, give street as	7 7 1		9b. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY		
OR	Gull Creek Retiren	nent Comm	unity	Berlin			Worces	ster	
Gull Creek Retirement Community Berlin Worcester Gull Creek Retirement Community Berlin Worcester Worcester Worcester								10d. INSIDE CITY	
Hand Worcester Berlin 1 □ Yd								1 YES 2 X NO	
106. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTY									
FUNERAL	1 Meadow Street #				21811		USA		
BY FU	1 News Married 2 YMarried	1 Never Married 2 XMarried FORCES? 1 YES 2 XMarried IF YES, GIVE WAR OR DATES				IC ORIGIN? (Specify Year, Puerto Ricen, atc.)		RACE American Indian, Black, White, etc. Specify: White	
								RY	
COMPLETED	Elementary/Secondary (0-12) Col	ollege (1-4 or 5+)			ignet Ba	nk Banki	na		
OMI	17. FATHER'S NAME (First, Middle, Last)		OIIIOI.	Trust 5	7	ME (First, Middle, Maiden			
BE C	EDmond Henderson	1			Ethel A	llen			
0	19a. INFORMANT'S NAME (Type/Print)	. Lla aura				Route Number, City or Tox			
	Morgan Byron Wea		PLACE OF DISPO			erlin, Md.			
20a, METHOD OF DISPOSITION 1 N Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Evergreen Cemetery 20c. LOCATION — City or Town, State Berlin, Md.									
21. SIGNATURE OF THERAL PRINCE LICENSEE 22. NAME AND ADDRESS OF FACILITY Burbage Funeral Home									
	1 M. Huk E	Justage		108	Williams :	Street, Be			
	23. PART I. Enter the placease, of comp shock, or heart fallure. List of			not anter the me	oda of dylng, suc	h as cardiac or reap	iratory arreat,	Approximata interval Between	
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Motestatic Co/on Core uno S								
	resulting in death) a/	DUE TO (OR AS A	CONSEQUENCE (1	0	nen		- nuo s	
z									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE	OF):					
SE	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE (DF):				1	
E	resulting in death) LAST								
	PART II. Other algnificant conditions co	ontributing to death br	ut not reaulting	in the underlying	g cause givan in	Part I. 24s. WAS AF	AUTOPSY	24b, WERE AUTOPSY FINDINGS	
CAL						PERFO 1 YES		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MED							D 1,13	1 YES 2 NO	
PHYSICIAN: MEDI									
CI		OSPITAL:		OTHER:	LACE OF DEATH (Ch				
HYS	1 YES 2 NO 1 I	Inputient 2 ER/Output 28s. DATE OF INJURY	28b, Til	4 Nursing No.	JURY AT	8 ☐ Other (Specify) 28d, DESCRIBE HOW	INJURY OCCUR	ED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	16		ORK? YES 2 NO				
	3 Suicide a Could not be	26a. PLACE OF INJURY building, atc. (Spec	— At home, farm,	, atreet, factory, offi	ea	28f. LOCATION (Street City or Town, State		Rural Route Number,	
ETE	an- committee								
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: Or	t: To the best of my knowl						ause(a) and menner as stated.	
出	296. SIGNATURE AND STOP OF CERTIFIER	1/1/1/1	^		29c. LICENSE NUI	MBER 2 3 C	29d. DATE SI	GNED (Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DE	ATN (ITEM 27) (Tyr.	oe, Print)	0 16	7/8	1	1-7-11	
	David E Couall 31. DATE FILED (Month, Day, Year)	MD /5	15 E.	Carroll	54.	Salish	, MA	21861	
	NOV 06 1991 5	chia Davidson-1	gandell.			U			



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

is should be detached for use as the burial, remedion, or removal. Should be detached for use as the burial-transit permit, Pages 1, 2, 3 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should be some begr. of Health and Mental Hyglene prior to burial, cremation, or removal. 23 shows any injury, or other traumatic event, the medical examiner must be notified at once, ICAN The aw requires that the death certificate be executed within TO THE HOSPITAL OR ATTIME TO THE FUNERAL DIRECTOR. De filed within 72 pours. IMPORTANT: If Item

9

296. SIGNATURE AND TITLE OF DERTIFIER

1991

31. DATE FILED (Month, Day, Year)

NOV 06

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
TREADINAL A. COMPTON 8317 Chev

32. REGISTRAR'S SIGNATURE

	FOR 1 - STATE	STATE OF MAR							MEN	TAL H	YGIEN	E		
	REGISTRAR		CI	ERTIF	ICATE	OF	DEAT	TH	_		EG. NO	•		
	1. DECEDENT'S NAME (First, Middle, Last)	101010		9						ATE OF I	D.	AY	YEAR	705am
		lelch								11_	3	9		
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. las		IF UNDER	1 YEAR DAYS	HOURS	24 HRS.	7. D/	TE OF E	NA YEAR)		Cour	HPLACE (State or Foreign try)
	216-30-4750	1 M 2 - F	57	YRS.					_	1-2	3-3	_		rgina
	9a. FACILITY NAME (If not institution, give str			and			R LOCATIO		EATH				NTY OF	
OR	Fairland NSG. Ctr. Road S.S. mD, montgo								gomeny					
5	To a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. Maryland Montgomery Silver Spring 1							10d. INSIDE CITY						
E .								LIMITS?						
								1 TYES 2 XNO						
FUNERAL	106. STREET AND NUMBER 107. ZIP CODE 109. CITIZEN OF WHAT CO							WHAT COUNTRY?						
Ä	801 Briggs Chaney Road 20905 USA													
Ş	11. MARITAL STATUS	12. WAS DECEDENT EV FORCES? 1 X	YES 2 1	NO			ENDENT C					e or No—	14, RAI	CE — American Indian, ck, White, etc.
ВУ	1 Never Married 2 Married 3 Widowed 4 T Divorced	IF YES, GIVE WAR	OR DATES				2 XNO				,,		Spe	city: White
D 8		Unkr												
핃	15. DECEDENT'S EDUC (Specify only highest grade	:ATION completed)	(0	CEDENT'S	work done	CCUPATIO during mo	ON st of working	ng		16b. KIR	D OF BU	SINESS/IN	DUSTRY	
Ш	Elementary/Secondary (0-12)	College (1-4 or 5+)	lite.	. Do NOT u	se retired.)				- 1					
COMPLETE	11	0		True	ek I	rive	er				Lu	mber	Con	pany
Ö	17. FATHER'S NAME (First, Middle, Lest)						16. MOT	HER'S NA	ME (F	rst, Midd	le, Maiden	Sumame)		
BE C														
	19a INFORMANT'S NAME (Knoc/Print) 19b MAILING ADDRESS (Street and Number or Rural Pouts Number City of Town State 7to Code)													
5								20906						
	20e. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of complexy, crematory or 20c. LOCATION — City or Town, State							Town, State						
	1 Buriel 2 Cremetion 3 Remo	wal from State	other p	lace)							ם	l	:11.	Manual and
	21. SIGNATURE OF FUNERAL SERVICE LIC				22.	NAME AN	Ceme	SS OF FA	CILITY	,	11	OCKV	1116	Maryland
	Muriel H. Barber Funeral Home													
	May W.	Darbe	1								,			Md. 20882
1	23. PART i. Enter the diseases, or o				not enter									Approximata
	ahock, or heart failure.	List only one cause	on each line	B.										interval Between Onset and Deati
	disease or condition		11/2	nko										İ
	resulting in death)	BDUE TO (OF	AS A CONSE	OUENCE C	ก:									
	_				.,.									
CERTIFICATION	Sequentially list conditions,	DUE TO (OF	AS A CONSE	OUENCE C	Ð:	<u> </u>								<u> </u>
AT	If any, leading to immediate cause, Enter UNDERLYING	10000			,									
2	CAUSE (Disease or Injury	DUE TO (OF	AS A CONSE	OUENCE C	Ð:									
Ē	that initiated events resulting in death) LAST													
洪		1												-
	PART il. Other significant condition	s contributing to de	ath but not	reauiting	in the u	nderfyln	g cause	given in	Part	i. 24		N AUTOPS	/ 2	4b. WERE AUTOPSY FINDINGS
												RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
S										Ι,	YES	2 32 10		DF DEATH?
EDICAL	l ———											13		1 TYES 2 NO
MEDICAL												1		<u> </u>
		_			OTHE		LACE OF E	DEATH (C	heck or	nly one)		4		
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ne 5 🗆 R	esidence	8 🗆	Other (S	pecify)			
		HOSPITAL:	R/Outpatient	3 DOA	4,20	1 Inpetient 2 ER/Outpetient 3 DOA A Mursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURE								
	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	1 Inputient 2 I El	JURY	28b. Til	20. 5	28c. IN.	JURY AT		28d	. DEŞCR	BE HOW	INJURY O	CCURED	
PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	1 Inpatient 2 El	JURY	28b. Til	AE OF	WC	URY AT ORK? YES 2 [□ NO	28d	. DEŞCA	IBE HOW	INJURY O	CCURED	
BY PHYSICIAN:	EXAMINER? 1	1 Inpatient 2 Ell 28a. DATE OF IN. (Month, Day, 28e. PLACE OF IF	JURY Year) NJURY — At h	28b. TII	AE OF JURY M	1 🗆	YES 2 [□ NO	L	LOCATION	ON (Street	and Numb		al Route Number,
BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident investigation	1 Inpatient 2 El	JURY Year) NJURY — At h	28b. TII	AE OF JURY M	1 🗆	YES 2 [□ NO	L	LOCATION		and Numb		al Route Number,
BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	1 Inpetient 2 El 28a. DATE OF IN. (Month, Day. 28a. PLACE OF II building, etc	JURY Year) NJURY — At h (Specify)	28b. Til IN ome, farm,	AE OF JURY M street, fac	1	ORK? YES 2 [281.	LOCATION OF T	ON (Street fown, State	and Numb	er or Run	al Route Number,
BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PHYSI	1 Inpetient 2 El 28a. DATE OF IN. (Month, Day, 28a. PLACE OF II building, etc	JURY Year) NJURY — At h . (Specify)	28b. Til IN ome, farm,	ME OF JURY M street, fac	tory, office	ORK? YES 2 [e, and du	28f.	LOCATION City or 1	ON (Street fown, State	and Numb	er or Run	
PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	1 Inpatient 2 El 28a. DATE OF IN. (Month, Day, 28a. PLACE OF IN building, etc ICIAN: To the best of my R: On the basis of sxam	JURY Year) NJURY — At h . (Specify)	28b. Til IN ome, farm,	ME OF JURY M street, fac	tory, office	ORK? YES 2 [e and placed death occurrence of the comment occurrence of the comment occurrence of the comment occurrence of the comment occurrence of the comment occurrence of the comment occurrence of the comment occurrence of the comment occurrence of the comment occurrence of the comment occurrence of the comment occurrence of the comment occurrence of the comment occurrence of the comment occurrence of the comment occurrence of the comment occurrence of the comment occurrence of the comment occurrence of the comment occurrence occurrence of the comment occurrence of the comment occurrence occur	e, and du	28f.	LOCATION City or 1	ON (Street fown, State	and Numb	er or Run	e(e) and manner as stated.
BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Sulcide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND WILE OF GERTIFIER	1 Inpatient 2 El 28a. DATE OF IN. (Month, Day, 28a. PLACE OF IN building, etc ICIAN: To the best of my R: On the basis of sxam	JURY Year) NJURY — At h . (Specify)	28b. Til IN ome, farm,	ME OF JURY M street, fac	tory, office	PRK? YES 2 [end placed death occurrence 29c, LIC	e, and du	28f.	City or 1	ON (Street fown, State	and Numb	er or Run	

Cherry

DHMH-18 Rav 1/89

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29d. DATE SIGNED (Month, Day, Year)

NOV 3

2070

MO

29c, LICENSE NUMBER D 2 4 9 4

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING THE INVESTIGATION TO THE INVESTIGATION OF

TO THE HOSPITAL OR ATTENDING the detail of the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: we are common as been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death or the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death or the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death or the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death or the burial-transit permit. Pages 1, 2, 3 should be retained by the burial-transit permit. Pages 1, 2, 3 should be retained by the burial-transit be notified at once.
(M

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPART	MENT OF HE	ALTH AND I	MENTAL HYGIENI	E			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA	v v=15	3. TIME OF DEATH		
	Jesse					November		4:50 A M		
	4. SOCIAL SECURITY NUMBER 247–42–1565	1 × M 2 □ F 62		IF UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Mooth, Day, Year) 8-29-1929	8. BIRTI Count	S.C.		
DIRECTOR	9a. FACILITY NAME (It not institution, give st Maryland Gene		9	Ba	location of DE					
E C	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c, CITY	TOWN OR LOCATIO	N.			10d. INSIDE CITY		
	Md 10e. STREET AND NUMBER			Baltimo	re City					
NERA	4800 Yellowwood Aven			101. 2	21209		10g. CITIZEN OF			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 TYES ; IF YES, GIVE WAR OR OATE	2 NO	If yea, spec	WAS DECENDENT OF HISPANIC ORIGIN? (Specify Ye If yea, specify, Cuban, Maxican, Puerto Rican, atc.) YES 2 NO Specify:			14. RACE — American Indian, Black, Whita, atc. Specify:		
COMPLETED	15. DECEDENT'S EDUC (Specify any highest grade of Elementary/Secondary (0-12)	DECEDENT'S EDUCATION 18a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working) 16b. KIND OF BUSINESS/INDUSTRY								
BE COI	17. FATHER'S NAME (First, Middle, Lest) Albert Windham	rt Windham Mary								
0	199. INFORMANT'S NAME (Type/Print) Mary Windham			ellowwood		Noute Number, City or Town	o, Md 2120	9		
	20a. METHOO OF DISPOSITION 1A Burial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	e of		ation — city of to						
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	stern Star	22. NAME AND	ADDRESS OF FA			,		
	· Karen Mar			4300	F/H West Wabash A					
	23. PART i. Enter the diseases, or conshock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	Cachexia			of dying, such	h as cardisc or respir	atory arrest,	Approximats interval Between Onset and Death		
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	metasta	atic adeno	carcino	na of the LIVER					
CERTIFICATION	CAUSE (Disease or injury that initisted svents resulting in desth) LAST	DUE TO (OR AS A CO	A CONSEQUENCE OF):							
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS									
PHYSICIAN: MEDICAL						1 YES 2 ²		AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL			-						
SICI	EXAMINER?	HOSPITAL:		THER:	E OF DEATH (Che					
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	2Sb. TIME C	OF 28c. INJUR	Y AT	S Other (Specity) 28d. OESCRIBE HOW IN.	JURY OCCUREO			
	2 Accident Investigation 3 Suicide S Could not be datermined	28a. PLACE OF INJURY — abuilding, atc. (Specify)	At home, farm, atre			281. LOCATION (Street an City or Town, State)	nd Number or Rural F	loute Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC	IAN: To the best of my knowledg	e, death occurred a	et the time, data an	d place, and due	to the cause(a) and mann	er as stated.			
BE CO	296, SIGNATURE AND TITLE OF CERTIFIER	On the beals of exemination an	d/or investigation,	7	9c. LICENSE NUM		dua to the cause(s			
5	30. NAME AND ADDRESS OF PERSON WHO				n/a		· 11/	3/9/		
	Feodor C. Cagui		Marylan	d Genera	al Hospi	ital				
	31. DATE FILED (Month, Day, Year) NOV 06 1991	32. REGISTRAR'S SIGNATUR Fishia Davidson-A								
		, 10,007	1							

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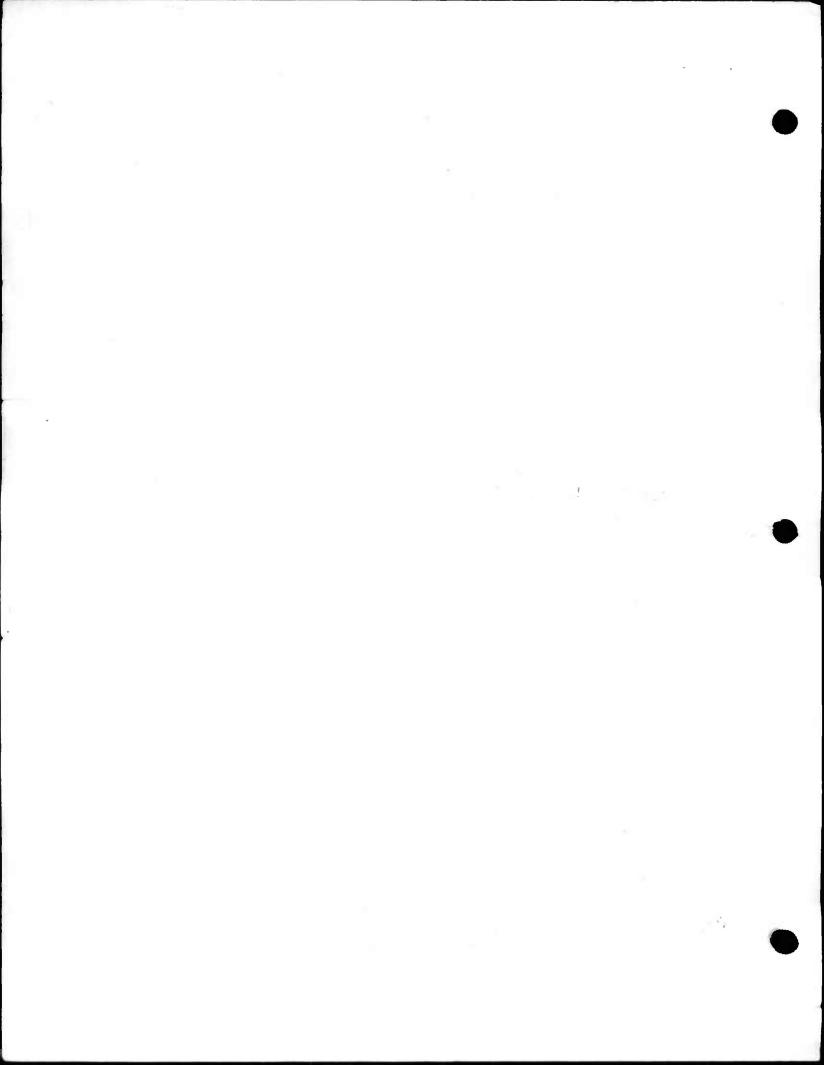
DIVISION OF VITAL RECORDS, P.O. BOX 68	TO THE HID THE OR ATTENDING PHYSICIAN: The law requires that the death certificate be execu	TO THE FLICHM CHIETTO AND THE BETTINGS AND THE SECOND SIGNED BY THE Attending physician and	be filed with 72 to a size of any with the State Dept. of Health and Mental Hygiene prior to bur	IMPRODUCE IN THE PARTY OF PARTY OF SHOWN COME INCOME AND ADDRESS OF THE PARTY OF TH
	101	101	pe fi	CIVI

	FOR Items:23 par 1 - STATE G-681 reb	STATE OF N	MARYLAND / DI CER	EPAR	TMENT OF H	EALTH AND	MENT	AL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) DESIREE				ALKER			E OF DEATH	199	AR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 219-31-8432 90. FACILITY NAME (if not institution, give	5. SEX 1 M 2 F	6. AGE (In yrs. last bir	thday) YRS.	F UNDER 1 YEAR MONTHS DAYS 6 13	IF UNDER 24 HRS. HOURS MIN.	7. DATI (Mor	e OF BIRTH nth. Day, Year) .9/91	8.1	SIRTHP Country)	Md,
TOR	UNION MEMORI RESIDENCE OF DECEDENT		ITAL		BALTI	MORE	DEATH		e. COUNTY	OF DE	ATH
DIRECTOR	Md.	Υ	10		y, town on Local Saltimor			10d. INSIDE CITY LIMITS? . ## YES 2 \sum NO			
FUNERAL	100. STREET AND NUMBER 506 E. 26tl				101	zip code 2121	10g. CITIZEN OF WHAT COUNTRY? USA				AT COUNTRY?
ВҰ	11. MARITAL STATUS 1. Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARMED YES 2 NO AR OR DATES)	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No- If yee, specify Cuban, Mexicen, Puerto Ricen, stc.) 1 YES 2 NO Specify: Afr. American						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY										
BE COM	17. FATHER'S NAME (First, Middle, Last) Reginald	Walker					AME (First,	Middle, Malden Sur			4
TO B	190. INFORMANT'S NAME (Type/Print) Reginald Walker 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 506 E. 26th St. Balto. Md. 21218							e)			
	20a. METHOD OF DISPOSITION 1		20b. PLACE AND cemetery, cremeter Baltim	DATE O	of DISPOSITION (Na ther place) Cem.	10/25/9			imore,		
	* Excel C	(lal	est		Es 1	300 Euts	hers	Funeral	Md.	2	
	23. PART I. Sand the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory strest, and consequence of the death. Do not enter the mode of dying, such as cerdiac or respiratory strest, and consequence of the death. Approximate Interval Between Onset and Death disease or condition resulting in death) Due to (or as a consequence of):										
CERTIFICATION	Sequentistly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST										
MEDICAL								C	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. PL	ACE OF DEATH (C	heck only o	nne)			
РНҮ	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	1 ☐ Inpatient 2X☐ 28e. DATE OF (Month, De		AOC IMIT .d	4 Nursing Hom E OF 28c, INJ URY WO		_	er (Specify) SCRIBE HOW INJU	IRY OCCURE	D	
TED BY	2 Accident 3 Suicide 8 Could not be determined	28e. PLACE Of building,	FINJURY — Al home, late. (Specify)	lerm, s			281. LOC	CATION (Street and or Town, State)	Number or Re	ırei Rou	ite Number,
COMPLET	29e. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the beel of ex	my knowledge, death o	ccurre	d at the time, data	end place, end du	e to the ca	use(e) end menner	ee stated.	IDO(8) d	and manner se stated.
TO BE C	29b. SIGNATURE AND TITLE OF CENTIFIE	rlen	N			O . C . M	MBER	29		NED (A	Aonth, Day, Year)
É	30. NAME AND ADDRESS OF PERSON WH TLAREN LOCKE	MD	111								ND 21201
	31. DATE FILED (Month, Day, Year) NOV 06 1991	32. REGISTRAI	r's signature Non-Randell								

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	ages 1	10 Eastern 10 To 1
	. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, Asath with the State Dent of Heath and Menial Hyniene prior to burial, cremation, or removal.	
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NDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	bR: After this certificate has been signed by the attending physician and completely filled in by the fundamental with the State Dept. of Health and Mental Hymiene prior to burial, cremation, or removal.	is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ICIAN:	the St	or it
3 PHYS	er this (arked
ENDIN	DR: After	S Is m
OR ATT	THE FUNERAL DIRECTOR	tem 2
SPITAL	FRAL I	11111
HE HO!	HE FUIL	ORTANT: If Item 28
5	101	E E

•	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR				MENTAL HYGIEN				
i	1. DECEDENT'S NAME (First, Middle, Last)	ANTHONY	AMEN				2. DATE OF DEATH DOCT. 16.,	1991	YEAR	3. TIME OF DEATH 8:30 A M	
	4. SOCIAL SECURITY NUMBER 201 10 3253	1 km 2 · · · 76	In yrs. last birthday) YRS.	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) July 25, 1		Pen	nsylvania	
TOR	At Home Sharp S RESIDENCE OF DECEDENT				k H	R LOCATION OF DE	АТН	200	ent	EATH	
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY	ent		Y, TOWN O			HALL		10d. INSIDE CITY LIMITS? XY YES 2 \(\text{NO}\)		
VERAL	_	Street				21661		US	USA		
B	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	1 YES 2 NO If yes, specify Cuban, Maxican, Puerto Rican, etc.)					s or No	14. RACE Bleck Speci	— American Indian, k, White, etc. White	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)							кжd.	Phil		
BE CON		Rosario Ame	n			18. MOTHER'S NA Michali	ME (First, Middle, Maider ne Ranie				
10	190. INFORMANT'S NAME (Type/Print) Maria T. Amen W	ife		St.		ock Hall,	Route Number, City or Tow Md. 216		p Code)		
	20e. METHOD OF DISPOSITION 1	val from State	other place) Paule C			netery, crematory or		Ch		rtown, Md.	
	21. SIGNATURE OF THE RAL SERVICE LIC	Fellow	5		NAME AN	WS WEL	413 Hig	gh St		Chestertown	
	23. PART I. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such se cerdisc Dr respiratory strest, shock, deficiently strest, shock, shock, deficiently strest, shock,										
CERTIFICATION	Sequentielly liet conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
CERI	resulting in death) LAST	d									
PHYSICIAN: MEDICAL	PART II. Other significent condition	e contributing to death b	out not resulting	In the un	ideriyin	g cause given in		RMED?	240	DEPTH AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE		ACE OF DEATH (C)	neck only one)				
	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	1 Inpatient 2 ER/Out	28b. TI	4 🗆 Nur	28c. INJ WC		6 Other (Specify) 28d. DE\$CRIBE HOW	INJURY O	CCURED		
TED BY	2 Accident Investigation 3 Suicide S Could not be determined	28e, PLACE OF INJUR building, etc. (Spe	/ — At home, farm,	, street, fact	tory, offic	•	281. LOCATION (Street City or Town, State	and Numbe	er or Rurel	Route Number,	
COMPLETED	(Orioth Oriny)	CIAN: To the best of my known: R: On the basic of exemination								e) end manner se stated.	
TO BE C		mes				29c. LICENSE NU D- 1382		1 1 2 2 2 2 2		O (Month, Day, Year) 1991	
-	30. NAME AND ADDRESS OF PERSON WH John C. Seymou		eath (ITEM 27) (Type stertown		. 21	.620					
6	31. DATE FILED (Morth, Day, Year) OCT 18 '91	32. REGISTRAR'S SIG				-				la la	
		40000	A THOOLA-NON	MACO							



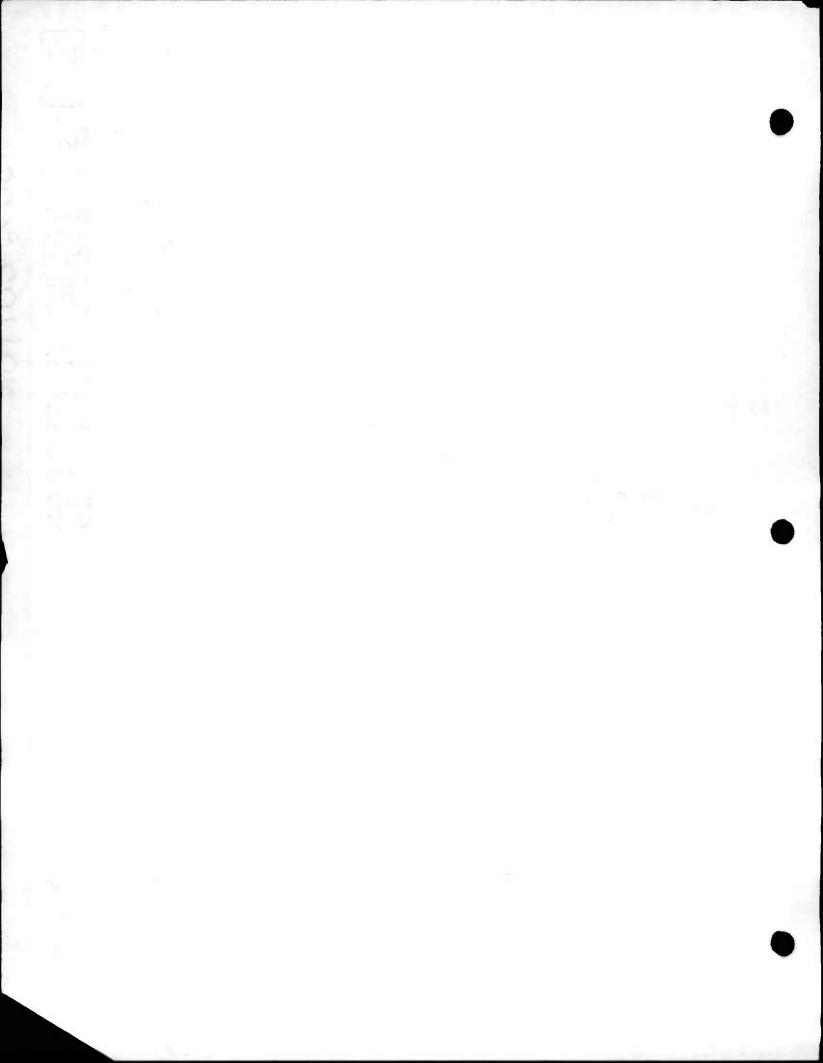
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3: be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPARATE OF MARYL	RTMENT OF HI		ENTAL HYGIENE REG. NO.						
,	1. DECEDENT'S NAME (First, Middle, Last) Warren Grier Armstrong			2. DATE OF DEATH DAY 10 2		YEAR	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			LACE (State or Foreign			
		MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Country)				
	000 10 0404 A 00					05 Pennsylvania				
	9a. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWH OF	LOCATION OF DEA	тн	9c. COUNT	Y OF DE	ATH			
8	Union Hospital	ital Elkton					Cecil			
5	RESIDENCE OF DECEDENT									
DIRECTOR	V-194-111	TY, TOWN OR LOCATION	ON				10d. INSIDE CITY LIMITS?			
		ewark					1 X YES 2 NO			
A I	10e. STREET AND NUMBER	101.	ZIP COOE		10g. CITIZI	EN OF WI	HAT COUNTRY?			
FUNERAL	98 East Park Place	1	19711		USA		and the second			
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED			C ORIGIN? (Specify Yea	or No- 1	4. RACE	- American Indian,			
-	1 Never Married 2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES		city Cuban, Mexican, 2 A NO Specify:			Specify	White, stc.			
BY	3 Wildowed 4 Divorced					-	White			
COMPLETED	15. DECEOENT'S EQUICATION 18a. DECEDENT'	S USUAL OCCUPATION	N	18b. KIND OF BUS	INESS/INDU	STRY				
5 I	(Specify only highest grade completed) (Give kind of life. Do NOT Elementary/Secondary (0-12) College (1-4 or 5+)	f work done during mos use retired.)	t or working							
ᆲ		search Che	emist	DuPont						
8	17. FATHER'S NAME (First, Middle, Last)			E (First, Middle, Maiden	Sumame)					
	James W. Armstrong			sbelle Dua			100			
H	8	10 4 20 2 20 4 1		oute Number, City or Town		De et al				
2						i00e)	14.00			
				c, DE 1971	=:					
		TE OF DISPOSITION			CATION - C					
- 1	4 □ Donation 5 □ Other (Specify) Silverbr	ook Crema		10-28 Wi	lming	ton,	DE			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		D ADDRESS OF FAC		. 1 ~					
				s and Foa	-		1			
	23. PART I. Enter the diseases, or complications that caused the death. Do			., Newark			Approximate			
Z	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Resp. Insufficier Due to (or as a consequence Pneumonia						interval Between Onset and Death			
일	Sequentially list conditions, If any, leading to immediate									
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):									
핑										
BY PHYSICIAN: MEDICAL	PART II. Other algorificant conditions contributing to death but not resulting	Part I. 24s. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
<u> </u>	25. WAS CASE REFERRED TO MEDICAL	26. PL	ACE OF DEATH (Che	ck only one)						
Sic	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Input I	OTHER:	5 🗆 Rasidence	6 Other (Specify)						
¥ ا		IME OF 28c, INJ		28d. DESCRIBE HOW I	NJURY OCC	URED				
-	1 Netural 5 Pending (Month, Day, Year)	NJURY WO	PK? PES 2 NO							
a l	2 Accident Investigation 3 Suicide 2 Contracts 28e. PLACE OF INJURY — At home, farm			28f. LOCATION (Street	and Number	nr Primal D	rude Mumber			
	3 Suicide 8 Could not be 4 Homicide detarmined	i, acresi, raciory, office		City or Town, State)	and Municipal C	or ritardir rit	oute number.			
ET										
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation.						and manner sa stated.			
ш	29b. SIGNATURE AND TITLE DF CERTIFIER		29c. LICENSE NUM	BER		1	(Month, Day, Year)			
9	Dary Barte		C1000.	2406	1	0/2	28 KI,			
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Ty.	rpe, Print)								
	Gary Beste, MD - 132 W. Main St.,	Newark,	DE 19711							
	31. DATE FILED (Morith, Day, Year) OCT 28 91 July Davidson-Randale									

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Signe	he State Dept. of Health and Mental Hygiene prior to	Date of
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	FOR						_		
	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIFI	TMENT OF HI	EALTH AND DEATH	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN		3. TIME OF DEATN	
	GENEVA HAUSE					Oct. 2]			
			E (In yrs. lest birthdey)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)		BIRTNPLACE (State or Foreign Country)	
	219-38-7146 9. FACILITY NAME (If not institution, give stree		88 YAS.	9b. CITY, TOWN OF		Nov. 20,]		ennsylvani	
E C	l Ginger Cove					EATN	71	OF OEATN	
5	Health Care Ce	oolis		Ann	e Arundel				
DIRECTOR	10a. STATE 10b. COUNTY			, TOWN OR LOCATION		10d. INSIDE CITY LIMITS?			
LO	Maryland Anne	Arundel	A	nnapoli	ZIP CODE			1 YES 2 NO	
FUNERAL	3106 River Cres	cent Dri	V.0	107.	21401			S A	
S		2. WAS DECEDENT EVER	IN U.S. ARMEO	13. WAS DECE		NIC ORIGIN? (Specify Ye			
ВУ Е	1 Never Merried 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES		It yes, spec	cify Cuben, Mexico	m, Puarlo Rican, etc.)		. RACE — American Indian, Black, White, atc. Specify:	
								White	
TE	15. DECEDENT'S EDUCAT (Specify only highest grade con	mpleted)	16a. DECEDENT'S L	USUAL OCCUPATION ork done during most pretired.)	N t of working	18b. KIND OF BU	ISINESS/INDUS	TRY	
PLE	Elementery/Secondary (0-12)	College (1-4 or 5 +)	Teac	,		Public	0 -1 -	.7 -	
COMPLETED	17. FATNER'S NAME (First, Middle, Last)		1 teac		18. MOTNER'S NA	ME (First, Middle, Maider		OIS	
BE C	Clarence L. H	auser	G			n Stoner			
TO E	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Tov		de)	
	Marvin H. Ande	rson	2621	Davidso	nville	Rd.,Gam	brill	s,MD 21054	
	20a. METHOD OF DISPOSITION 1 DATE 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State								
	A Donetten 5 Other (Specify) Baldwin Memorial Cem. 10/26 Millersville, MD								
	9 to 12 1 1 4	1.		Taylo	r Fune	ral Chap	el	21501	
100	22 PART I February	in		147 G	louces	ter St.,	Annap	olis,MD	
	23. PART i. Enter the diseases, or conshock, or heert failure.	iplications that cause on	ed the deeth. Do no	ot enter the mod-	e of dving, suc	h as cerdiec or reed	iretory errort	1	
- 1		a comp and added by	eech line,		or of office	остано от тоор	natory errest	, Approximate intervei Between	
	IMMEDIATE CALICE (Final		eech line.		,,,,,,,		natory errest	Intervei Between Onset and Des	
	IMMEDIATE CALICE (Final	CVA. DUE TO (OR AS	A CONSEQUENCE OF):			natory errest	Onset and Des	
NO	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	CVA DUE TO (OR AS I+4 MENC	A CONSEQUENCE OF	dialish			natury errest	Intervei Between Onset and Des	
ATION	IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentielly liet conditione, if any, leeding to immediate	CVA DUE TO (OR AS I+4 MENC	eech line.	dialish			natory errest	Onset and Des	
FICATION	IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially liet conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS	A CONSEQUENCE OF)	dealert			natury errest	Onset and Des	
RTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentielly liet conditione, if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF	dealert			natory errost	Onset and Des	
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially liet conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS OUE TO (OR AS	A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF)	dialish	ic co	ua	natory errest	Onset and Des	
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- 1	IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially liet conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS OUE TO (OR AS	A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF)	dialish	ic co	Port I. 24a, WAS AN	AUTOPSY MEO?	Intervei Betwee Onset and Des	
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TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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FOR STATE REGISTRAR		STATE OF M	ARYLAN	D / DEPAR CERTIF	TMENT	OF H	EALTH AND	MENT	AL HYGIENI REG. NO.	E			
1. DECEDENT'S NAME (First, Midd	dle, Last)								E OF DEATH			3. TIME OF DEA	TH
	John	Mark E	Boulte	r				Sep	tember		991	12:49	Рм
4. SOCIAL SECURITY NUMBER			6. AGE (In yr	s. last birthday)	IF UNDER		IF UNDER 24 HRS.	7. DAT	E OF BIRTH		8. BIRTH	PLACE (State or Fr	oreign
216-08-2501		M 2 □ F	22	YRS.	MONTHS	DAYS	HOURS MIN.	07	/16/69		Ches 1	n tertowr	a MD
9a. FACILITY NAME (If not instituti					9b. CITY	TOWN C	R LOCATION OF			9c. COUNT			
Kent & Queen	Anne	's Hospi	tal,	Inc	Ch	este	rtown			Ker	nt C	ounty	
10a. STATE 10b.	COUNTY			10c. CIT	Y, TOWN C	R LOCAT	ION					10d. INSIDE CITY	Y
Maryland 100. STREET AND NUMBER	Ke	ent			Ro		Hall ZIP CODE			10a CITIZ	EN OF W	1 YES 2 HAT COUNTRY?	NO
Rt. 1 B	ox 36	56					21661						
11. MARITAL STATUS	12	. WAS DECEDENT	EVER IN U.S	ARMED	13.	WAS DEC	ENDENT OF HISPA	NIC ORIG	IN? (Specify Yea	or No — 1	4. BACE	S.A.	len.
Never Married 2 Marri 3 Wildowed 4 Divorced	led	FORCES? 1 [IF YES, GIVE WA	YES 2	MW.		f yes, spe	2 NO Speci	an, Puarl	o Rican, atc.)		Specif	, White, atc.	
	IT'S EDUCATI						AA.					whit	te
(Specify only high	est grade com	pleted)		Give kind of v life. Do NOT us	work done o	CCUPATIO	N st of working	110	6b. KIND OF BUS	INESS/INDU	STRY		
Elementary/Secondary (0-12)	C	ollege (1-4 or 5+)	- 1 -		1157.00								
17. FATHER'S NAME (First, Middle,	(act)		10	arpen	ters	s he				struc	ctio	on	
Charles Lo		Da. 14 -							, Middle, Maiden S	,			
19a. INFORMANT'S NAME (Type/Pr		BOULE	er	19h MAIL INC	ADDRESS	/Stmat a	Sara E	112	abeth	Crei	ght	con	
Elizabeth	Boult	or											
20a. METHOD OF DISPOSITION			20b BL 4	CE AND DATE			366, Ro			MD ATION — CI	216		
M MBuriel 2 Cremation 3 4 Donation 5 Other (Spec	☐ Ramoval	from State	cemeter	crematory or of Ley Cha	ther place)	Come	tory	1					M
21. SIGNATURE OF EUNERAL SEE	,,,	щ./	TWCD.	ccy circ			D ADDRESS OF F	Y / Z	Z KOCK	пат.	L, N	Kent Co,	עוייו
→ 7/	110	MAR	//	*	To	om h	elfenb	ein	Funer	al H	lome	es, PA	
Momes	KIZ	telfen	eur	~	Ro	ck	Hall,	Mar	yland	216	61		
23. PART i. Enter the disees ahock, or heart	ies, or com failure. List	plicetions that only one caus	ceused the	deeth. Do n	ot enter	the mod	de of dying, aud	ch ea ca	rdiec or respir	atory arre	at,	Approxim- interval B	
iMMEDIATE CAUSE (Final disease or condition reaulting in deeth)	a	SKUL	1	PRA	C 7	C	RE	A	ND	LE.		Onset and	
	_	,			,-								
Sequentieily list conditions,		DUE TO (C	OR AS A CON	SEQUENCE OF	_//	J 6	RIE)				-	
If any, leeding to immediate ceuse. Enter UNDERLYING	•											Ì	
CAUSE (Disease or injury thet initiated events)	DUE TO (C	OR AS A COM	SECUENCE OF	7):							-	
resulting in death) LAST	d												
PART II Other significant or	anditions as	and with a selection of a selection	- oth true								_		
PART II. Other significent co	onditions co	ontributing to a	eeth but n	ot resulting i	n the un	derlying	ceuse given in	Part I.	24s. WAS AN A PERFORM	MED?		WERE AUTOPSY FI	
									1 - YES 2	Mo		COMPLETION OF C OF DEATH?	CAUSE
									/			1 [] YES 2 [] P	NO
25. WAS CASE REFERRED TO MED	was I												
EXAMINER?	H	OSPITAL: V	/		OTHER		ACE OF DEATH (C)	eck only	one)				
1 YES 2 NO 27. MANNER OF DEATH	10		ER/Outpation	_	4 - Nurs	ing Home	5 - Rasidence						
1 Natural 5 Pendi	na	28a. DATE OF III (Month, Day	Year)	28b. TIME		28c. INJU WOF	ik?	28d. Dt	SCRIBE HOW IN	JURY OCCU	RED	nUA	
2 Accident Invest	ligation	1-19	-91	11-5	5"	1 🗌 Y	ES 2 NO	Pr					
3 Suicide a Could 4 Homicide detarm	not be	28e. PLACE OF building, at	c. (Specify)	H 19		A & /		281. LO	CATION (Street and or Town, State)				21
20. CERTIFIED			- /	, ,,	4 W			K	OUTE		_	OVIE	× 1
29a. CERTIFIER (Check only one)	G PHYSICIAN	: To the best of m	y knowledge	, death occurre	d at the tir	me, data	and place, and due	to the c	use(a) and mann	er as stated	l.		
2 XMEDICAL E	EXAMINER: O	n the basis of axa	mination and	/or investigation	n, in my of	olnion, de	ath occured at the	time, det	a and place, and	due to the	cause(a)	and menner as st	tated.
296. SHIMATUNE AND TITLE OF C	ERTIFIER	0 W	00	440	_		29c. LICENSE NU	MBER		29d. DATE S	SIGNED	(Month, Day, Year)	
Hames	MA	U 16	If A	MU			1010	200	0/	D 6	7-	19-9	
30. NAME AND ADDRESS OF PER			OF DEATH (
Dr. Harry 31. DATE FILED (Month, Day, Year)	Pau	1 ROSS	S SIGNATION	516 v	wash	ing	ton Av	е.,	Chest	erto	wn,	MD 21	620
SEP 23 '91		Julia Dav		_									

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IMPORTANT: II

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE REGISTRAR 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH MONTH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH BALDWIN **ESTHER** Sept 21, 1991 5:20 A. 4. SOCIAL SECURITY NUMBER of b.
h, Day, Yes,
21, 5. SEFem 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS 97 213 74 4130 1 M 2 X F Pennsylvania June 1894 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH USA KENT Magnolia Hall Nursing Center Chestertown RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10a. STATE 10b. COUNTY Chestertown Maryland Kent 1 TES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21620 USA Morgnec RFD P.O. Box # 360 11. MARITAL STATUS Widowed 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 3 If yea, specify Cuban, Mexican, Pu 1 ☐ YES ②XX NO Specify: 1 Never Married 2 Married Specify: White 3 Widowed 4 Divorced NO 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade (Give kind of work done life. Do NOT use retired.) ntary/Secondary (0-12) College (1-4 or 5+) Housewife at home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) J. Stewart Hartman Ella Flickinger 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) P.O. Box # 360 Chestertown, Md. 21620 (Son) William Baldwin 20a METHOD OF DISPOSITION Burial 20c. LOCATION — City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or Chester Cemetery Chestertown, Md. (9/24/1991)4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY P.O. Box # 264 Chestertown, Md. 21620 J. Willis Wells 23. PART . Inter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haert fellure. List only one ceuse on each ilns. Interval Betwe Onset and Death IMMEDIAVE CAUSE (Final disease or condition HYPENCACCOMIN resulting in death) DUE TO (OR AS A CONSEQUENCE OF): METHOLY CIMEIYand Sequentielly list conditions, OUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING **CAUSE** (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 1 TES 2 NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c, INJURY AT WORK? 28d. OEŞCRIBE HOW INJURY OCCURED 26b. TIME OF INJURY 1 Natural 5 Pending Investigation 1 YES 2 NO B 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE ▶Sept. 21, 1991 D-13824men 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Chestertown, Md. 21620 John C. Seymour, (D-13824)M.D. SEP 23 '91 2. REGISTRAR'S SIGNATURE who Davidson-Randell

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# 5 5	ath. Page 6 may be retained by the hosp	neral director, page 5 should be detache		iminer must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Fours after death. Page 6 may be retained by the hoss TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Hem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after d	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	ed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	DRTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical ex

	1 - STATE REGISTRAR	STATE OF M		DEPAR ERTIF						IYGIENI REG. NO.	E 9	1 3	0322
	1. OECEDENT'S NAME (First, Middle, Last)	EDTEN	MAE						2. DATE OF		991	YEAR 3.	TIME OF OEATH
	4. SOCIAL SECURITY NUMBER	EDITH 5. SEX Fem	S. AGE (In yrs. lea		SARK'		IF UNDER	na ume	OCt.		991	4 BIRTHRI	8 A M ACE (State or Foreign
	213 74 1026	1 M 2XXF	85	YRS.	MONTHS	DAYS	HOURS	MIN.	May 1	5. 1	906	Country) Maryl	
	9a. FACILITY NAME (if not institution, give s	treet and number)			9b. CITY	r, town (R LOCATION	ON OF DE		,		NTY OF DEAT	
E C	At Home Meloti		Che	este:	rtown	1			Kei	nt			
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY				Y TOWN	OR LOCAT	ION						INSIDE CITY.
E C		Kent		Ch	ste	or Locat	n					1	Od. INSIDE CITY LIMITS? NO TYPES 2 NO
FUNERAL DIRECTOR	100. STREET AND NUMBER RFD Melitota		****			101	zip codi	L620	· · · · · ·			IZEN OF WHA	
B	11. MARITAL STATUS Married 1 Never Married 2 Married 3 Widowed 4 Divorced	T EVER IN U.S. AR YES 2 T AR OR DATES	ARMED NO NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yee, specify Cuban, Maxican, Puerto Rican, atc.) 1 — YES 2 NO Specify: NO						14. RACE — Black, V Specify:	Amarican Indian, vhita, atc. White			
	15. DECEDENT'S EDU (Specify only highest grade		16a. DE	CEDENT'S live kind of Do NOT u	USUAL C	OCCUPATION OF THE PROPERTY OF	ON st of working	а	16b. KII	ND OF BUS	SINESS/INI	DUSTRY	
COMPLETED	Elementery/Secondary (0-12)	College (1-4 or 5 +)	tore					General Country Store				Store
M	17, FATHER'S NAME (First, Middle, Last)			COLE	Owne	- L	18 MOT	HER'S NA	ME (First, Midd				0010
	Elmer		Waldron						know	are, mercer	ournamoy		
BE	19a. INFORMANT'S NAME (Type/Print)								Route Number,				
2	Courtney Barry	(Son)]	Box 1	209) Sa	aint	Mich	nael, l				
	20a. METHOD OF DISPOSITION Crer 1 □ Burlal Ž⊠ Cremation 3 □ Rem	20b. PLACE other pi	lace)	•			natory or		1		City or Town	, Stata	
	4 Donetion Other (Specify)	CENSEE	Capi	tol			ND ADDRE	SS OF FA	CILITY		er, I		11
	- H(1);0	lin la	000						4 11s Fu	13 H. nera	_	J C .	hestertown Md.
	23. PART Enter the diseases, or mock, or heart feliure. IMMEDIATE CAUSE (Final disease or condition resulting in daeth)	a. Arte	rioscl	2007	Ś			1000000				rast,	Approximata interval Batwean Onaat and Daath
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition reaulting in daeth) Arterosclerotic Carcliova Scalar Sceval Bue to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):												
	reaulting in death) LAST	d											
١١	PART ii. Other aignificant condition	na contributing to	death but not	resuiting	in tha u	nderiyin	g causa	given in	Part i. 24	la. WAS AN			VERE AUTOPSY FINGINGS
MEDICAL	_ Gstaga	duntis						-	_ 1	YES 2		C D	OMPLETION OF CAUSE OF DEATH? YES 2 NO
Z													
CA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF D	EATH (Ch	neck only one)				
IXS	1 TYES 2 AND 27. MANNER OF DEATH	1 Inpatient 2 I		28b, TII	4 □ Nu	insing Hor	JURY AT	esidenca	8 Other (S		N ILIBY OF	CCURED	
BY PHYSICIAN:	1 Natural 5 Pending 2 Accident Investigation	(Month, E	lay, Year)	IN	JURY	1 [YES 2 [□ NO	28d. DESCH	IIBE HOW I	NJOHY OC	CORED	
	3 Suicide 8 Could not be 4 Homicida detarmined		of INJURY — At he atc. (Specify)	ome, farm,	atreet, fa	ctory, offic				ON (Street Town, State)		er or Rural Rou	ite Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS												and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE						29c. LIC	ENSE NU	MBER				Aonth, Day, Year)
10 B		aun	_				I DC	035	24			10/7	191
	30. NAME AND ADDRESS OF PERSON WI C. Gottftied Bau	Mann, M	SE OF DEATH (ITE	Chi	S+(1	nan	_ /	nd.	216	20		
5	31. DATE FILEO (Month, Day, Year) OCT 0 9 '9		in's signature	on B	nda Do								
_		- 1											OHMH-18 Rev 1/80

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FOR STATE REGISTRAR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH October 01 1997 Thurstan Bassett-Powell 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. OATE OF BIRTH (Month, Day, Year) 6. BIRTHPLACE (State or Foreign 217 02 3005 HOURS YRS. 1915 London, England 7 /2/ 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Kent & Queens Hospital Inc. Chestertown Kent DIRECTO filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, on, or removal. RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Kent Chestertown 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 21620 Water St. USA 11. MARITAL STATUS 11. MARITAL STATUS Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yea, specify Cuban, Maxican, Puarlo Rican, etc.)

1 YES 2 NO Specify: NO 14. RACE — American Indian, Black, White, alc. BY 3 Widowed 4 Olvorced White No COMPLETED 15. DECEDENT'S EDUCATION 16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) Director London Newspaper 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Malden Surname) Thurstan Bassett-Powell Gladys Logan 76 notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 211 Water St. Chestertown, Md. 21620 Joan Alice Bassett-Powell be 20a. METHOD OF DISPOSITION BURIAL 1 Burial 2 Cremation 3 Removed from State 20b. PLACE AND DATE OF OISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State examiner must Cemetery (10/5/91 ☐ Donation 5 ☐ Other (Specify) Chestertown, Md. RFD Cemetery 22. NAME AND ADDRESS OF FACILITY 413 High St. Chestertown 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Fellows - Wells Funeral Home Maryland medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. Interval Between ysician and completely filled in prior to burial, cremation, or IMMEDIATE CAUSE (Final Onset and Daath the disease or condition cannibe annosT HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within reaulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, If any, laading to Immediata signed by the attending physician Health and Mental Hymene prior to cause. Entar UNDERLYING OUL TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury or other that Initiated eventa resulting In death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS has been signed by the Dept. of Health and m 23 shows any in COMPLETION OF CAUSE 1 YES 2 NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) DIRECTOR: After this certificate hours after death with the State Item 28 is marked, or Item EXAMINER? HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Neturel 5 Pending Investigation BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, lerm, streel, tactory, office building, etc. (Specify) 3 Suicide 6 Could not be determined 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 29a. CERTIFIER
(Check only one)

1
CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, and dua to the cause(a) and manner as stated. TO THE HOSPITAL OF THE FUNERAL DE FIED WITHIN 72 ho 2 MEDICAL EXAMINER: On the basic of axaminstion end/or investigation, in my opinion, death occurred at the lime, data and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) nun ▶ 10/2/91 D- 13824 9 30. NAME AND ADDRESS OF PERSON WHY COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) John C. Seymour, M.D. Chestertown, Md. 21620 31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

Lilia Vairdren - Rando 00

'91

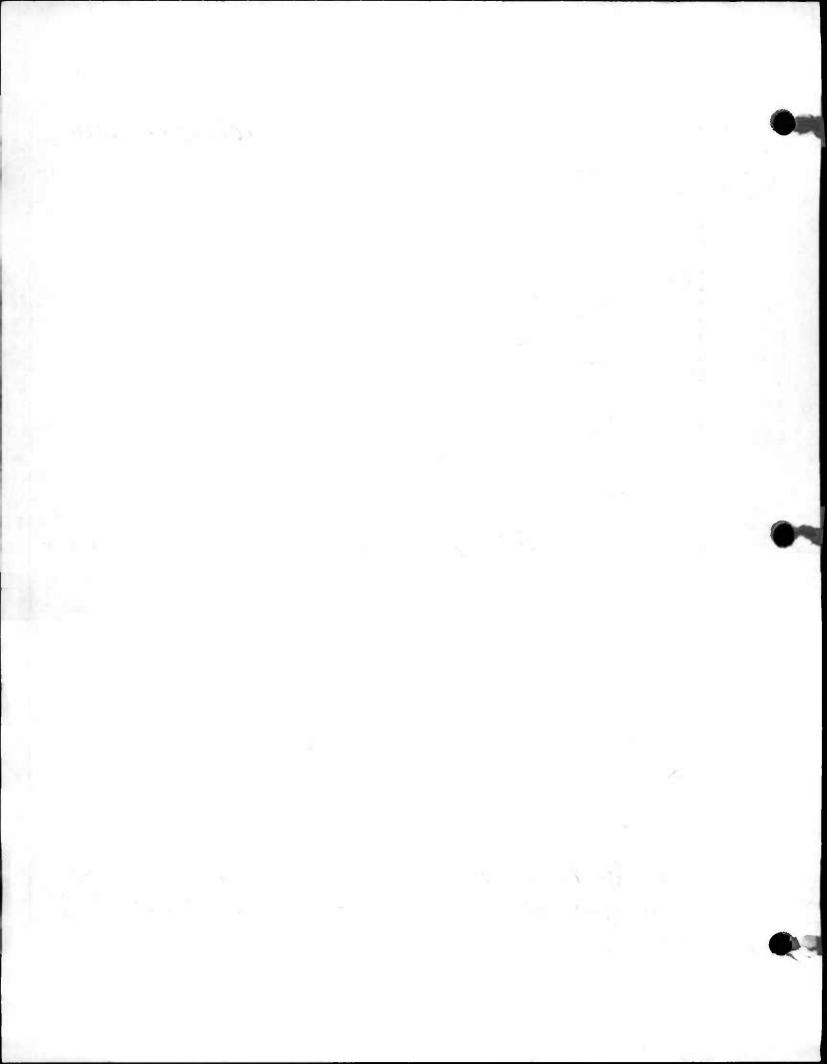
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

OHMH-16 Rev 1/89

Service and Service 18' to

1	REGISTRAR		CERI	IFICALE	OF DEATI	1	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH D	w / ye	3. TIME OF DEAT		
	Richard Clinton	Benjamin				1	0/26	191	21:4		
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birth	MONTHS		HRS. T. DATE	OF BIRTH		BIRTHPLACE (State or Fo		
Į.	216-22-4501	1 M 2 - F	62 vi	RS.	I HOURS	10-	28-28	Ma	aryland		
_	9a. FACILITY NAME (If not institution, give a			120	OWN OR LOCATION	OF DEATH		9c. COUNTY	OF DEATH		
ECTOR	624 Bethel Churc	ch Road		North	East			Ceci.	l		
L	10s. STATE 10b. COUNT	Υ	100	CITY, TOWN OR	LOCATION				10d. INSIDE CITY		
	Maryland Cecil	1		North	Fast				1 YES 2 X		
- 1	10e. STREET AND NUMBER			IVOI CII	101. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?		
FUNERAL	624 Bethel Churc	ch Road			21901			USA			
5	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED		AS DECENDENT OF				RACE - American Indi		
BY F	1 Never Married 2 Married 3 Never Married 4 Divorced	FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			yes, specify Cuban, YES 2 NO		Rican, etc.)		Specify: White		
	15. DECEDENT'S EDU	ICATION		NT'S USUAL OCC		16	b. KIND OF BU	SINESS/INDUST	RY		
	(Specify only highest grade Elsmentary/Secondary (0-12)	College (1-4 or 5+)	life. Do N	IOT use retired.)	ring most of working						
릴	12		Inspec	ctor			Auto I	ndustr	V		
COMPL	17. FATHER'S NAME (First, Middle, Last)	Eff			16. MOTHE	R'S NAME (First,	Middle, Maiden	Surname)			
ш	Otis Benjamin				Agne	es Bai	liff				
2	19s. INFORMANT'S NAME (Type/Print)		19b. MA	ILING ADDRESS (Street and Number o	r Rural Route Nu	nber, City or Tow	vn, State, Zip Co	de)		
٦	Helen G. Benjami	n	624	Bethel	Church	Road No	orth Ea	ast, MI	21901		
	20s. METHOD OF DISPOSITION 1 Derici 2 X Cremetion 3 Rem	noval from State	20b. PLACE AND	DATE OF DISPOS		94)		or Town, Stats		
	4 Donation 5 Other (Specify)		R.A. Fe	rris &	Co.	29.	-91 Wes		ster, PA		
	21. SIGNATURE OF UNEMAL SERVICE LI	CENSEIL		22. N	AME AND ADDRESS	OF FACILITY	Crouch	Funera	1 Home		
	21. SIGNATURE OF UNIDAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Crouch Funeral Home 127 South Main Street North East, MD										
	23. PART i. Enter the diseases, or	complications that ca	sused the death.	Do not enter t	he mode of dyin	g, auch aa ce	rdiac or reap	iratory erreat	, Approxim		
	ahock, or heert failure.	List only one ceuse	on each ilne.						Interval B		
	iMMEDIATE CAUSE (Finei disease or condition	Action	cutore	. 1	bring				7 /		
	disease or condition resulting in death) a. Astro cytoma of brain Due to (or Asia consequence of):										
z											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEQUEN	CE OF):							
র	cause. Enter UNDERLYING CAUSE (Disease or injury	C									
트	that initiated events	DUE TO (OR	AS A CONSEQUEN	CE OF):							
8	reaulting in death) LAST	d									
O			ath but not meui				24a, WAS AI	NAUTOPSY	24b. WERE AUTOPSY F		
	PART II. Other eignificent condition	na contributing to de		ting in the und	leriying cause gi	ven in Part i.			AVAILABLE PRIOR		
CAL	PART II. Other eignificent condition	na contributing to de	adi bat ilot igoal	ting in the und	leriying cause gi	ven in Part i.	PERFO		COMPLETION DF		
EDICAL	PART II. Other eignificent conditio	na contributing to de		ting in the und	leriying cause gi	ven in Part i.	PERFO 1 TES		COMPLETION DF OF DEATH?		
MEDICAL	PART II. Other eignificent conditio	na contributing to de		ting in the und	lerlying cause gi	ven in Part i.			COMPLETION DF		
MEDICAL		na contributing to de		ting in the und			1 🗆 YES		COMPLETION DF OF DEATH?		
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MEDICAL	25. WAS CASE REFERRED TO MEDICAL	HOSPITAL: 1 Inpetient 2 EF	R/Outpatient 3 🗆 🗈	OTHER	26. PLACE OF DE	ATH (Check only idence 6 - Ot	1 YES		COMPLETION DF OF DEATH? 1 YES 2		
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D BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending	HOSPITAL: 1 Inpetient 2 EF 26e. DATE OF IN. (Month. Day.)	R/Outpatient 3 D D DURY 26er) 28th NJURY At home, 1	OTHER OA 4 Nursi b. TIME OF INJURY	26. PLACE OF DE: 1	ATH (Check only idence 6 On 28d, D	1 U YES	2 NO	COMPLETION DF OF DEATH? 1 YES 2		
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D BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Watural 5 Pending Investigation 3 Suicide a Could not be determined 29e. CERTIFIER (Check only)	HOSPITAL: 1 Inpetient 2 EF 26s. DATE OF INJ (Month, Day, 28s. PLACE OF IN building, etc.	R/Outpatient 3 D JURY 26 NJURY — At home, I (Specify)	OTHER: A OTHER: INJURY M Arm, street, factor cocurred at the tin	26. PLACE OF DE ng Home 5 Res 22c. INJURY AT WORK? 1 YES 2 ry, office	ATH (Check only idence 6 Ot 28d, D	1 VES 1 VES One (Specify) ESCRIBE HOW CATION (Street by or Town, State ause(s) and me	INJURY OCCUR and Number or	COMPLETION DF OF DEATH? 1 YES 2 NED Rural Route Number,		
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E COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Watural 5 Pending Investigation 3 Suicide a Could not be determined 29e. CERTIFIER (Check only)	HOSPITAL: 1 Inpetient 2 EF 26s. DATE OF IN. (Month. Day. 28s. PLACE OF It building, etc. SICIAN: To the best of my	R/Outpatient 3 D JURY 26 NJURY — At home, I (Specify)	OTHER: A OTHER: INJURY M Arm, street, factor cocurred at the tin	26. PLACE OF DE : ng Home 5 Res Res 28c. INJURY AT WORK? 1 YES 2 Try, office	ATH (Check only idence 6 Ot 28d, D	1 VES 1 VES One (Specify) ESCRIBE HOW CATION (Street by or Town, State ause(s) and me	INJURY OCCUP	COMPLETION DF OF DEATH? 1 YES 2 NED Rural Route Number,		
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5	HOSPITAL: 1 Inpetient 2 EF 26e. DATE OF IN. (Month, Dey.) 28e. PLACE OF In. building, etc. SICIAN: To the best of my ER: On the best of sxame	R/Outpatient 3 □ D JURY 28 NJURY — At home, i . (Specify) knowledge, death o	OTHER: 4 Nursi b. TIME OF INJURY M farm, street, facto	26. PLACE OF DE	ATH (Check only idence 6 Other 28d. D	1 TYES Ther (Specify) ESCRIBE HOW DOCATION (Street OF Town, State ause(s) and me atts and place, s	and Number or or on the country of t	COMPLETION DF OF DEATH? 1 YES 2 RED Rural Route Number, ause(s) and manner as ause(s) and manner as ause(s) and manner as ause(s) and manner as ause(s).		
E COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5	HOSPITAL: 1 Inpetient 2 EF 26s. DATE OF IN. (Month. Day. 28s. PLACE OF It building, etc. SICIAN: To the best of my	R/Outpatient 3 □ D JURY 28 NJURY — At home, i . (Specify) knowledge, death o	OTHER: 4 Nursi b. TIME OF INJURY M farm, street, facto	26. PLACE OF DE	ATH (Check only idence 6 Other 28d. D	1 TYES Ther (Specify) ESCRIBE HOW DOCATION (Street OF Town, State ause(s) and me atts and place, s	and Number or or on the country of t	COMPLETION DF OF DEATH? 1 YES 2 RED Rural Route Number, ause(s) and manner as ause(s) and manner as ause(s) and manner as ause(s) and manner as ause(s).		
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5	HOSPITAL: 1 Inpetient 2 EF 26e. DATE OF IN. (Month, Dey.) 28e. PLACE OF In. building, etc. SICIAN: To the best of my ER: On the best of sxame	R/Outpetient 3 D D JURY 26 NJURY — At home, I Knowledge, death or investigation and/or investigation and/or investigation and investiga	OTHER: 4 Nursi b. TIME OF INJURY M farm, street, facto	26. PLACE OF DE : ng Home 5 Res Res 28c. INJURY AT WORK? 1 YES 2 Try, office	ATH (Check only idence 6 Other 28d. D	1 TYES Ther (Specify) ESCRIBE HOW DOCATION (Street OF Town, State ause(s) and me atts and place, s	and Number or or on the country of t	COMPLETION DF OF DEATH? 1 YES 2 RED Rural Route Number, ause(s) and manner as ause(s) and manner as ause(s) and manner as ause(s) and manner as ause(s).		

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Joseph G. La
31. DATE FILED (Month, Day, Your)
967-29 '91

Lanzi

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	FOR	STATE OF M	ARYLAND /	DEPAR	TMENT	OF H	EALTH	AND I	MENTAL H	iYGIEN	E C	91	303	25	
	1 - STATE REGISTRAR		CI	ERTIF	ICATE	OF	DEAT	Ή	F	REG. NO			000	40	
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATH		YEAR	3. TIME OF DE	ATH	
	Ruth Mae Bi	reeding							Octobe			91		M	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les	st birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTH	<u> </u>	8. BIRTI	IPLACE (State or	Foreign	
	198-30-7807	1 🗆 M 2 🖵 F	0.7	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Di		100	Tenr	nessee		
	9a. FACILITY NAME (If not institution, give str		87		ah CITY	TOWN O	R LOCATIO		March	13,		NTY OF E			
œ											WE. COO.	MITOFL	ZAIN		
DIRECTOR	Laurelwood Nursi	ing and R	ehab Ce	enter	Elk	ton.	Mar	ylan	nd			ecil			
5	10a, STATE 10b, COUNTY				Y, TOWN C		_					-	10d. INSIDE CIT	ΓY	
E								El la	ton,	M		LIMITS?	7 110		
		; [[240	Me L		ne R		EIR	iori,			10C YES 2		
FUNERAL	10e. STREET AND NUMBER					101.	ZIP CODE				10g. CIT	IZEN OF	WHAT COUNTRY?		
jij	240 Melbourne R											.S.A			
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AF	RMEO NO					NC ORIGIN? (S		or No-		E — American Inc.	dlan,	
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	YES 2 X				2 50 NO			, 0.00,		Spec	offy:		
	3 10 Millioned 4 Divorced												White		
Ш		15. DECEDENT'S EOUCATION (Specify only highest grade completed)						a	16b. Ki	ND OF BU	SINESS/INI	DUSTRY			
Щ	Elementary/Secondary (0-12)	College (1-4 or 5+	life	Do NOT u	se retired.)										
Ē	8	0	Ho	vnema	ker					Но	me				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	IER'S NA	ME (First, Midd	tle, Maiden	Sumame)				
	Isaac Allen							Ida	Mae Se	ont or					
BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	S (Street a					or Town, State, Zip Code)				
2	William Ray Bree	I lad on	3.4		-3										
	20s. METHOD OF DISPOSITION 20s. PLACE OF DISPOSITION (Name of cemetery, crematory or												own, Slata		
	1 Burlai 2 Cremation 3 Remo	val from Stata	other p	other place) Longwood Cemetery											
	21, SIGNATURE OF FUNERAL SERVICE LICI	ENCEE .	Long	mooa				20 OF FA	CILITY	Kennett Square, PA Oxford, PA					
	21. SIGNATURE OF FUNERAL SERVICE LICE * Kevin D.	A A	18 1	8 MD. 22. NAME AND ADDRESS OF FACILITY											
	Keven V.	Colle	ma		E	JWA!	RD L	, Co	16/1	57	UNE	RAL	HOME	, INC.	
	23. PART i. Enter the diseases, or co	omplications that	caused the d	eath. Do	not enter	the mo	de of dyl	ng, suc	h as cardiac	or resp	iratory ar	rest,	Approxi	mete	
	ahock, or heert failure. I	ist only one cau	e on each lin	0.)	1)			/		0		Between nd Death	
	iMMEDIATE CAUSE (Finel disease or condition	(0"	1	1	V			(9		1	_	11 - 12 - 11	
	resulting in death) a. Due TO ION AS A COMSEQUENCE OD:														
		302 10	Constant Constant	SULFICE C	0	0	11	1	S	()			ì		
CERTIFICATION	Sequentially list conditions,	PHIE TO	OR AS A CONSE	Y	cu	-K	140	M	1 00	cu	re		-1		
Ĕ	if any, leading to immediate cause. Enter UNDERLYING	DOC 10		910	5	_	D		00				i i		
3	CAUSE (Disease or injury	DUM TO	OR AS A CONSE	H	/ -	_	V	Low	bell	0	*		_	_	
E	that initiated events resulting in death) LAST	DUE TO	UN NO A CONSE	GUENCE C											
ER	Tooling in doaling Except														
	PART II. Other aignificent conditions	s contributing to	death but not	resulting	in the u	nderivin	g ceuse (alven in	Part i. 24	le. WAS A	NAUTOPSY	24	b. WERE AUTOPSY	FINDINGS	
8							10,700,700			PERFO	RMED?		AVAILABLE PRIC	OR TO	
ō	-								— ¹	☐ YES	2 🗌 NO		OF DEATH?		
2													1 YES 2	NO	
Ë															
N.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HODDITAL					LACE OF D	EATH (C	heck only one)						
S	1 YES 2 NO	HOSPITAL: I ☐ Inpetient 2 ☐	ER/Outpetient	ADO 🗆 E	4 CHE		10 5 □ Re	eldence	a 🗆 Other (S	Specify)					
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28s. DATE OF (Month, D		28b. Til	ME OF		JURY AT		28d. DESCF	NBE HOW	INJURY O	CCURED			
	1 Netural 5 Pending	Industry Co		1 "	M		YES 2	NO							
BY	2 Accident Invasogation 3 Suicide 6 Could not be	28s. PLACE O	F INJURY - At h	iome, farm,	atreet, fac	tury, offic						or or Rural	Route Number,		
9	4 Homicide determined	bullding,	etc. (Specify)						City or	Town, State)				
m.	29a. CERTIFIER		- /	1					<u></u>						
N P	(Check only	1		/										524	
COMPLET	2 MEDICAL EXAMINE	R: On Ibe basis of e	certification and/or	r investiget	ion, in my	opinion, o	leath occu	red at the	e tima, deta ar	nd placa, a	nd dua lo i	ihe cause	(a) and manner a	a stated.	
0	29b. SIGNATURE AND TITLE OF CERTIFIER	1//)					29c, LIC	ENSE NU	MBER		29d, DA	TE SIGNE	D (Month, Day, Ye	arl	
BE	290. SIGNATURE AND TITLE OF SENTIMEN	V											/28/01	an)	

D06181

Elkton,

721

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randale

Bridge

St.

DHMH-16 Rev 1/89

10/28/91

21921

Md.

TO BE COMPLETED BY FUNERAL DIRECTOR.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TIMOTHY

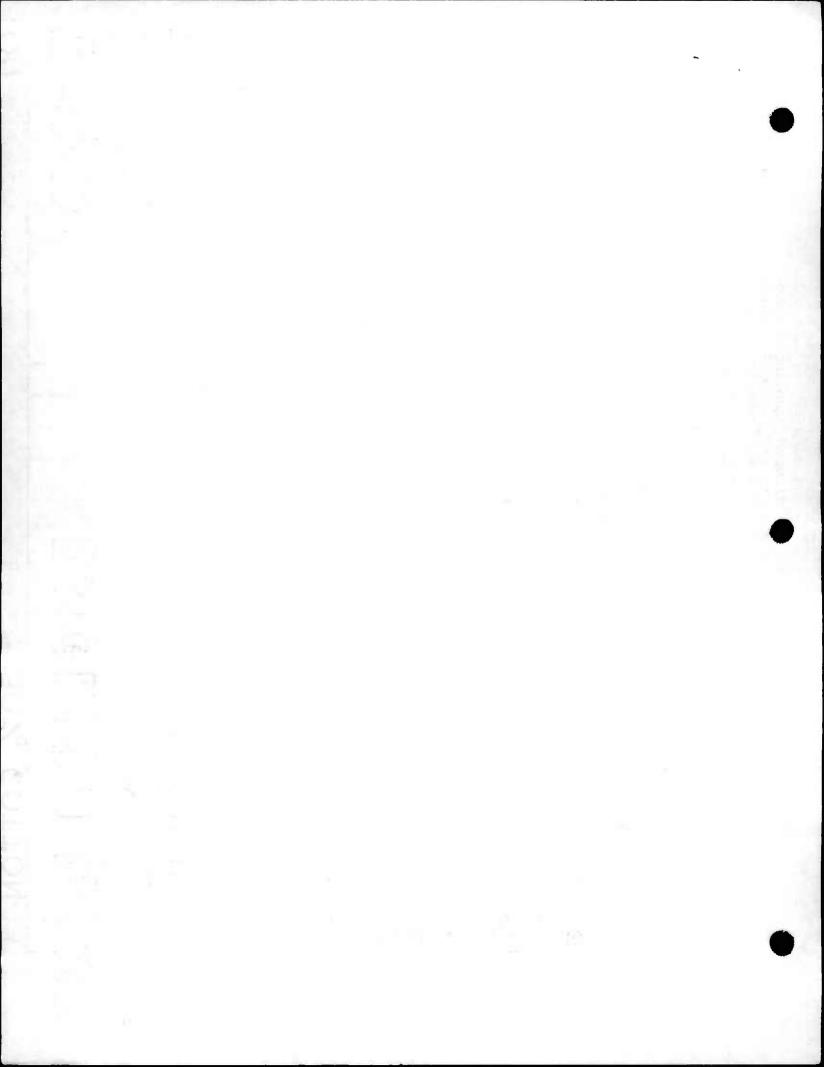
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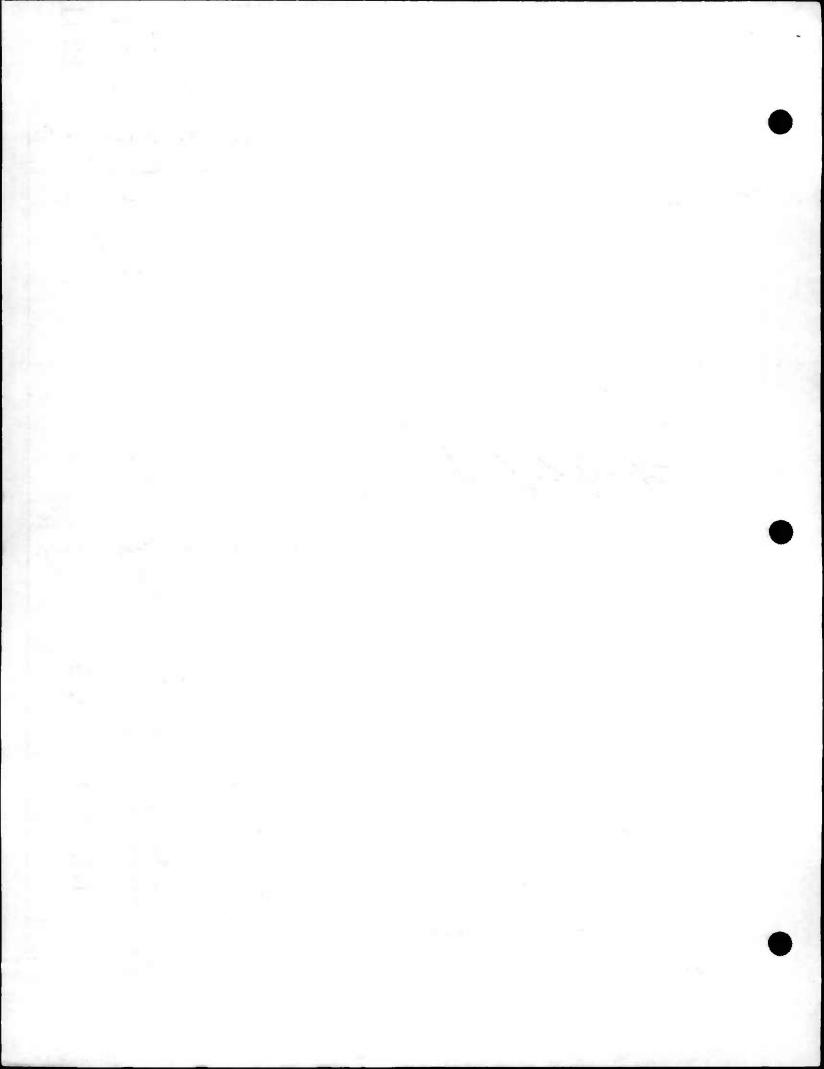
249 WALDORF MD

20640

REGISTRAR DECEDENT'S NAME (First, Middle, Lest)			ERTIFI		0. 0.		2. DATE OF	REG. NO.			3. TIME OF DEATH
EARL I	EΟ		BLICK	T ED			MONTH OCTOBE	D 23		YEAR	12 50 AM
		6. AGE (In yrs. I		IF UNDER 1	YEAR IF	UNDER 24 HRS.	R 24 HRS. 7. DATE OF BIRTH			8. BIRTI	IPLACE (State or Foreign
217-38-9103	1 🗓 M 2 🗆 F	52	YRS.	MONTHS	DAYS HO	URS MIN.	08-20	-1939		Mary	yland
. FACILITY NAME (If not institution, give stre	et and number)			96. CITY, T	TOWN OR LO	OCATION OF D	EATH	T	9c. COUN		
PHYSICIANS MEMOR	IAL HOSP	ITAI.		I.A	PLAT	'A			CH	IARL:	ES
a. STATE 10b. COUNTY			10c. CITY,	, TOWN OR	R LOCATION						10d. INSIDE CITY
Maryland Charl	es		T.	aPlat	t.a						LIMITS?
e. STREET AND NUMBER					101. ZIP	CODE			10g. CITIZ	EN OF	WHAT COUNTRY?
140 Kalmia Court					2	0646			U.	S.A.	
Never Married 2 Married	12. WAS DECEOENT FORCES? 1 [IF YES, GIVE WA	YES 2	NRMED NO	lf :	yes, specify		NIC ORIGIN? (S an, Puarto Rica fy:		or No—	14. RACI Blac Spec	E — American Indian, ik, White, atc.
☐ Widowed 4 ☐ Divorced										Whi	te
15. DECEDENT'S EDUC/ (Specify only highest grade of Elementary/Secondary (0-12)	ATION ompleted) College (1-4 or 5+)	- 1	DECEDENT'S Q (Give kind of we fe. Do NOT use Farmer	rork done du e retired.)	CUPATION uring most of	worlding		elf E			
7. FATHER'S NAME (First, Middle, Last)			azmez						- "	yea	
Charles Gilbert					18.		ame (First, Midd Helen]				
Pa. INFORMANT'S NAME (Type/Print)		1.	IOP MAILING	AOOBERS ((Street and b)		Route Number,			Codel	
John Buckler											20602
									1 100 1 .	Taric	
Burial 2 □ Cremation 3 □ Ramo Donation 6 □ Other (Specify)		of cemeta	ce ano date ny, crematory (ity Me	emoria 22. N. Wil	ace) al Ga: NAME AND A 11iams	rdens DDRESS OF F	110/20 ACILITY Tal Hor	Walene	dorf	, Ma	own, State aryland ad, Md.206
Z. Burlei 2	omplications that let only one caus	of cemeta Trin ceused the ceused the ceused lice	ity Me	or other pla emoria 22, N. Will Rt.	al Ga: NAME AND A 111ams 225	rdens DORESS OF F. S Fune & Glyn of dying, suc	DATE 10/20 ACILITY ral Hor mont Ro	Walden Male or respire	dorf dian	Ma Hea	own, State aryland
Z. Burlei 2 Cremetton 3 Ramo Donation 6 Other (Specify) 1. SIGNATURE OF FUNERAL SERVICE LICE Donation 6 Other (Specify) 1. SIGNATURE OF FUNERAL SERVICE LICE Donation 6 Other (Specify) 1. SIGNATURE OF FUNERAL SERVICE LICE Donation 6 Other (Specify) 1. SIGNATURE OF FUNERAL SERVICE 1. SIGNATURE OF FUNERAL SERVICE 1. SIGNATURE OF FUNERAL SERVICE 1. SIGNATURE OF FUNERAL SERVICE 1. SIGNATURE OF FUNERAL SERVICE 1. SIGNATURE OF FUNERAL SERVICE 1. SIGNATURE OF FUNERAL SERVICE 1. SIGNATURE OF FUNERAL SERVICE 1. SIGNATURE OF FUNERAL SERVICE 1. SIGNATURE OF FUNERAL SERVICE 1. SIGNATURE OF FUNERAL SERVICE LICE 1. SIGNATURE OF FUNERAL SERVICE	omplications that list only one caus	ceused the	ity Me	or other pla emoria 22; N Wij Rt.	al Ga: NAME AND A 111ams 225	rdens DORESS OF F. S Fune & Glyn of dying, suc	DATE 10/20 ACILITY ral Hor mont Ro	Walden Male or respire	dorf dian	Ma Hea	aryland ad, Md.206 Approximate interval Betw
	omplications that list only one caus	of cemeta Trin ceused the ceused the ceused lice	ity Me	or other pla emoria 22; N Wij Rt.	al Ga: NAME AND A 111ams 225	rdens DORESS OF F. S Fune & Glyn of dying, suc	10/20 ACILITY ral Hor Mont Ro	Walden Male or respire	dorf dian	Ma Hea	aryland ad, Md.206 Approximate interval Betw
Surial 2 Cremation 3 Ramo Donation 6 Other (Specify) SIGNATURE OF FUNERAL SERVICE LICE Surial	omplications that let only one caus	ceused the de on sech life	death. Do no.	or other pla emoria 221 N Will Rt.	al Ga: NAME AND A 111ams 225	rdens DORESS OF F. S Fune & Glyn of dying, suc	DATE 10/20 ACILITY ral Hor mont Ro	Walden Male or respire	dorf dian	Ma Hea	aryland ad, Md.206 Approximate interval Betw
MMEDIATE CAUSE (Finel disease or condition esulting in death) s Sequentially list conditions, f any, leading to immediate	omplications that let only one caus	ceused the	death. Do no.	or other pla emoria 221 N Will Rt.	al Ga: NAME AND A 111ams 225	rdens DORESS OF F. S Fune & Glyn of dying, suc	DATE 10/20 ACILITY ral Hor mont Ro	Walden Male or respire	dorf dian	Ma Hea	aryland ad, Md.206 Approximate interval Betw
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In the condition of	DUE TO (ceused the ce on aech life	death. Do note.	or other placemorial 22. M. Will Rt	al Ga: vame and a 11 i am 12 i am 225 the mode o	rdens DORESS OF FI S Fune & Glyn of dying, sur	DATE 10/20 ACILITY YAI HOT MONT RO Ch se cardisc	Waldene de Index or respire	dorf	Ma Hea	aryland ad, Md.206 Approximate interval Betw
2	DUE TO (ceused the ce on aech life	death. Do note.	or other placemorial 22. M. Will Rt	al Ga: vame and a 11 i am 12 i am 225 the mode o	rdens DORESS OF FI S Fune & Glyn of dying, sur	DATE 110/26 ACILITY ral Hor mont Ro ch se cardisc	Walden Male or respire	dorf dian etory sm	Hea	aryland ad, Md.206 Approximate interval Betw
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Sequential 2	DUE TO (ceused the ce on aech life	death. Do note.	or other placemorial 22. M. Will Rt	derlying ce	rdens DORESS OF FI S Fune & Glyn of dying, sur	DATE 110/26 ACILITY YAI HOT MONT RO Ch se cardisc	Walden Med. Inc. or respired.	dorf dian etory sm	Hea	Approximate Interval Betwood Donset and Dons
	DUE TO (ceused the ce on aech life OR AS A CONS OR AS A CONS deeth but no	death. Do not not not not not not not not not no	or other placemore is a second of the placemo	ace) al Ga: AME AND A AME AND A AME AND A AME AND A AME AND A AME AND A AME AND A AME AND A AME AND A AME AND A AME AND A AME AND A AME AND A AME AND A AME AND A AME AND A AME AND A AME AND A AME AND A AME A A A A A A A A A A A A A A A A A A A	rdens DORESS OF FUNC S Func & Glyn of dying, sur	DATE 110/20 ACILITY Yal Hor mont Ro ch se cardisc The Part I. 24 1 theck only one)	20c. LOC. Waller Me d. Inc. or respire Le. WAS AN A. PERFORM YES 2	dorf dian etory sm	Hea	Approximate Interval Betwood Donset and Dons
Z Burlei 2 ☐ Cremetton 3 ☐ Ramo ☐ Donation 6 ☐ Other (Specify) I. SIGNATURE OF FUNERAL SERVICE LICE A STATE I. Enter the (displaces, or concentration of the service Lice of the service of	DUE TO (ceused the ce on aech life on a	COUENCE OF	or other placemore is a second of the placemo	derlying ce	rdens DDRESS OF F. S Fune & Glyn of dying, sur	DATE 110/26 ACILITY YAI HOT MONT RO Ch se cardisc	20c. LOC. Waller Me d. Inc. correspire Au PERFORM PERFORM VES 2	dian etory sm which is the second se	Hea	Approximate Interval Betwood Donset and Dons
ABATT II. Other significent conditions in the sesuiting in death) ART III. Other significent conditions could in death) Sequentially list conditions, any, leading to immediate euse. Enter UNDERLYING AUSE (Disease or Injury has initiated events essentially in death) ART III. Other significent conditions S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO MANNER OF DEATH 1 Netural 5 Pending	DUE TO (ceused the ce on aech life on a	COUENCE OF	or other placemore is a second of the placemo	derlying ce 28. PLACE 1: Ing Home 5 226. PLACE 226. PLACE 226. PLACE 226. PLACE 226. PLACE 226. PLACE 226. PLACE 226. PLACE 226. PLACE 226. PLACE 226. PLACE 226. PLACE 236. PLACE 246. PLACE 25. PLACE 26. PLACE 26. PLACE 26. PLACE 27. PLACE 28. P	rdens DDRESS OF F. S Fune & Glyn of dying, sur	DATE 110/20 ACILITY Yal Hor mont Ro ch se cardisc Lula 1 Part I. 24 1 theck only one) 6 © Other (6	20c. LOC. Waller Me d. Inc. correspire Au PERFORM PERFORM VES 2	dian etory sm which is the second se	Hea	Approximate Interval Betwood Donset and Dons
Signature 2	DUE TO (DUE TO	ceused the ceused the	death. Do not not not not not not not not not no	or other placemore is a second of the content of th	derlying ce 28. PLACE 1: sing Home 5 22. Sing Home 5 22. In yes	euse given in	DATE 110/26 ACILITY Fall Hor Mont Ro Cular Part I. 24 1 Check only one) 6 □ Other (S 286. DESCR	Walder Med. Inc. or respired. Add. Was an A Perform. Yes 2	dian etory sm / witopsy MEO? No	Head Head Head Head Head Head Head Head	Approximate Interval Betwood Donset and Dons
ABUT II. Other significent conditions The sesuiting in death) ART II. Other significent conditions WAS CASE REFERRED TO MEDICAL EXAMINER? MANNER OF DEATH Netural MANNER OF DEATH MANNER	DUE TO (DUE TO	ceused the ce on aech life on a	death. Do not not not not not not not not not no	or other placemore placemore is a second of the placemore is a second of t	derlying ce	euse given in E OF DEATH (C	DATE 110/20 ACILITY Yal Hor mont Ro ch as cardisc Lula 1 Part I. 24 1 Check only one) 26d. DESCR 28f. LOCATI City or	20c. LOC. Wall me d. Inc. cor respire a. Was an A PERFORM PERFORM VES 2	dian etory sm white sm w	Headest, 244 244 244	b. WERE AUTOPSY FIND AMILABLE PROR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO



	FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTMENT CERTIFICAT			MENTAL	HYGIENE REG. NO.	8				
	1. DECEDENT'S NAME (First, Middle, Last)	HA E.	Benr	rett		2. DATE OF MONTH	F DEATH DAY	ď	ar 1,25 A	м		
	219-12-6743	1 □ M 2 🖁 F 83	YRS. MONTH	S DAYS HOL		JULY	BIRTH Day, Year) 10,19	008	BIRTHPLACE (State or Foreign Country) NEW JERSEY			
TOR		FACILITY NAME (if not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 96. COU SIDENCE OF DECEDENT 96. COU OTHER ASSESSMENT 96. COU OTHER ASSESSMENT 96. COU OTHER ASSESSMENT 96. COU OTHER ASSESSMENT 96. COU OTHER ASSESSMENT 96. COU OTHER ASSESSMENT 96. COU OTHER ASSESSMENT 96. COU OTHER ASSESSMENT 96. COU OTHER ASSESSMENT OT										
DIRECTOR	10a. STATE 10b. COUNTY	ROLINE		OR LOCATION	}			10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
FUNERAL	10e. STREET AND NUMBER			10f. ZIP					OF WHAT COUNTRY?			
N.	FEDERAL MANOR 11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.	S. ARMED	3. WAS DECENDE	21632 ENT OF HISPAN	IC ORIGIN?	(Specify Yes	U.S.	RACE - American Indian.	_		
BY	1 Never Married 2 Married 3 X Widowed 4 Divorced	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE:	2 ⊠NO	If yes, specify	Cuban, Mexicar NO Specify	n, Puarto Ric			Black, White, etc. Specify: WHITE			
COMPLETED	15. DECEOENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)		e. DECEDENT'S USUAL (Give kind of work do life. Do NOT use retired HOMEMAKER	ne during most of d.)	working	16b. F	(IND OF BUS	INESS/INDUST	TRY			
8	17. FATHER'S NAME (First, Middle, Last)		HOHEHARED	·	MOTHER'S NAI	ME (First, Mic	ddle, Maiden S	Surname)				
BE C	RICHARD A. RAMSEY				MARY	E. F	RUMBOL					
10 B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDR									
	MRS. JOHN H. HALLO		R.F.D. 2									
	1 Donation 5 ☐ Other (Specify)	al from State / of cem	LACE AND DATE OF DI Mary, crematory or other ANDREWS	er place)		DATE	17/		or Town, State A. MARYLAND			
	21, SIGNATURE OF UNERAL SURVEY LIGHT	SUN A		2. NAME AND AL	DDRESS OF FAC	CILITY			, HARTLAND	-		
	EDWARD N . BRINS	FIELD, JR. MO		RINSFIE					RYLAND 20650			
	23. PART I. Enter the diseases, or co		na daath. Do not en						, Approximate			
	IMMEDIATE CAUSE (Final	co 4	1 1					, ,	Interval Between Onset and Dea			
	disease or condition resulting in death) a.	DUE TO (OR AS A CO	Chrolie	Coro	nan	Va	sull	In de	dan 154	-		
_		DOE TO (ON AS A CO	SHOLOGENCE OF J.		0				1			
CERTIFICATION	Sequentially list conditions, If eny, laading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
S	cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CO			_							
	that initiated events resulting in deeth) LAST	502 10 (011 20 2 0	SHOLOGENOL OF J.									
	PART II. Other significant conditions	contributing to death but	not moulting in the	underlying on	usa shoa la	Dort i	24a. WAS AN	ALITODAY	24b. WERE AUTOPSY FINDING			
CAL	7	A Alan Mark	not resulting in the	underlying ca	use given in		PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	3		
ED	ashens	delane				_	1 TYES 2	Chuo	OF DEATH?			
BY PHYSICIAN: MEDIC									12.11.70.11			
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТН		OF DEATH (Ch	eck only one)					
IXSI		1 Inpatient 2 ER/Outpatie		Nursing Home 5				u u my oodur	200	_		
ā	1 Natural 5 Pending	(Month, Day, Year)	INJURY N	28c. INJURY WORK? 1 YES	2 NO	200, DE3C	MIDE NOW II	NJURY OCCUP	NED .			
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, ferm, street,	factory, offica			TION (Street a Town, State)	and Number or	Rural Route Number,			
COMPLETED	cool city	IAN: To the best of my knowled							ause(s) and manner as stated.			
	29b. SIGNATURE AND TITLE OF CERTIFIED	10.			c. LICENSE NUI				IGNEDI (Month, pay, Year)	_		
38 C	Chille The	cee	- mp		D3	5 28	4	1	14/91			
5	80. NAME AND ADDRESS OF PERSON WHO		H (ITEM 27) (Type, Print)	496	De	nto	nm	10 2	216 29			
	31. DATE FILED (Month, Day, Year) 91	32. REGISTRADE SIGNATION DAVIDOR	n-Randale			-						



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tate	Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	١
m	-	1

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

IMPORTANT: If Item 28 is marked, or

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR		CTATE OF B	SADVI AND	/ DEDAD	TRAFNIT	0F II	F41 T 11	4110	845NT4	LUVOIEN		3	03	328
1 - STATE REGISTRAR		STATE OF N		ERTIF					MENIA	L HYGIEN REG. NO	_			
1. DECEDENT'S NAME (First	t, Middle, Last)								2. DATE	OF DEATH			3. TI	IME OF DEATH
THOMAS	HAGEN	BROBST	. SR.						OCT	BER 2	AY 0 10	YEAR		8:30 P. M
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. I	est birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH	, 1	8. BIRT	HPLAC	E (State or Foreign
364-40-9253		1 XM 2 - F	60	YRS.	MONTHS	DAYS	HOURS	MIN.		th, Day, Year)	1931	Coun		OIS
9a. FACILITY NAME (If not is	nstitution, give s	treet and number)			9b. CITY, 1	rown c	R LOCATION	ON OF D				NTY OF		010
202 SPRING	VALLE	Y DRIVE			LE	XIN	GTON	PAI	RK		ST.	MAF	RY 1	S
RESIDENCE OF DE											-			
10a. STATE	10b. COUNT			10c. CIT	Y, TOWN OR	LOCAT	ION						10d.	INSIDE CITY LIMITS?
MARYLAND	ST.	MARY'S		LE	XINGT	ON	PARK						1X	YES 2 NO
10e. STREET AND NUMBER						101	. ZIP CODI	E			10g. CIT	IZEN OF	WHAT	COUNTRY?
202 SPRI	NG VAL	LEY DRIV	E				2065	3			U.	S.A.		
11. MARITAL STATUS 1 Never Married 2 X 3 Widowed 4 Div		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V 1951-1	WAR OR DATES	ARMED NO	- 11	yes, sp	ENOENT Cooling	n, Mexica	an, Puerto	N? (Specify Ye Ricen, atc.)	e or No	14. RAC Blac Spec	ck, Whi cify:	mericen indien, ite, elc.
15. DEG	EDENT'S EDU	CATION	18e, C	ECEDENT'S	USUAL OCC	UPATIO	ON at ad worlds		160	b. KINO OF BU	ISINESS/IN	DUSTRY		
Elementary/Secondary (College (1-4 or 5	A 3 3	TATITO	retired.)	ring mo	St OF WORK	'U						
12		2	EL	ECTRO	NICS	TEC	HNIC	IAN	1	U.S. N	AVY			
17. FATHER'S NAME (First, A	Aiddle, Last)						18. MOT	HER'S N	AME (First,	Middle, Maider	Surname)			
MERRIL FRA	NCIS B	ROBST					ES	THE	RBRU	INSELL				
194. INFORMANT'S NAME (Type/Print)		1	19b. MAILING	ADDRESS	Street a	nd Number	or Rural	Route Nun	nber, City or Tov	vn, State, Zi	p Code)		
MRS. KAREN	E. BRO	BST		202 S	PRING	VA	LLEY	DR.	, LE	XINGTO	ON PA	RK,	MD.	. 20653
20e METHOD OF DISPOSIT		noval from State		E ANO OATI						724 CH				ARYLAND
Selwan EDWARD	W. B	NSFIELD,	JR. MO	0052	BR	INS		D FU	INERA	L HOM	Ξ, Ρ.	Α.		ND 20650
	naart fallure.	complications the List only one car	it caused tha duse on each lie	daath. Do r na.										Approximate Interval Batween Onset and Death
IMMEDIATE CAUSE (FI disease or condition reaulting in death)	→ ·	a	(OR AS A CONS	EQUENCE O	1	10		FA	16	URP	-		_	
				,	0	<u> </u>							i	
Sequantially list condi if any, leading to imme cause. Entar UNDERLY	tions, ediata	bDUE TO	(OR AS A CONS	EOUENCE O	F):			•						
CAUSE (Disease or inj that initiated events resulting in death) LAS		DUE TO	(OR AS A CONS	EOUENCE O	F):									
PART II. Other algoritic	ant condition	na contributing to	death but no	t reaulting	in the und	lariyin	g cause	given ir	Part I.	24a. WAS AI PERFO 1 TYES	RMEO?	24	CON	NE AUTOPSY FINDINGS LABLE PRIOR TO IPLETION OF CAUSE DEATH?
						-			-				1 🗆	YES 2 NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 (1) YES 2 | NO 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 8 🗆 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK?
1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 4 Homicide

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and menner ee stated.

2 MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occurred at the time, date end place,

29b. SIGNATURE AND TITLE OF CERTIF

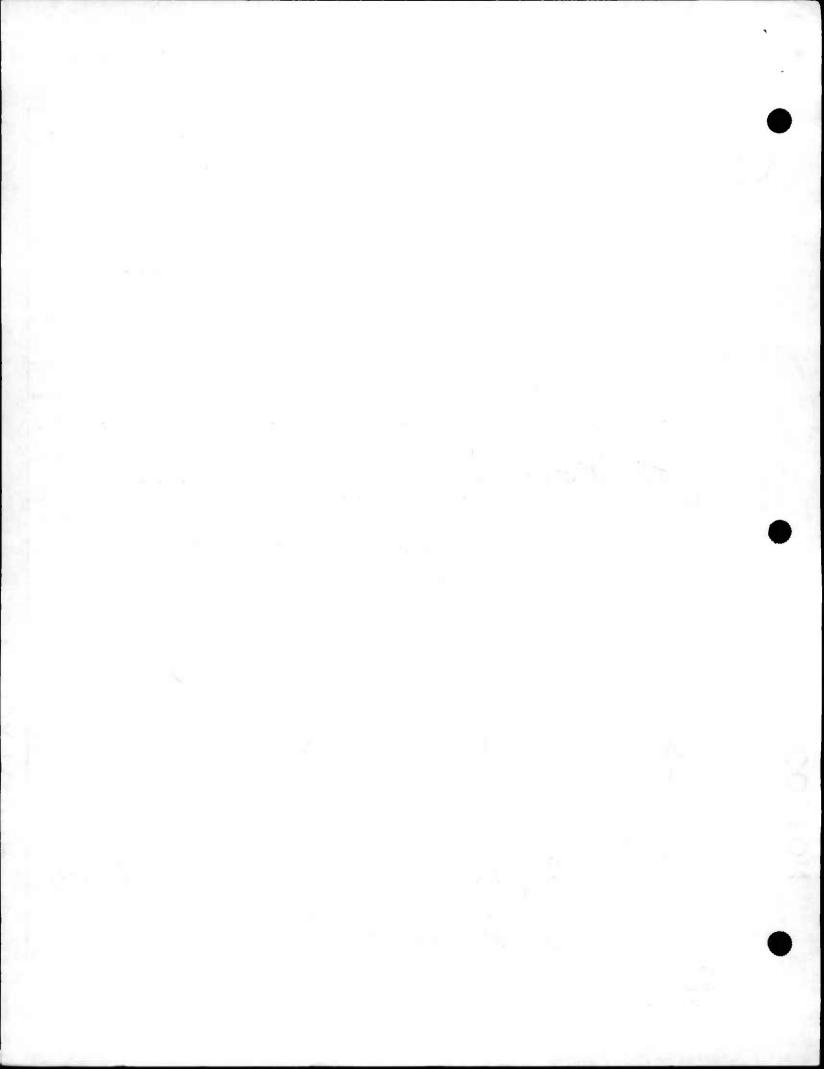
29c. LICENSE NUMBER D14285

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

WILLIAM D. BOYD II M.D. 17 JEFFERSON STREET, LEONARDTOWN, MARYLAND 20650

32. REGISTRAP'S SIGNATURE
Sulia Davidson-Randson





		FOR 1 - STATE REGISTRAR	STATE OF M	ARYL		PARTME					YGIEN	E			
		1. DECEDENT'S NAME (First, Middle, Last)		-	-	11 10/1		DEAI		2. DATE OF C	-			3. TIME OF DEATH	
		JOHN EDWARD BR	מו זואז							MONTH	DA		YEAR		
15	6	4. SOCIAL SECURITY NUMBER	-	6. AGE ('In yrs. last birth	day) IF UND	ER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF B		18,	1991	2347 PLACE (State or Fore)	lan
(P	ř.	451-50-3257	1√2 M 2 □ F	5	55 YF	MONTH	DAYS	HOURS	MIN.	(Month, Day	(Year)	000	Countr	V)	ger
		9e. FACILITY NAME (If not institution, give :	street and number)		13	9h Cl	TY, TOWN O	P I OCATIO	ON OF DE		4,	1936	TEX		
4 60	æ			_								SC. COL	MITOFD	EATH	
Marie and Marie	СТОВ	CALVERT MEMORI	AL_HOSPITA	AL_		I PF	INCE	FREE	ERI	CK			CALV	ERT	
Pages	DIREC	10e. STATE 10b. COUNT	Υ		10c	CITY, TOW	OR LOCAT	ION						10d. INSIDE CITY	
£.	ā	MARYLAND ST.	MARY'S		Г	EONAF	אנאורודירו	J						LIMITS?	0
permit.	A	10e. STREET AND NUMBER				LIOI WIL		ZIP CODE				10a, CIT	IZEN OF W	HAT COUNTRY?	
- Sit	ER	38 WHITE OAK						2065	0				J.S.A		
020 physician. bunial-transit	FUNER	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN	U.S. ARMED	1	WAS DEC		-	IIC ORIGIN? (Sp	anthi Van			- American Indian.	
DPhys buni		1 Never Merried 2 X Married	FORCES? 15	YES	2 NO		It yes, spe	cify Cuber	n, Mexice	n, Puerto Rican	atc.)	01 140	Black	, White, etc.	
ending as the	BY	3 Widowed 4 Divorced	1952 -			- 1	1 🗌 152	2 ZENO	Specify	/;			Speci		
215-0020 attending physic ise as the burial	8	15. DECEDENT'S EDU (Specify only highest grade	CATION		16e. DECEDE					16b. KINI	OF BUS	INESS/IN	DUSTRY	TE.	
2 9 2	ᄪ	Elementary/Secondary (0-12)	College (1-4 or 5+)		life. Do N	d of work don OT use retired	e during mos .)	at of worldny	g						
D spita	IPL		2 YEARS		AIR I	RAFFI	C CON	TROL		υ.	S. N	IAVY			
MARYLAND retained by the hospital 5 should be detached for notified at once.	COMPI	17. FATHER'S NAME (First, Middle, Last)								ME (First, Middle					_
2 2 2 Z	Ш	JULIUS BRAU	JN						MIN		TRAC				
MAR retained 5 should notified	00	19s., INFORMANT'S NAME (Type/Print)			19b. MAI	ING ADDRE	SS (Street at			Route Number, Co			n Ondal		
	2	ANNE LORRAINE BRA	NIIN							OTOWN,				650	
ME, may be or, page st be		20a. METHOD OF DISPOSITION	1011	Lage	PLACE AND D				IVAIL			-		650	
FOR ma e 6 ma ector, p		1X Buriel 2 Cremetton 3 Rem	oval from State	K°B	elery crematory	of other plac	TONIAT	THE OF	EDV.	10/23	20c. LOC		City or To		
Page dire		21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	MIN	TITINGTO	IN INAI	TONAL	CIVII	EKI	10/231	ARL	TIAC.	LON,	VIRGINIA	
ALTIMORE, death. Page 6 may be tuneral director, page t. examiner must be		- En 1 2	4/6	1.	,	M	ATTIN	GLEY	-GAI	EDINER	FUNE	ERAL	HOME	, P.A.	
0 = 0		Muchaely	1. Dance	rin	w	P	.O. B	OX 2	70,	LEONAR	DTO	IN, N	D. 2	0650	
1 a a		23. PART I. Enter the diseeses, or	complications that	ceused	the deeth.									Approximete	,
DO DE		IMMEDIATE CAUSE (Finel	List only one ceus	ly one ceuse on each line.							-4			Onset and D	
n 24 hy fille ation.		disease or condition	. Cluro	211	(286	21	0.	0	lera	1,)	Oatii
760, nd within ompletely I, cremati		resulting in death)		_	CONSEQUENC	E OF):	Cre	-00	1	Reco	C				
	2		Consol	116	DIA	SC.	. On	1	$\sqrt{}$	11 /M	01	4		i	
OX 68 e be execut sician and c onor to buni traumatic	RTIFICATION	Sequentielly liet conditions, if any, leading to immediate	DUE TO (C	OR AS A	CONSEQUENC	E OF):	Len	1		a co	~(-i	
Sician prior to	NA	ceuse. Enter UNDERLYING	Hard	90	1001	1	KI	') (- A	1	2	İ	
.O. B. certificate ding physis hygiene pr	Ē	CAUSE (Disease or injury that initiated events	DUE TO (C	OR AS A	CONSEQUENC	E OF):						XC	/	-	
eath certification attending trail Hygie y, or other	F	resulting in death) LAST	061.0							0					
0 0 0 0	E				reg									1	
RD nat the by the and M injury injury	AL	PART II. Other significent condition	s contributing to d	leath be	ut not reguliti	ng in the	inderlying	cause g	iven in i	Part I. 24a.	WAS AN A		24b.	WERE AUTOPSY FIND	
O = 0 = 1	EDICA										YES 2			AVAILABLE PRIOR TO COMPLETION DF CAU	
REC(requires been sign of Healt	ME											X		OF DEATH?	
	AN:									_					
TAL The law ate has be ate Dept.	IAI	25. WAS CASE REFERRED TO MEDICAL					26. PL/	ACE OF DE	ATH (Che	ck only one)					_
//TA	Sic	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpu	etlant 3 D DO	OTHE	R:								_
PHYSICIAN: The land this certificate has with the State Deprived, or item 23	PHYSICI	27. MANNER OF DEATH	28e. DATE OF th			TIME OF	28c. INJU	_	Ndence	8 Other (Spe 26d, DESCRIB		HIRV OC	CHRED		
	L L	1 Natural 5 Pending	(Month, Day,			INJURY	WOF	RK? ES 2 □		200. DESCRIBI	E NOW IN	JUNI OC	COMED		
VISION ATTENDING ECTOR: After s after death	BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF	INJURY	- At home for	on obsaid for			NO	201 1 2017101					
TTEND TTOR: A after d	8	4 Homicide 6 Could not be	building, et	c. (Speci	ify)	in, auset, re	ctory, office		-	28f. LOCATION City or Tow	n, State)	nd Numbe	r or Runii A	oute Number,	
DIVISION DR ATTENDING I DIRECTOR: After death hours after death item 28 is man	E	29e CERTIFIER													
D TAL D	P.	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI	CIAN: To the best of m	y knowle	edge, death oc	curred at the	time, date o	end place,	end due	to the ceuse(e)	end men	ner an ata	ted.		
HOSPITAL FUNERAL within 72	COMPLE	2 MEDICAL EXAMINE	R: On the beele of exam	mination	end/or investig	gation, in my	opinion, da	ath occure	d at the t	time, date end p	olece, end	due to th	na Couse(s)	and menner ee state	ed,
	ш	296. SIGNATURE AND TITLE OF CERTIFIE	0.1					29c. LICE	NSE NUM	BER	Т	29d. DAT	E SIGNED	(Month, Day, Year)	
TO THE TO THE DE filed	m	EMADK.	TITA	20	11/1				270			1	101	19/	3/
0=	2	30. NAME AND ADDRESS OF PERSON WH	o opiumi meno o outo	00				עע	4/0.	,			0	/ //	

D Prince Frederick, MD

32. REGISTRAR'S SIGNATURE

Julia Davidson Pandall.

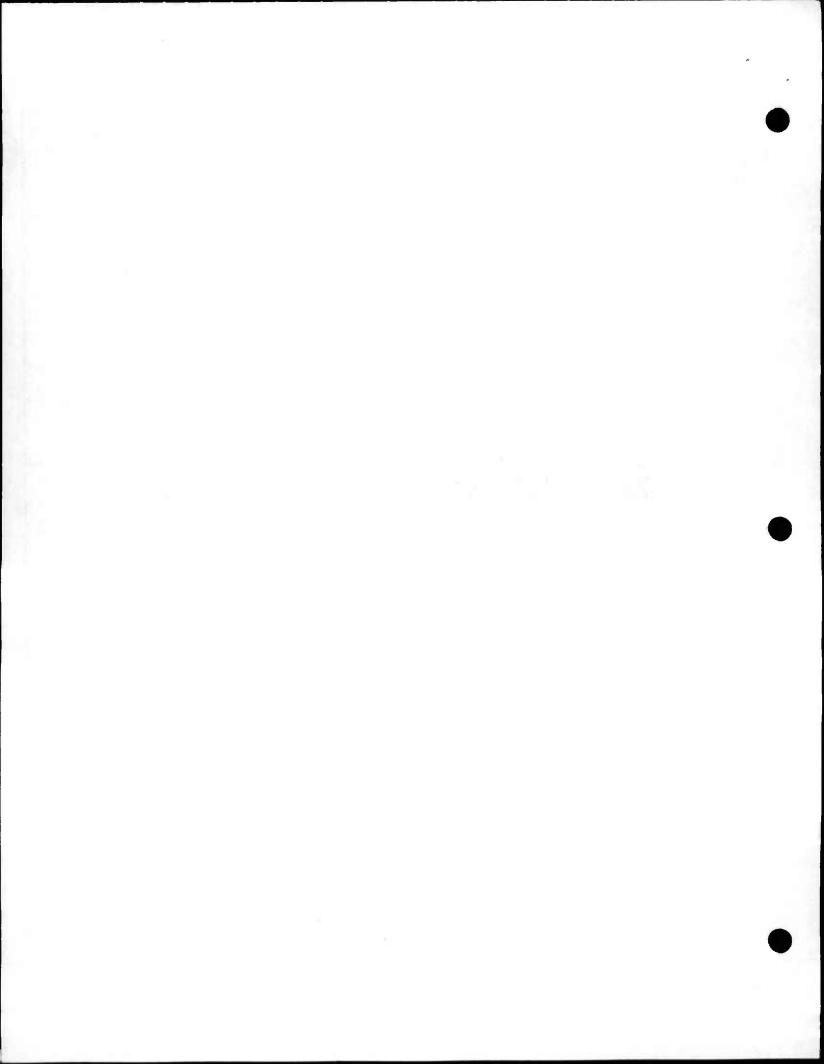
20678

15 Tratus

Finad R AlBanna MD
31. DATE FILED (Month, Day, Year)

OCT 2 2 '91

DHMH-16 Rev 1/89



TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR		CE	RTIFIC	ATE OF	DEATH	REG. NO					
1. DECEDENT'S NAME (First, Mic	idle, Last)					2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH			
ANNA		BOHLE				OCTOBER 2		9:45 A M			
4. SOCIAL SECURITY NUMBER 217-36-6031	5. \$EX	6. AGE (In yrs. last		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) MAR. 27,	Coun	HPLACE (State or Foreign try) NNSYLVANIA			
9e. FACILITY NAME (If not institu	tion, give street and number)		96	. CITY, TOWN	OR LOCATION OF DI		9c. COUNTY OF				
ST. MARY'S NU			L	EONARD	TOWN		ST. MA	RY'S			
	b. COUNTY		10c. CITY, To	OWN OR LOCAT	TON			10d. INSIDE CITY LIMITS?			
MARYLAND	ST. MARY'S		MEC	HANICS	/ILLE			1 TES 2 X NO			
10e. STREET AND NUMBER				101	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?			
RT. 3 BOX 350	BOHLE				20659		U.S.A	·			
11. MARITAL STATUS 1 Never Married 2 Me 3 Widowed 4 Divorce	ried FORCES?	IT EVER IN U.S. ARM I ☐ YES 2 [X]NO MAR OR DATES		If yes, sp		NIC ORIGIN? (Specify Ye an, Puerto Rican, etc.) ly:	or No— 14. RAC Blac Spe WH	E — Americen Indien, ck, White, atc. city: TTE			
15. DECEDE	NT'S EDUCATION	16a, OEC	EDENT'S US	UAL OCCUPATION	ON .	16b. KIND OF BU	SINESS/INDUSTRY				
Elementary/Secondary (0-12)	hest grade completed) College (1-4 or 5	+)	Do NOT use re	done during mo tired.)	at or worlding						
12TH GRADE			HOUSE	WIFE		HOM	E				
17. FATHER'S NAME (First, Middle	t, Last)				18. MOTHER'S NA	ME (First, Middle, Maider	Surname)				
MARTIN	BLANK				ANNA	OELLER					
19a. INFORMANT'S NAME (Typo						Route Number, City or Tov					
HILDA WOLFRA			.705 B	OHLE RO	DAD, MEC	HANICSVILLI					
20e. METHOD OF DISPOSITION 1 Surel 2 Cremation 4 Donation 5 Other (Sp	3 Removal from State	of cemetary.	crematory or	S CEME	TERY 1	10/23/91 N	OCATION — City or T				
21. SIGNATURE OF FUNERAL S	ERVICE LICENSEE	diner)	MATTI		RDINER FUN		, P.A.			
IMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	J. Joury	OF AS A CONSECUTION AS	DENCE OF:	dr.	oft	g Al	not	Interval Between Onset and Death			
PART II. Other significant	opulm	death but not re	esulting in	2 59	g cause given in	PERFO 1 TYES	RMED?	IND. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2			
EXAMINER?	HOSPITAL:			THER:				1000			
1 YES 2 27. MANNER OF DEATH	28a. DATE O	ER/Outpetient 3	26b. TIME C	F 28c, IN	ne 5 Residence	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURED				
1 Natural 5 Pe	(Month,	Day, Year)	INJUR	Y W	YES 2 NO						
3 Suicide a Co	estigation 26e. PLACE building	OF INJURY — At hor I, etc. (Specify)	me, farm, stre			261. LOCATION (Street City or Town, State	and Number or Rura)	I Route Number,			
condon biny	ING PHYSICIAN: To the best of CERTIFIER					e time, date end place, o		//			
30. NAME AND ADDRESS OF P		LEONARD I	L A	maryla	ND 2065	0	11	77.21			
31. DATE FILED (Month, Day, Yes	r) 32, REGIST	han's signature.		1	2003	<u> </u>		_			
0612	Coll Gu	ver huntages of	-					DHMH-16 Rev 1			

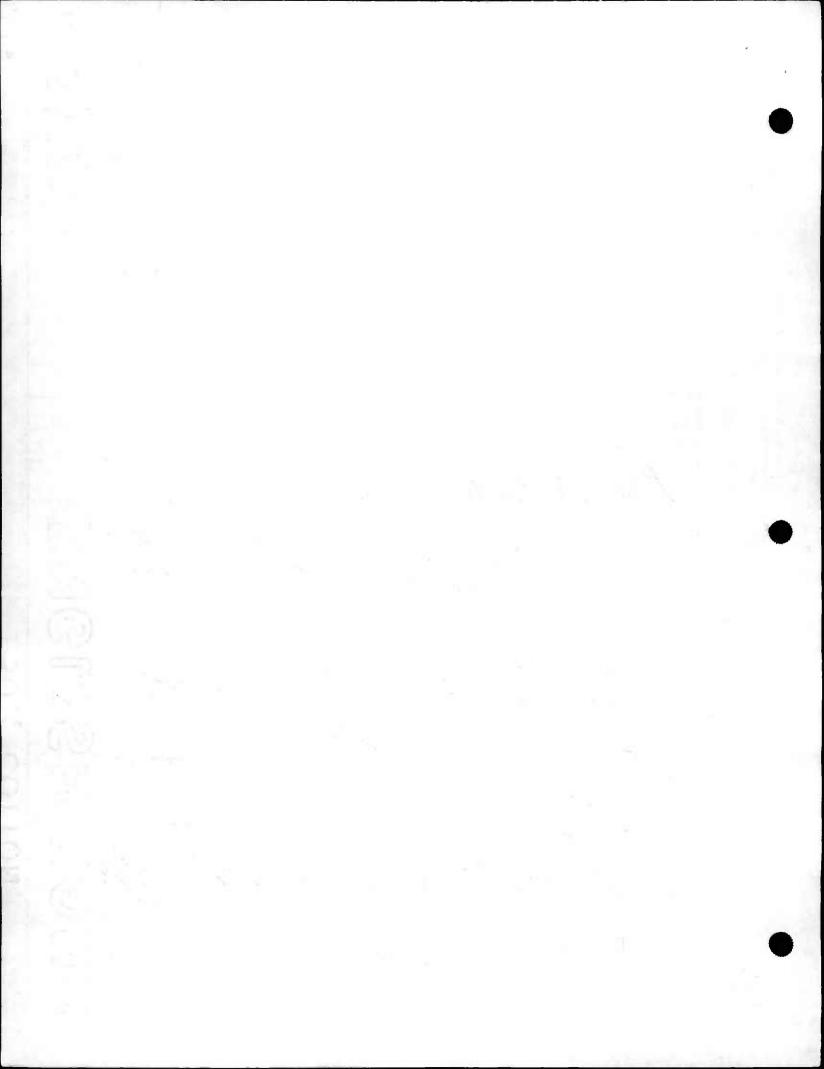
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages, 1, 2, 3 a filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

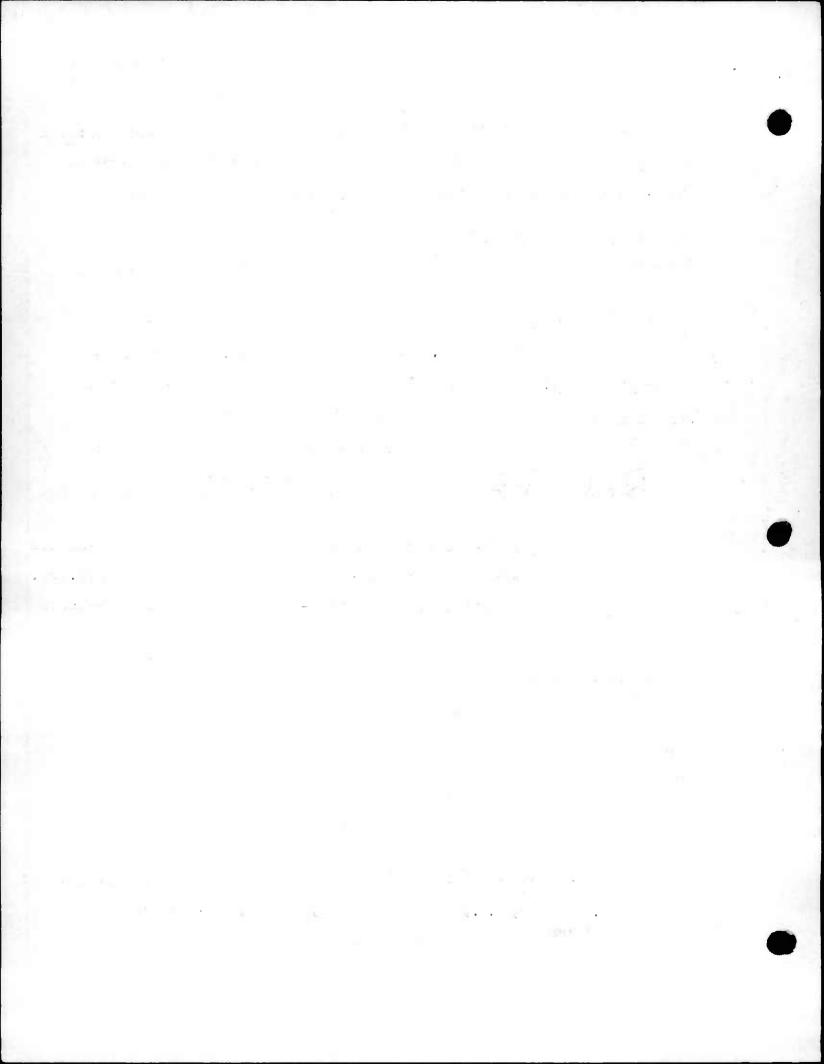
IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

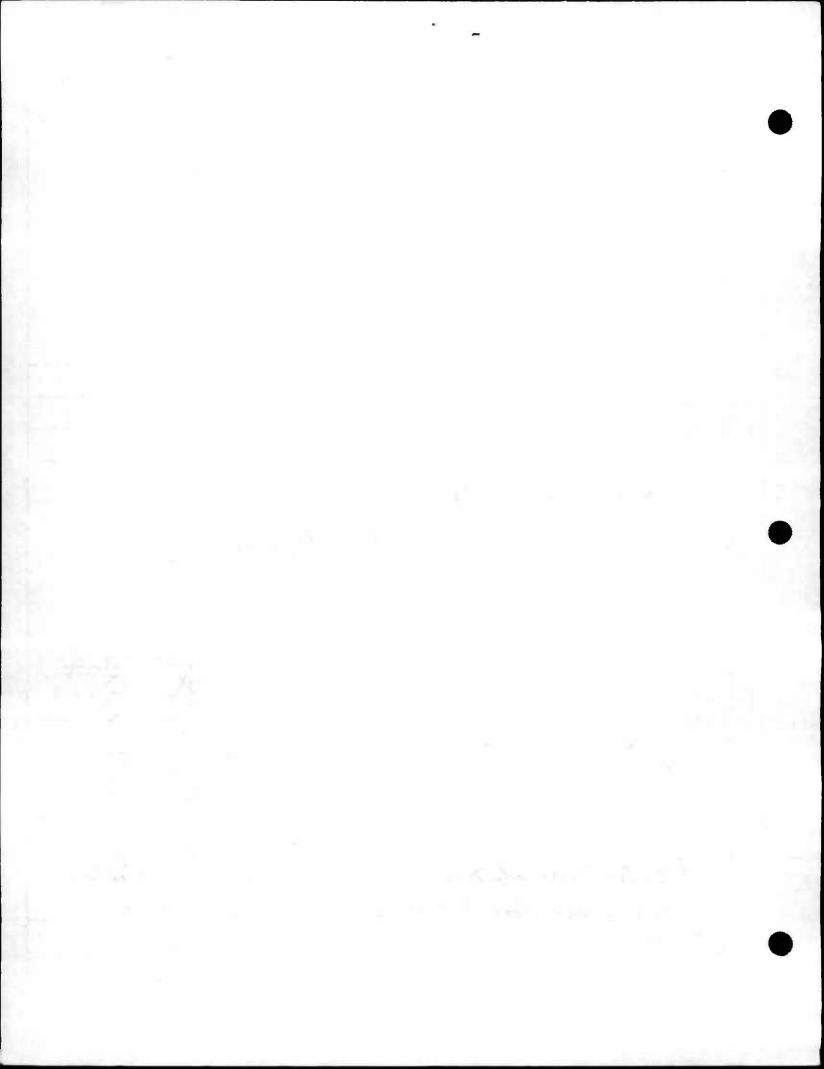


	1 - STATE REGISTRAR	STATE OF MARYLA			F HEALTH A		ENTAL HYGIENE REG. NO.					
	1. DECEOENT'S NAME (First, Middle, Last) Dorsey	Virgil			M, Jr.	2	DATE OF DEATH DAY	1991	3. TIME OF DEATH 10:20 a ^M			
	221-18-0323	X M 2 □ F 6	yrs. last birthday) YRS.	MONTHS DA	YS HOURS I	MIN.	DATE OF BIRTH (Month, Day, Year) Sept. 28,	1930 Ma	aryland			
ÌÒR	99. FACILITY NAME (If not institution, give street Garrett County Memo	STREET, STREET	al		on Location Oakland	Н	9c. COUNTY OF OEATH Garrett					
IREC	10e. STATE 10b. COUNTY	sex	10c. CIT	Milto					10d. INSIDE CITY LIMITS?			
RAL	100. STREET AND NUMBER 102 Lake Drive	SEA		MITCO	10f. ZIP CODE			10g. CITIZEN OF V				
BY FUNERAL DIRECTOR		J.S. ARMED 2 XNO ES	If yes		HISPANIC Mexican,	19968 ORIGIN? (Specify Yee of Puerlo Ricen, etc.)	USA Pr No — 14. RACI Blec Spec	E American Indian, k, White, etc.				
COMPLETED	15. DECEDENT'S EDUCATII (Specify only highest grade com Elementary/Secondary (0-12) C		Give kind of life. Do NOT u	work done during se retired.)	PATION g most of working		Meat Pro					
BE	17. FATHER'S NAME (First, Middle, Last) Dorsey Virgil 19a, INFORMANT'S NAME (Type/Print)	Burnha		Appende (O	ı	Nell:	ie (First, Middle, Maiden Seie]	Lerch			
5	Sarah Burnham						, Delaware					
	20a. METHOD OF DISPOSITION 1 🕅 Burlal 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State 00	place of dispo other place) dd Fello	SITION (Neme of	f cometery, cremete netery	ory or		20c. LOCATION — City or Town, State Milton, Delaware				
	21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Stewart Funeral Home 32 S. Second St., Oakland, Maryl											
	23. PART I. Enter the diseases, or compileations that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) A Ventricular Arrhythmia DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Schemic Heart Disease Sev.Yrs											
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Diabetes Mellitus 24s. WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO 0F											
ICIA		OSPITAL:		OTHER:	6, PLACE OF DEA	TH (Check	k only one)					
BY PHYSICIAN:	27. MANNER OF DEATH 1 Value 5 Pending 2 Accident Inventigation	Inpatient 2 EXER/Outpet 28a. DATE OF INJURY (Month, Day, Year)	28b. TH	ME OF 280 JURY	Home 5 Resk INJURY AT WORK? YES 2 I	2	Other (Specify)	JURY OCCURED				
G	3 Suicide 6 Could not be determined							26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLET	29e. CERTIFIER 1 CERTIFYING PHYSICIAN (Check only one) 21 MEDICAL EXAMINER: 0	Y: To the best of my knowle							s) and menner se stated.			
TO BE	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEAT	- Mr.	e, Print)	29c. LICEN	056			ber 13,199			
12	Herbert H. Leigh OCT 16 1991	ton, M.D., 32 pegistrar's signar fulia Bairdson	TURE		eets, Oa	ak 1 ar	nd, Maryla	nd 21550	0			



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760. STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR		CERTIF	ICATE O	F DEATH	REG. N	0.	
1	1. DECEDENT'S NAME (First, Middle, Last) William Ne	elson Bal	ker s	or.		10 2	5 9	an 3. TIME OF DEATH P
	4. SOCIAL SECURITY NUMBER 217 03 3202	1 🔀 M 2 🗆 F	(In yrs. last birthday) 84 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 01-18-19	07	BIRTNPLACE (State or Foreign Country) MD
E	99. FACILITY NAME (If not institution, give the Harford Memoria				or location of de avre de (9c. COUNTY	of DEATN Larford
CTOR	RESIDENCE OF DECEDENT					Tace	1.	
DIRE	MD IOB. COUNT	arford	10c. CIT	y, town or loo Havi	e de Gra	ce		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
A	10a. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZE	OF WHAT COUNTRY?
ᄪ	708 Green Stre	et			21078		J	JSA
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 X NO	If yes,	ECENDENT OF HISPAI specify Cuban, Mexica ES 2 X NO Specif	n, Puerto Rican, atc.)	fes or No— 14	RACE — American Indian, Black, White, etc. Specify: White
E	15. OECEDENT'S EDU (Specify only highest grad		16a. OECEOENT'S	USUAL OCCUPA	TION	16b. KIND OF E	USINESS/INDUS	
E	Elementary/Secondery (0-12)	College (1-4 or 5+)	life. Do NOT u	work done during se retired.)	most of working			
P P	7th		(Ret) S	elf-emp	loyed	Baker	ry Rout	te Sales
COMPL	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middle, Maid	en Sumeme)	
BE	William Jerome	Baker				Elizabetl		
0	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	G ADDRESS (Street	et end Number or Rural	Route Number, City or 1	own, State, Zip Co	ode)
-	Mrs. Ida May Ba				St., Havı			
	20e. METHOD OF DISPOSITION 1 A Burlet 2 Cremetton 3 Ren	noval from State	ob. PLACE AND DAT	v or other place)		1	LOCATION — CIT	
	4 Donation 5 Other (Specify)		Angel H				<u>Havre c</u>	de Grace, MD
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			hell-Smit		Homo	РΛ
į.	*William !	S. Smoot	II		re de Gr			
CERTIFICATION	immediate cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to Immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS	A CONSEQUENCE C	OF):	Jehrys	lme		Onset and Deeth
MEDICAL	PART ii. Other significant condition	na contributing to deeth	but not resulting	in the underly	ring cause given in	PERI	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: \ /		26 OTHER:	PLACE OF DEATH (C	heck only one)		
YSI	1 U YES 2 NO	1 - Inpatient 2 D EB/OL		4 🗆 Nursing H	foma 5 🗆 Residence			
PHY	27, MANNER OF DEATN 1 Netural 5 Pending	(Month, Day, Year,	26b. TII	JURY	INJURY AT WORK?	28d. DESCRIBE NO	W INJURY OCCU	RED
BY	2 Accident Investigation		PM As beautiful		YES 2 NO	404 1 00477011 (0)		Series the tree
E	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJUI building, etc. (Sc	pecify)	atreet, factory, o	mice	City or Town, St		Rural Route Number,
COMPLET	cont only	SICIAN: To the best of my known						i. cause(s) and menner es stated.
TO BE C	297. SIGNATURE AND TITLE OF CERTIFI	rush	m.		290 LICENSE NU	MBER	29d. DATE	SIGNED (Month, Day, Year)
F	36. NAME AND ADDRESS OF PERSON W	THO COMPLETED CAUSE OF	PEATN (ITEM 27) (Typ	e, Print)	Sime.	Me	2107	18
	31. DATE FILED (Month, Day, Year) OCI 28 '91	32. REGISTRAR'S SK	GNATURE Jon-Randell	2				
	11011	()						DHMH-16 Bey 1



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	AT	SECT.	IS 3	E 2
	9	8	Pou	ie
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Jaw requires that the death certificate be executed within 24 hours after death. Pag	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dir	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner
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BY

COMPLETED

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30333 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO I. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF DEATH VEAR P M SARAH DRYDEN BLAIR OCT 20 1991 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) NOV 4 1931 8. BIRTHPLACE (State or Foreign 1 M 2 F MONTHS DAYS HOURS 200-36-6939 59 VRS MARYLAND 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH NATIONAL NAVAL MEDICAL CENTER **BETHESDA** MONTGOMERY DIRECT RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND ANNE ARUNDEL ANNAPOLIS 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 29 W. WASHINGTON STREET 21401 UNITED STATES 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 Y NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, Whits, stc. IF YES, GIVE WAR OR DATES 1 Never Married 2 K Merried If yes, specify Cuban, Mexicon, Puerto Rican, etc.)

1 YES 2 X NO Specify: ВУ 3 Widowed 4 Divorced BLACK COMPLETED 16a. OECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEOENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co Elementery/Secondary (0-12) College (1-4 or 5+) LAUNDRY 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) BE GEORGE JOHNSON Protesta de NANNIE THOMAS 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 RHONDA BLAIR 29 W. WASHINGTON STREET, ANNAPOLIS, MD 21401 20a METHOO OF DISPOSITION
A Burlel 2 Cremetion 3 R 20b. PLACE AND DATE OF DISPOSITION (Name of 184E 1991 20c. LOCATION — City or Town, State 4 Donation 5 Other (Specify) MARYLAND VETERAN CROWNSVILLE, MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY REESE & SONS MORTUARY, ann 821 WEST ST. ANNAPOLIS. MD.21401 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory errest, Approximate ahock, or heart failure. List only one ceuse on each line. interval Between IMMEDIATE CAUSE (Finsi **Onset and Death** disease or condition resulting in deeth) SMALL CELL LUNG CARCINOMA DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in desth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? PHYSICIAN:

						— 1	1 TYES 2 NO
5. WAS CASE REFERRED	TO MEDICAL				28. PLACE OF DEATH (C.	heck only one)	
1 YES 2 NO		HOSPITAL: 1 Inpatient 2 ER/Outpatien	3 DOA	OTHE			
7. MANNER OF DEATH 1 X Natural 5 2 Accident	Pending Investigation	28s. OATE OF INJURY (Month, Day, Yesr)	28b. TIMI INJ	E OF	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY	OCCURED
3 Sulcide	40000 0000	28s. PLACE OF INJURY - A	t home, farm, a	treet for	tory office	201 LOCATION (Standard Mar	

4 Homicid	e determined	ountings, see, (openly)	City or Town, State)
29s. CERTIFIER (Check only	1 X CERTIFYING PHYSICIAN:	To the best of my knowledge, death occurred at the time, date and place, and due	to the couse(s) and manner se stated

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end placs, and due to the cause(s) and manner as stated.

GNATURE AND THREE OF CER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

9 10 2 ON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) NATIONAL NAVAL MEDICAL CENTER

MC USN BETHESDA, MD 20889-5000 Julia Bassas

Marie The The

signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for Heatth and Mental Hygiene prior to burial, cremation, or removal. notified at Pe must t examiner traumatic event, the medical item 23 shows any injury, or other t. of P certificate has been the State Dept. of

Pages 1, 2, 3

DIRECTO

FUNERAL

В

COMPLETED

2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

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THE HOSPITAL OR ATTENDING PHYSICIAN: The Is 10 THE FUNERAL DIRECTOR: After this certificate has filed within 72 hours after death with the State De IPORTANT: If Item 28 is marked, or Item 2

TO THE HOSPITA
TO THE FUNERA
be filed within 72
IMPORTANT: II

91 30334 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO Elizabeth Biddl 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 2332 " Elizabeth Oct 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign Country) 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS. 77-38-4375 1 🗆 M 2 💢 F Washington, DC YRS. 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Anne Arundel Medical Center Annapolis Anne ARundel RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10m. STATE 10d. INSIDE CITY LIMITS? Edgewater MD Anne ARundel 1 YES 2 X NO 10g. CITIZEN OF WHAT COUNTRY? 10e. STREET AND NUMBER 10f. ZIP CODE 1828 Havre De Grace Road 21037 USA 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No.— 14. RACE — American Indian, Black, White, atc. 11. MARITAL STATUS If yes, specify Cuban, Mexican, Puerto Ri

1 YES 2X NO Specify: 1 Never Married 2 Married specify: White 3 Widowed 4 Olvorced 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INOUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) Bar Tender Lou's Restaurant 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Edgar Ramsdell Anna Hobbs 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 405 Benton Road, Edgewater, MD 21037 Michael Paddy 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, State 20s. METHOD OF DISPOSITION
1 □ Burisl 2 □ Cremation 3 □ Ramoval from State Metro Crematory Baltimore, MD 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSES ², NAME AND ADDRESS OF FACILITY Hardesty Funeral Home, P.A. 12 Ridgely Avenue, Annapolis, MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Batween Onset and Death IMMEDIATE CAUSE (Final arms7 disease or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF):

Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST

DUE TO (OR AS A CONSEQUENCE OF):

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

24a. WAS AN AUTOPSY 1 TYES 2 THO

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

25. WAS CASE REFERRED TO MEDICAL 1 | YES 2 | NO

3 Sulcide

4 Homicide

26. PLACE OF OEATH (Check only one) OTHER: Inpetient 2 - ER/Outpetient 3 - DOA 4 Nursi ng Home 5 - Residence 6 - Other (Specify)

27. MANNER OF DEATH 1 -Watural 5 Pending Investigation 2 Accident

26s. DATE OF INJURY (Month, Day, Year)

26c. INJURY AT WORK? 28b. TIME OF INJURY М 1 YES 2 NO

28d. DEŞCRIBE HOW INJURY OCCUREO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time,

29b. SIGNATURE AND THE OF CERTIFIER

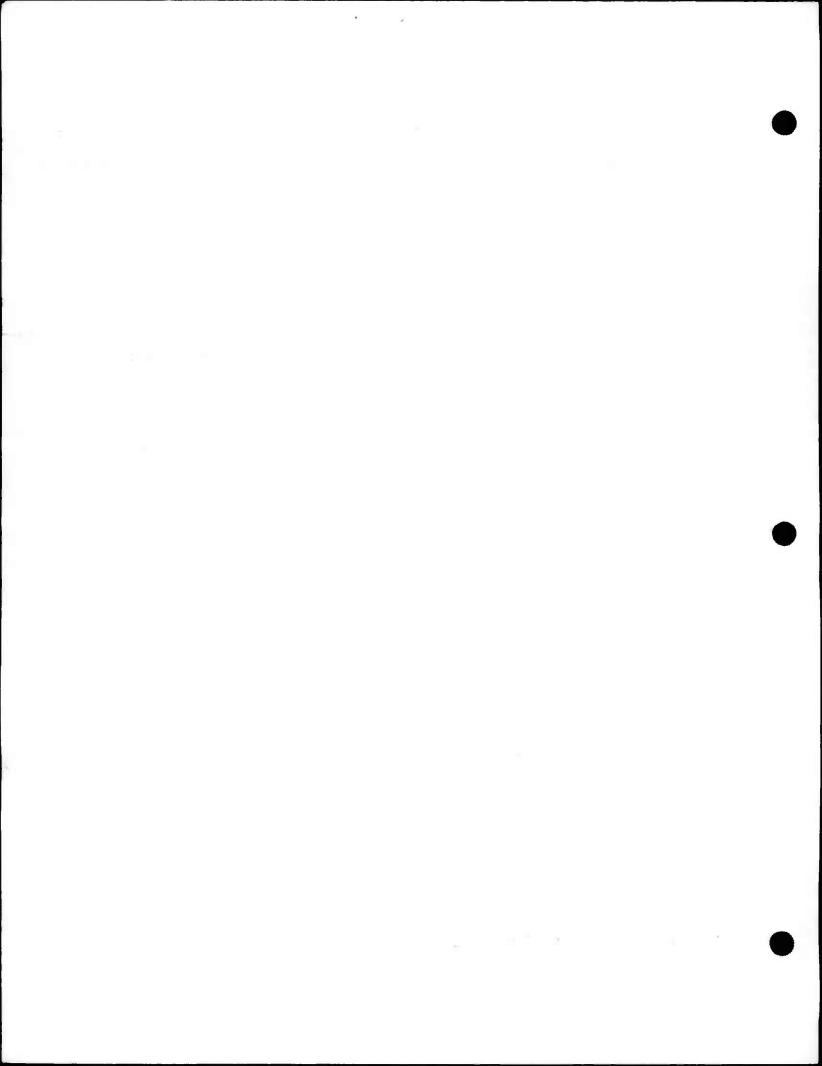
8 Could not be

LICENSE NUMBER 844

29d, DATE SIGNED (Month, Day, War)

30. NAME AND ADDRESS OF WHO COMPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print),

600 31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE



31. DATE FILED (Month, Day, Year) \$\frac{\fir}{\frac}\frac{\frac{\frac{\frac{\fir}{\fir}}{\firigmet{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\f

	1	FOR STATE REGISTRAR	STATE OF I		/ DEPAR CERTIF					MENTA	L HYGIENI REG. NO.	E		
		1. DECEDENT'S NAME (First, Middle, Last)	rtrude	Lasche Willa m	id	CORBE				MONT	t. 9, 1	991	EAR 3	. TIME OF DEATH 2:00 P.M
		4. SOCIAL SECURITY NUMBER 266 62 6230	5. SEXTem 1 □ M 2 🌣 F	8. AGE (In yrs. 91	lest birthday) YRS.	AF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE	e of BIRTH or, Pay, Year) il 15,	8.	Country)	ACE (State or Foreign sylvania
18	5	90. FACILITY NAME (If not institution, give str Kent & Queen Ann		al			r, town o		ON OF DE	ATH		9c. COUNTY Kent		тн
DIBERTOR	Single Control	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY Maryland Kent				y, town	OR LOCAT	ION					11	Dd. INSIDE CITY LIMITS? YES 2 NO
FINEDAL		10e. STREET AND NUMBER P.O. BOX					101.	ZIP CODI				10g. CITIZE USA	N OF WH	AT COUNTRY?
2	5	11. MARITAL STATUS Widowed 1 Never Merried 2 Merried 2XX Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE N	IT EVER IN U.S. YES 2 WAR OR DATES	ARMED NO	13.	WAS DECI If yes, spe 1 TYES	ENDENT Cociety Cuba 2 NO	F HISPAN n, Mexicon Specify:	IC ORIGI n, Puerto	NO NO	or No— 14	Specify: Wh	- American Indien, White, etc.
COMPI ETEN	Tree en	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondery (0-12)	ATION completed) College (1-4 or 5		DECEDENT'S (Give kind of life. Do NOT u	work done	during mos	IN st of workin	ng	16	Home	INESS/INDUS	STRY	
ACC TA		17. FATHER'S NAME (First, Middle, Lest) William	am P. La	scheid					y Wi		, <i>Middle, Malden</i> elm	Surname) ~	,	
9		190. INFORMANT'S NAME (Type/Print) Suzanne Corbett Ho			RFD	Ree	ce's	Cor	. R		mber, City or Town Hall,			
		20e METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remod 4 Donald 5 Other (Specify)		1 Olhe	ce of dispo r place) John '	s Ca	tho1	ic C	em. (3/91)	cation — cii Rock	•	*
		21. SIGN UNI OF FUYERAL SERVICE LICE	ENSEE	Vel	Os	/			ss of fac		P.(Chest	O. Box tertow	# 2 m, M	264 Id.
		23. PART I. Enter the diseases, or condition resulting in death)	omplications the let only one can	use on each	line.)			ing, auch	n aa ce	rdiac or reapi	ratory arres	st,	Approximete interval Between Onset and Death
CEDTIEICATION	ENTIFICATION	Sequentielly liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST	DUE TO	OR AS A CON	ISEQUENCE C									
183	T WE	PART II. Other significent conditions	e contributing to	o death but n	ot reaulting	in the u	nderlying	g cause	given in	Part I.	24a. WAS AN PERFOR 1 YES 2	RMED?	3	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO DOMPLETION OF CAUSE OF DEATH? YES 2 NO
DHYCICIAN: MED	OICIAN OICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpetien	t 3 🗆 DOA	OTHE	R:		DEATH (Che		one) her (Specify)			
	א היחיו	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE O (Month,	F INJURY Day, Year)	28b. TII	ME OF JURY M		URY AT PRK? YES 2 [□ NO	28d. D	EŞCRIBE HOW I	NJURY OCCU	IRED	
		3 Suicide a Could not be 4 Homicide determined	28e. PLACE building	OF INJURY — A I, etc. (Specify)	t home, ferm,	street, fac	ctory, offic	•		28f. LC	CATION (Street of ty or Town, State)	end Number o	r Rural Ro	ute Number,
2 1000	COMPLEIED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DISCOURSE DESCRIPTION OF THE PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 C												end menner ee stated.
5	O BE	29b. SIGNATURE AND TITLE OF CERTIFIER	-1	10					3514	ABER				Month, Day, Year)
1	-	30. NAME AND ADDRESS OF PERSON WHO Michael Biener	o completed can ifeld, M				Ches	tert	own,	Md.	21620			

32 ARGRISTAN'S SIGNATURE AND SUR

7. 1

SEP 23 '91

DALLIMORE, MARYLAND 21215-0020	ires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran	
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MAH	retained I	5 should	
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5	ires	signe	Health

CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Brian

5. SEX Male 6. AGE (In yrs. last birthday) Matthew 09 12:50 P M Coleman 19 1991 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign XX M 2 F HOURS 212 84 5465 19 Maryland YRS Sept 27. 1971 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Kent and Queen Anne Hospital Chestertown Kent 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Kent Rock Hall TX YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? William St. P.O. Box # 287 21661 USA 11. MARITAL STATURE VET Mari 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 _ YES 2 NO 1 WAS OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—It yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 24 1 TES 2XXNO Specify: В 3 Widowed 4 Divorced White no BE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) Pressman Printing Co be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Albert Arthur Coleman 1st. Deborah Kellev 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip CodeWilliam St. 19a. INFORMANT'S NAME (Type/Print) ဥ (Mother) P.O. Box # 287 Rock Hall. Deborah Kelley Coleman Md. 21661 20a. METHOD OF DISPOSITION Burial
1 □ Burtal 2 □ Cremetton 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must semetery crematory or other place)
Wesley Chapel Cemetery (9/22/91 4 Donation 5 Other (Specify) Rock Hall, Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY P.O. Box # 264 J. Willis Wells Chestertown, Md medicai 23. PARY 1./Entar the diseases, or complications that caused the death. Do not entar the mode of dying, such as cardiac or reapiratory arrast, Approximata ahock, or haart fallure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final disease or condition Onset and Death the Heal DUE TO (OR AS A CONSEQUENCE OF reaulting in death) injury, or other traumatic event, MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immadiata cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY any YES 2 | NO t. of Healt shows a OF DEATH? DIVISION OF VITAL RE YES 2 | NO has b Dept. 23 si PHYSICIAN: HOSPITAL OR ATTENDING PHYSICIAN: The law is the FUNERAL DIRECTOR: After this certificate has be within 72 hours after death with the State Dept. TANT: If Item 28 is marked, or Item 23 s 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 | inpatient 2 | XER/Outpatient 3 | DOA | 4 | Nursing Home 5 | Residence 6 | Other (Specify) 27. MANNER OF DEATH 28b. TIME OF INJURY 28a. DATE OF INJURY 28c. INJURY AT WORK? Driver involved in 1 Natural
Accident 5 Pending pickup truck impact

281. LOCATION (Street and Number or Rural Route Number,
City or Town, State) 09 19 1991 11:53 1 TYES ZY NO BY 3 Suicide 28e. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) ETED 8 Could not be 4 Homicide determined On street 20 south of Rte. 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(s) and manner as attend. COMPL TO THE HOSPITA
TO THE FUNERA
DE filed within 72
IMPORTANT: II 2 X MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the ceuse(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) waterns allenn 09 2 O.C.M.E 20 1991 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore Maryland 21201 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Julia Sandon-Andella

is a strawger of

21620

			1 - FOR STATE REGISTRAR		STATE OF M	MARYLANI) / DEPAR	TMENT	T OF I	HEALTH AND	MENTAL	HYGIEN REG. NO			
			1. DECEDENT'S NAME (First	t, Middle, Last)							2. DATE O	F DEATN		3.	TIME OF DEATN
			George	Henry	Cro	onshaw					Octob	er 13	. 199	YEAR 2:5	50 P
	-		4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs	. last birthday)	IF UNDER		IF UNDER 24 HRS.	7. DATE OF	BIRTH Day Mari			ACE (State or Foreign
- 2	30		221-12-84		1 🛣 M 2 🗆 F	72	YRS.	MONTHS	DAYS	HOURS MIN.	Jan	20, 1	1919	Country)	MD
(1º	1	90. FACILITY NAME (# not in					9b. CITY,	, TOWH	OR LOCATION OF	DEATH		9c. COUN	Y OF DEAT	Н
		2	Kent & Que	en Anne	's Hosp	oital 1	Inc.	Che	este	ertown			Ken	t	
	Pages	REC	10e. STATE	10b. COUNTY			10c. C/1	Y, TOWH O	OR LOCA	TION				10	d. INSIDE CITY
	ift. Pa	0	MD	Quee	n Anne'	S	Ba	rcla	ay					1	LIMITS?
	permit.	3AL	10e. STREET AND NUMBER						10	f. ZIP CODE			10g. CITIZ		T COUNTRY?
2	burial-transit	FUNER/	Box 142							2160	7			USA	
20	urial-t	F	t1. MARITAL STATUS		12. WAS DECEDENT FORCES? 1	T EVER IN U.S.	ARMED	13. \	WAS DEC	CENDENT OF NISPA	NIC ORIGIN?	(Specify Yee	or No-	4. RACE — Black, W	American Indien, hile, etc.
00-	as the b	B	3 Widowed 4 Divo		IF YES, GIVE W	AR OR DATES	-			2 NO Spec		,		Specify:	
21215-0020	use as	8		EDENT'S EDUCA		180.	DECEDENT'S	USUAL OC	CCUPATI	ON	16b. K	IND OF BUS	SINESS/INDU	STRY	White
	for us	COMPLET	Elementary/Secondary (0	y highest grade o	College (1-4 or 5+	,	(Give kind of life. Do NOT u	work done one retired.)	during mo	ost of working					
Z Dosoit	Pe	MP	8				Farm	er			I	arm	ing		
YLAND 21 by the hospital or	detach:	8	17. FATNER'S NAME (First, M		_					16. MOTNER'S N			Surname)		
₩ ₩ ₩	uld be	BE	Edward		haw						e Pri				
MARYLAND retained by the hospit	5 should be notified at	2	190. INFORMANT'S NAME (7		1	i				and Number or Rural	Route Number,	City or Town	n, State, Zip C	Code)	
			Florence		naw					above					
6 E	ector, p		1 XBuriel 2 Crematic 4 Donation 5 Other	on 3 - Remov	ral from State	cernetesy.	crematory or o	thar place	I T A	Cemete	DATE	20c. LO	CATION — CI	ty or Town,	state MD ersville
Page 1	al din		21. SIGNATURE OF FUNERA		NSEE	g4.	44101	_		ND ADDRESS OF F		7 107	71 0	uult	TOVILLE
BALTIMORE, er death. Page 6 may be	the funeral director, page yeal. al examiner must be		+ Vyaha	-B17	Tellen.	_				lows Fu				216	
afte w	a = -		23. PART I. Enter Alfa di	Iseasas, pr co	molications that	caused the	death Do	3	370	W.Cypr	ess S	St., N	<u>lilli</u>	ngto	
hours			anock, or n	aart ranure. Li	st only ona caus	ae on each i	ina.	ibt ainter	tra mu	rua or uying, au	en as cardia	c or raapi	ratory arra:	Bt,	Approximata Interval Between
n 24	pletely filled cremation, or rent, the m		IMMEDIATE CAUSE (Findisease or condition	nai	1	1	1			dent					Onset and Death
60, within		i	reaulting in death)	a.	DUE TO	OR AS A CON	SEQUENCE OF	v a	M	dent					
\$68760, executed within	to burial,	Z	Communication tree and steel	b .											
XO	sician and c rior to burit traumatic	TIC	Sequantially list conditi if any, leading to imme-	diata	DUE TO (OR AS A CON	SEQUENCE OF):							
P.O. BOX th certificate be e		CERTIFICATION	cause. Entar UNDERLYi CAUSE (Disease or Inju		DUE TO /	00 40 4 000									
O. B. certificate	attending phy ntal Hygiene p y, or other	Ē	that initiated events resulting in death) LAS	т	002 10 (OR AS A CON	SECUENCE OF	·):							
DS, P.	Mental Mental			d.											
A the	36	CAL	PART II. Other significa	ent conditiona	contributing to	death but no	t resulting	n tha und	dariyin	g cause given in	Part i. 24	La. WAS AN	AUTOPSY MED?		RE AUTOPSY FINDINGS VLABLE PRIOR TO
S = S	8 E	EDIC	Congesti	ve h	eart ta	ilura					1	YES 2	□ NO	co	MPLETION OF CAUSE DEATH?
L REC	been sign t. of Heal shows	Σ												1[YES 2 NO
OF VITAL RECO	Pe Pas	SICIAN:	25. WAS CASE REFERRED TO	O MEDICAL T											
ITA N. The	State	Sic	EXAMINER?	1	HOSPITAL:	F0/0 + 11		OTHER	t:	ACE OF DEATH (C					
SICIA	the the	PHY	27. MANNER OF DEATN		28e. DATE OF I	NJURY	28b. TIM		28c. INJ	e 5 Residence			IJURY OCCU	DED	
		ВУ Р		Pending Investigation	(Month, Day	y, Yeer)		URY M	WO	RK?	aud. DESCR	IIDE NOW IF	IJOHY OCCO	MED	
		0 8	3 Sutelida	Could not be	28e. PLACE OF	INJURY — At	home, larm, s	treet, facto			261. LOCATI	ON (Street e	nd Number or	Rural Route	
O SHOW	R: After or death	- III				re (apochy)					City or	Town, State)			Number,
VISION	after d	ш	4 Nomicide	determined											Number,
DIVISION OF VI-	DIRECTOR: A hours after d item 28 Is	ш	29e. CERTIFIER (Check only			ny knowledge,	death occurre	d at the tir	me, date	end place, end due	to the cause	(e) end man	ner se stated		Number,
	DIRECTOR: A hours after d item 28 Is	ш	290. CERTIFIER (Check only	IFYING PNYSICI	AN: To the best of n	my knowledge,	death occurre	d at the tir	me, date	end place, end due	to the cause	(e) end man	ner se stated	ceuse(a) en	Number,
HOSPITAL	after d	BE COMPLETE	290. CERTIFIER (Check only	IFYING PNYSICIA	AN: To the best of n	my knowledge,	death occurre	d at the tin	me, date	end place, end durenth occured at the	time, data an	(e) end man	due to the	ceuse(a) en	

32. REGISTORE'S SIGNATURE
Julia Davidson Randall

Michael Bienenfeld, M.D. Medical Bldg., Chestertown, MD

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

31. DATE FILED (Morth, Day, Year)
OCT 18 '91

2

0

Sugar Market 12 to 18

10a. STATE

Maryland

11. MARITAL STATUS

10e. STREET AND NUMBER

DIRECTO

COMPLETED BY FUNERAL

8

5

9

31. DATE FILED (Month, Day, OCI

9

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

214-36-6165

RESIDENCE OF DECEDENT

Rt. 2

1 Never Merried 2 Merried

ntary/Secondery (0-12)

3 Wildowed 4 X Divorced

12

17. FATHER'S NAME (First, Middle, Last)

19e. INFORMANT'S NAME (Type/Print)

Ralph

9e, FACILITY NAME (If not institution, give street end number)

10b. COUNTY

15. DECEDENT'S EDUCATION

Ralph Samuel Cox, Sr.

(Specify only highest grade comple

Michael P. Cox

20e. METHOD OF DISPOSITION
1 X Burlet 2 ☐ Cremetton 3 ☐ Removal from State

5 SEY

The Kent and Queen Anne's Hospital, Inc.

Kent

Box 26

1 X M 2 | F

College (1-4 or 5+)

Samuel

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 XYES 2 NO IF YES, GIVE WAR OR DATES

Cuban Crisis

6. AGE (In yrs. last birthday)

Cox

IF UNDER 1 YEAR

10c. CITY, TOWN OR LOCATION

18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)

Electrician

20b. PLACE AND DATE OF DISPOSITION (Name of

P.O.

Jr.

9b. CITY, TOWN OR LOCATION OF DEATH

Rock Hall

10f. ZIP CODE

1 YES 2 NO

IF INDER 24 HRS

Chestertown

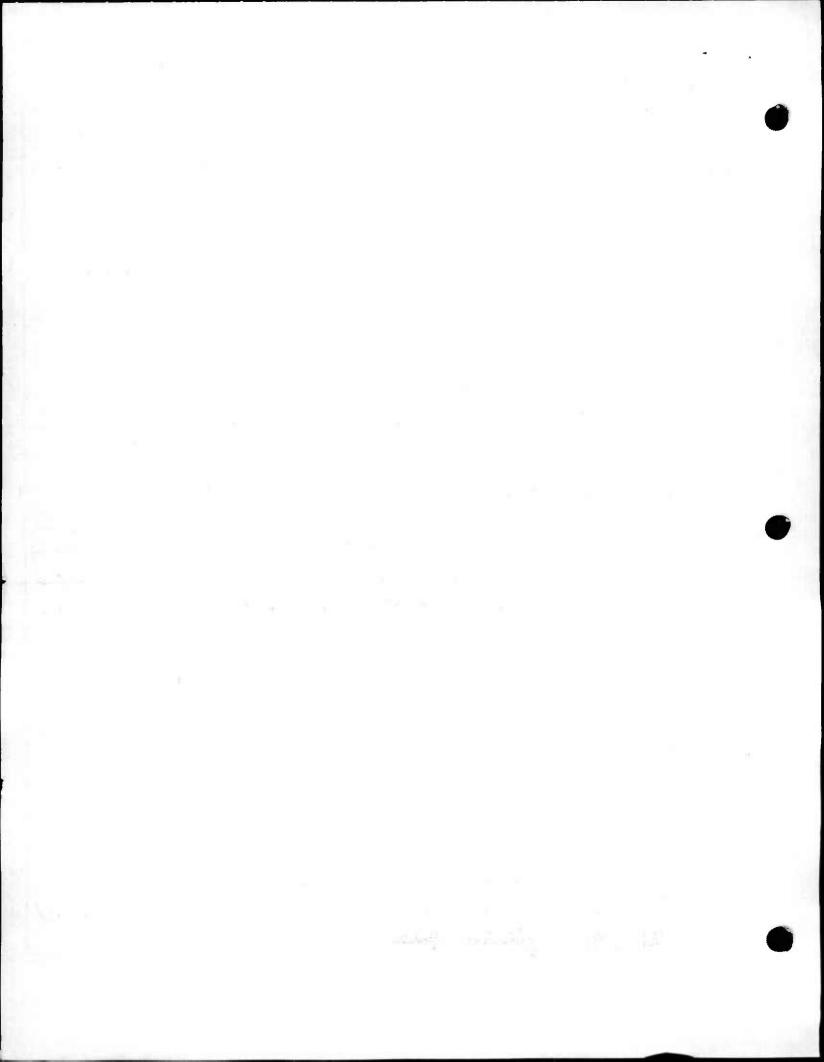
21661

Specify:

irec		4 Donation 5 Other (Specify)		Chester	Ceme	terv	10/4	4 Ch
after death. Page 6 by the funeral direct moval.	a year	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE,	/ -	22. NAN	M Helfen	FACILITY	
9 7		Momas K.	Hellen	ben	Ro	ck Hall,	MC	216
requires that the death certificate be executed within 24 hours een signed by the attending physician and completely filled in to of Health and Mental Hyglene prior to burial, cornation, or representations and latitude of the desired of the personnel of the control of the con	MEDICAL CERTIFICATION	23. PART i. Enter the diseases, or c shock, or heart failure. I iMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other eignificant conditions	DUE TO (OR	AS A CONSEQUENCE O	not enter the	HS Selero Leart old	sis Has	liac Dr rea
N: The law icate has be State Dept.	5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	Hoopira		T	. PLACE OF DEATH (C	heck only on	p)
certificate the State		1 YES 2 - NO	HOSPITAL:	/Outpetlent 3 🗆 DOA	OTHER:	Home 5 - Reeldence	6 🗆 Other	(Specify)
This with	ВУР	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJI (Month, Day, Y	eer) IN	JURY M 1	INJURY AT WORK? YES 2 NO		CRIBE HOW
DR ATTENDING DIRECTOR: After nours after death		3 Suicide 6 Could not be 4 Homicide determined	building, etc.	JURY — At home, farm, (Specify)	atreet, tactory,	onice		ATION (Street or Town, Stett
4 4 K =	1 5	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC PHYSI	AAN: To the best of my	knowledge, death occur nation end/or investigati	red at the time, on, in my opinio	date end place, end du	e to the ceu	se(e) end mo
TO THE HOSPI TO THE FUNER be filed within	O BE	*29b. SIGNATURE AND TITLE OF CERTIFIER WALLE CHOCK	ovanMi	Depute	ME	29c. LICENSE NU	IMBER 1337	7

ulia Davidson-Randall

2. DATE OF DEATH 3. TIME OF DEATH a 02 1991 10:45 October 7. DATE OF BIRTH (Month, Day, Year) B. BIRTHPLACE (State or Foreign 03-22-40 Rock Hall MD 9c. COUNTY OF DEATH Kent county 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-if yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. Specify: white 16b. KIND OF BUSINESS/INDUSTRY Electrical 16. MOTHER'S NAME (First, Middle, Maiden Surneme) Edna Donovan Pasin 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Box 65, Barclay, MD DATE 20c. LOCATION --- City or Town, State estertown, MD Kent Cb. eral Homes, PA 61 piratory arreat, Approximate Onset and Death minutes 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE N AUTOPSY 2 X NO OF DEATH? 1 TYES 2 NO INJURY OCCURED and Number or Rural Route Number, anner ee stated. nd due to the ceuse(a) end manner ea steled.



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.1. Hours after death. Page 6 may be retained by the h	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained by the funeral director, page 5 should be detained from the funeral formation of removal	be find within 72 hours after death with the State Dobl. Of negatified an wental hybere plus to contact, the medical examiner must be notified at one IMPORTANT; If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at one

91 30339 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 10/2 10:10 Clara Pearl Crawford 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 5. SEX DAYS HOURS MIN. 1 - M 2 7 F YRS 87 220-12-6640 09/18/1904 Virginia Se. FACILITY NAME (If not institution, give street end number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 104 Pink Dogwood Road North Fast Cecil RESIDENCE OF DECEDENT 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Cecil 0 North East 1 YES 2 NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 101. ZIP CODE 104 Pink Dogwood Road 21901 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, stc. 11. MARITAL STATUS 1 Never Married 2 Merried 1 TES 2 NO Specify: Specify: B White 3 Widowed 4 Divorced 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KING OF BUSINESS/INDUSTRY (Specify only high COMPLET Elementary/Secondery (0-12) College (1-4 or 5+) 12 Triumph & Aerial Products aborer once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) James S. Mowbray notified at Martha E. Merica BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Linwood Crawford 906 B Pulaski Highway, Joppa, Maryland 21085 Pe 20e. METHOD OF DISPOSITION
1 Strate 2 □ Cremation 3 □ Removal from State 20b. PLACE OF DISPOSITION (Name of cametery, crematory or 20c. LOCATION — City or Town, State must b 206. McIntol 2 Cremation 3 4 Donation 5 Other (Specify) Friends Cemetery Calvert, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY examiner Crouch Funeral Home 127 S. Main Street North Fast MD 21901 medicai 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory errest, Approximete Interval Between shock, or heart fellure. List only one cause on each line **Onset and Death** IMMEDIATE CAUSE (Final Cell Carcinoma of the Cervix the disease or condition_ Quamaus D DUE TO (OR AS A C resulting in death) event, traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL any 1 TES 2 NO OF DEATH? Shows 1 TYES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26, PLACE OF DEATH (Check only one Hem HOSPITAL: 1 YES 2 NO OTHER: 1 Inpatient 2 ER/Outpatient 3 DOA ne 5/ Residence 6 🗆 Other (Specify) 50 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked, Netural Accident м 1 YES 2 NO BY Investigation 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide .00 8 Could not be COMPLETED 4 Homicide 28 Hem 29e, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner as stated. Ξ 2 MEDICAL EXAMINER: On the basic of examination snd/or investigation, in my opinion, death occured at the time, date end piece, end due to the ceuse(s) end manner as stated. 296. SIGNATURE AND JITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Oay, Year) BE

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

North

Davidson-Randelle

32. REGISTRAR'S SIGNATURE

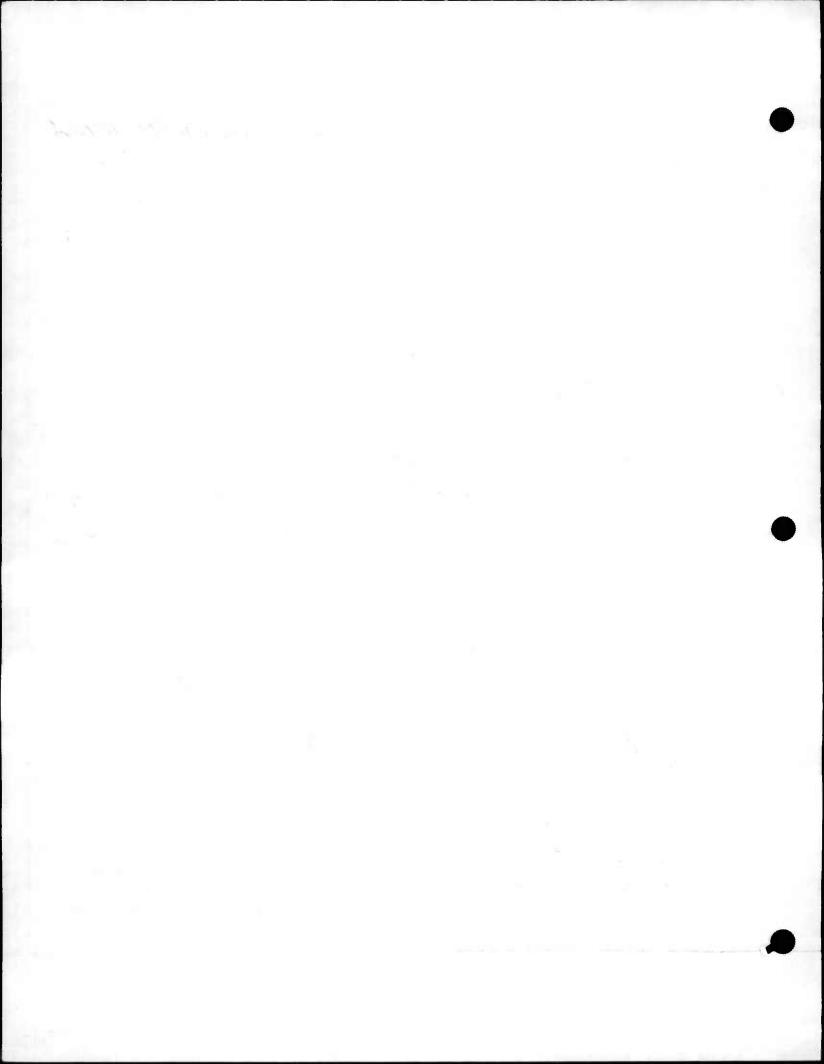
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DHMH-16 Rev 1/89

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30. NAME AND ADDRESS OF PERSON Farkas

31. DATE FILED (Month, Day, Year)



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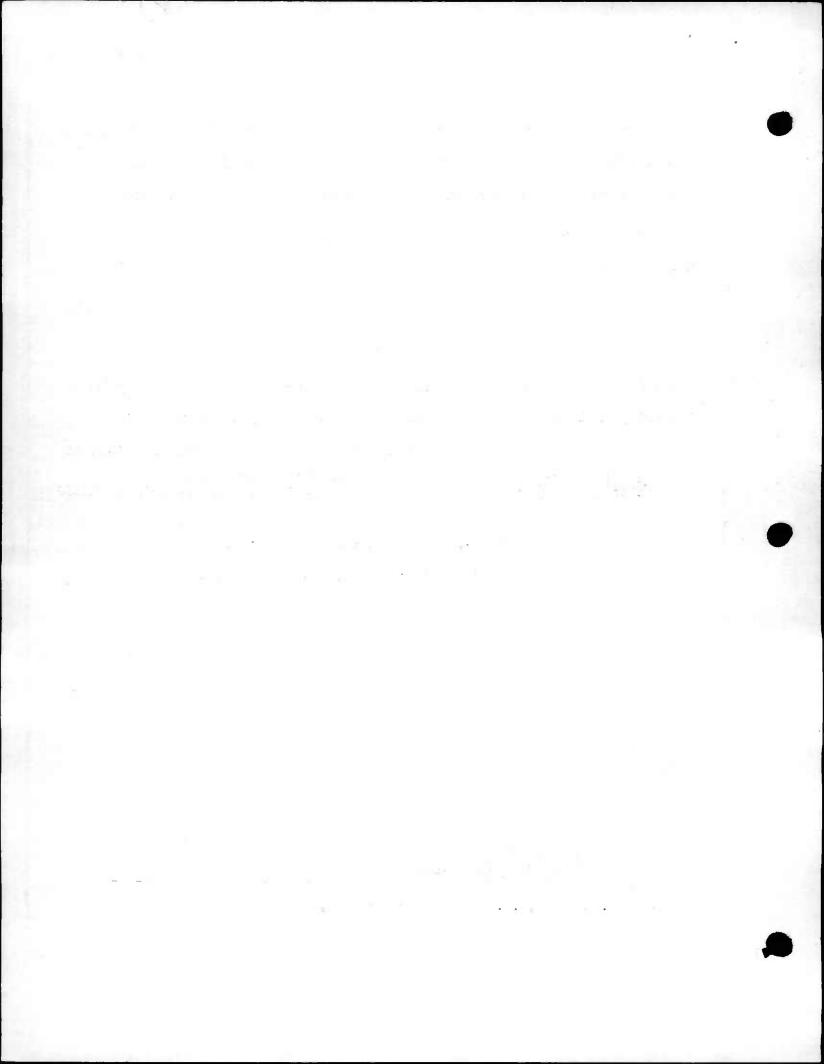
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 STATE	STATE OF N	ARYLAND /						MENTA				9		3034
_	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CE	HIIF	ICATE	- OF	DEAI	Н	0.0475	REG.			-		E OF DEATH
	Bernard	Frank	CHERR	v					MONT	H	DAY	10	YEAR		20 P
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER	1 4510	IF UNDER	na ume	_	ober		, 13			(State or Foreign
1	215-05-9437	1 💟 M 2 🗌 F	80	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mont	h. Day, Yes	er)		Countr	y)	
1	9a. FACILITY NAME (If not institution, give	21	80	1110.	a) OUT	7701111				5,			Mary		ıd
H	Garrett County Me		nenital		9b. CITY	Oak]		ON OF DI	EATH			20.00	NTY OF D	EATH	
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT		JSPICAL	_								Gali	rect		
IRE	10e. STATE 10b. COUNT			10c. CIT	Y, TOWN C									LI	ISIDE CITY MITS?
0		arrett)akla								res 2 NO
AAI	10e. STREET AND NUMBER					10f.	ZIP CODE					10g. CITI	ZEN OF V		OUNTRY?
밀	Rt. 4, Box 5072							215					USA		
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced				1		city Cuba	n, Maxica	NIC ORIGII in, Puerto fy:			No-	14. RACE Black Speci	k, Whitn, <i>lly:</i>	Thite
G	15. DECEDENT'S ED	UCATION	16n. DE	CEDENT'S	USUAL O	CCUPATIO	N		180	b. KIND OF	BUSIN	ESS/INC	USTRY		
	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5	His	ive kind of Do NOT u	work done (se retired.)	during mos	t of workin	g							
립	6th			Mech	anic					Aut	o R	epa:	ir		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					T	16. MOTI	HER'S NA	ME (First,	Middle, Mi	eiden Su	meme)			
	Burnislav -		Wisniew	ski					_				Cz	yzin	iska
BE (19a. INFORMANT'S NAME (Type/Print)		198	b. MAILING	ADDRESS	S (Street an	nd Number	or Rural	Route Num	nber, City o	r Town,	State, Zip	Code)		
2	Katherine G. Cher	ry		Rt.	4, Bo	ox 50	072,	0ak	land	, Ma	ry1	and	215	550	
	28a. METHOD OF DISPOSITION 1	movel from State	20b. PLACE other pli	OF DISPO								_	City or To	wn, Stat	la
	4 Donation 5 Other (Specify)	mover from State	Omega		mato	ry				Mo	orga	anto	wn,	Wes	t VA
	21. SIGNATURE OF FUNERAL SERVICE L	Theret			22.		ewar	t F	unera ond S			clan	d, M	1D	21550
	23. PART I. Enter the diseases, or shock, or heert failure IMMEDIATE CAUSE (Final	complications the	it caused the de use on sech line	eath. Do	not enter	the mod	de of dy	ing, aud	ch aa car	dlec or i	reapira	tory an	reat,	i ii	Approximete ntarval Betwe Onset and De
	disease or condition reaulting in death)	a. pneumo	nia, sep			resp	irat	ory	arre	est		+		+	
CERTIFICATION	Sequentially list conditione, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	al adeno	OUENCE O	F):	na of	con	mon	bil	e du	ct				
PHYSICIAN: MEDICAL C	PART II. Other algorificant condition	ona contributing to	death but not r	reaulting	in the ur	nderlying	cause (given in	Part I.		RFORM		24b	AWAILA COMPL OF DEA	AUTOPSY FINDIN BLE PRIOR TO LETION OF CAUSI ATH? (ES 2)\(NO
CIAN: N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF D	EATH (C	heck only a	one)					
SK	1 TES 2X NO	HOSPITAL:	ER/Outpatient 3	DOA	4 Nur		5 🗆 R	aldence	6 🗆 Oth	er (Specify)				
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, L		26b. TIA	URY M	26c, INJU WOI 1 Y	JRY AT RK? 'ES 2] NO	26d. DE	SCRIBE H	IOW IN	URY OC	CURED		
ED	3 Suicide a Could not be 4 Homicide detarmined	28e. PLACE (building	OF INJURY At ho , atc. (Specify)	ome, farm,	street, fac	tory, office			28f. LO	CATION (S y or Town,	treet an State)	d Number	r or Rural i	Route Nu	imber,
COMPLET		CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as atsted. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and man													
ON	2 MEDICAL EXAMIN	NER: On the basis of a	examination and/or	Investigati	on, In my o			red at the	time, dat	ta and plac	ce, and	due to th	ra cause(a) and m	nanner as stated

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
Donald R. Richter, M.D. Rt#7 Box1495 Oakland, MD 21550

32. REGISTRAR'S SIGNATURE idia Davids

31. DATE FILED (Month, Day, Year)
OCT 1 6 1991



TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MARYL		T OF HEALTH AND E OF DEATH	MENTAL HYGIEN REG. NO		00041
DECEDENT'S NAME (First, Middle, Last) MILO	SMITH	C	ARL	2. DATE OF DEATH MONTH D. OCTOBER	AY YEAR	
4. SOCIAL SECURITY NUMBER 116-10-5630 9a. FACILITY NAME (If not institution, give in the lasty Camp	1 M 2 F 77	YRS. MONTHS	R1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN. Y, TOWN OR LOCATION OF D	7. OATE OF BIRTH (Month, Day, Your) SEPT, 14	Co	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT		10c. CITY, TOWN	-		SI. MAI	10d. INSIDE CITY
MARYLAND HARI 100. STREET AND NUMBER	FORD	BELAI	R 10f. ZIP CODE		10g. CITIZEN C	1 YES 2 NO
438 EAST BROADWAY	12. WAS DECEDENT EVER II	N U.S. ARMED 1:	21014 WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Ye	or No- 14, R	S.A. ACE — American Indian,
1 Never Married 2 X Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	if yes, specify Cuban, Maxic 1 ☐ YES 2 ☑ NO Speci	nn, Puerto Rican, etc.)	S	lack, White, etc. pecify: IITE
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12) 12th GRADE	ICATION o completed) College (1-4 or 5+)	16a, DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired INSPECTO	e during most of working)		SINESS/INDUSTR	
	ARL		DAISEY	AME (First, Middle, Maiden MAE	CASTLI	
192. INFORMANT'S NAME (Type/Print) DE MARALYNN M. BRUNI	ING	P. O. BO	X 123, CALLA	WAY, MARYL	AND 20	520
20s. METHOD OF DISPOSITION 1 Description 1 Donation	Ve	stal Hills	Pk. Pk.	Ves	tal Hill	ls, New York
21. SIGNATURE OF FUNERAL SERVICE LI	7	Foster 2	NAME AND ADDRESS OF 6 50 West Bro Bel Air, Ma	adway & Wi ryland 210	Tuneral lliams S 14	Home Street
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	£	A CONSEQUENCE OF): A CONSEQUENCE OF):	(anino	prisizh	`C.	
PART II. Other algnificant condition	d	out not resulting in the	underlying cause given is		AMED?	24b. WERE AUTOPSY FINDING AWAIL ABLE PRIOR TO COMPLETION OF CAUSE DF GEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	patient 3 DOA 4 N	26. PLACE OF OEATH (C ER: ursing Home 5 Mealdence			
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	0
3 Suicide 8 Could not be datermined	28s. PLACE OF INJUR building, etc. (Spe	Y — At home, ferm, street, 1	actory, offica	28f. LOCATION (Street City or Town, State		ral Route Number,
and and	SICIAN: To the best of my know ER: On the basis of examination					se(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE			29c. LICENSE NO. 3 6			NED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W	.D. LEC	NARDTOWN, M				
31. OATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	NATURE Vavidson-Randell				

TE SAME 1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	-	C	П	0 -	1 le	2 DATE	OF DEATH		3 T	IME OF DEATH	
,	JAMES	E. Co	Bu	mes	. Co.	Lourn	MONT	2	7 9	YEAR	7115	
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. ia:		UNDER t YEAR			OF BIRTH			E (State or Fo	
	577-28-8566	1 (X) M 2 F	70	YRS. MO	NTHS DAYS	HOURS M		01-2	1 1/1	Country)	ngton	
	9e. FACILITY NAME (if not \(\text{institution, give street and number)}\)			9b. CITY, TO		WN OR LOCATION OF DEATH				Washington COUNTY OF DEATH		
<u>ج</u>	5727 DAY Wouth St				Churchton			U	HA			
CTOR	RESIDENCE OF DECEDENT											
DIRE	10e. STATE 10b. COUNTY				10c. CITY, TOWN OR LOCATION						INSIDE CITY	
	MD Anne ARundel			Churchton				1 TES XX				
ERAL	10e. street and number 5727 Darmounth S				101. ZIP COOE			10g. CITIZEN OF WHAT COUNTRY?				
핃	44 MARITAL STATUS			2073	USA 17 (Specify Yee or No.— 14. RACE — American India							
FUN	11. MARITAL STATUS 1 ☑ Never Married 2 ☐ Merried 12. WAS DECEDENT EVE FORCES? ÚŒY!			ES 2 NO		13. WAS DECENDENT OF HISPANIC ORIGINAL STREET, SPECIFY Cuban, Mexicon, Puer					Black, White, etc.	
à	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATE			ES 1 ☐ YES 2√XNO Specify:				Specify: White				
ETED	15. DECEDENT'S EDI (Specify only highest grad		16a, O	ECEOENT'S USI	UAL OCCUPA	TION	168	. KIND OF BU	SINESS/INDU			
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	We	a. Do NOT use re	stired.)	most or working						
린	12			Brick	layer	•		Se.	lf-Em	ploye	ed	
COMP	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME (Firs					Surneme)		7.7	
ш	Lawrence H. Colburn			Louise					Fannon			
0 8	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING ADDRESS (Street and Number or Flural Floute No.					lumber, City or Town, State, Zip Code)			
=	Joann C. Jag	0		1 302 1	Victo	ria He	eights	Dr.	Bowi	e, M	D 207	
1	20e, METHOO OF DISPOSITION 1 □ Burlel 2 △ Cremetion 3 □ Removal from State			E ANO OATE OF	FOISPOSITIO	ON (Name	OAT			ity or Town, S		
	4 Donation 5 Other (Specify) Metro C							Ва	ltimo	ore,	MD	
	21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY Hardesty Funeral Home P.A.											
	Vatt della					Hardesty Funeral Home, P.A. 851 Annapolis Road, Gambrills, MD						
	23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. A CLL TO CORD	on each lin	e.	851 enter the r	Annap mode of dying,	olis such as car	Road,	Gami	est,	Approximation	
CATION	shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. A CLAT CONTROL TO (OR DUE TO (OR C.	AS A CONSE	EQUENCE OF):	851 enter the r	Annap mode of dying,	olis such as car	Road,	Gami	est,	Approxim Interval B	
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Deot. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Nem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiliner must be notified at once.
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	FOR 1 STATE	STATE OF	MARYLAND	/ DEPAR	RTMEN	NT OF H	IEALTH	AND	MENTAL	HYGIEN	S	1	30343
	REGISTRAR		С	ERTIF	ICAT	E OF	DEAT	ГН		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last,							2. DATE C	F DEATH	AV	VEAR	3. TIME OF DEATH	
1	ROBERT	В			CAUGHILL				10 19			91	06:30 AM M
)	4. SOCIAL SECURITY NUMBER 384-30-0112	5. SEX 1 📉 M 2 🗌 F	6. AGE (In yrs. In 58	et birthday) YRS.	IF UND MONTHS	ER 1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE O	F BIRTH Day, Year) 26, 1	933	8. BIRTH Countr M1C	PLACE (State or Foreign
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CI	TY, TOWN O	OR LOCATE	ON OF DI			_	INTY OF D	
DIRECTOR	NORTH ARUNDEL I	HOSPITAL	ASSOCIAT	TION			BUR				36.000		. COUNTY
Ä	10a. STATE 10b. COUN	ГҮ		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY
6	Maryland Anne	Arundel		Gle	n F	Burni	e						LIMITS?
	10e. STREET AND NUMBER						. ZIP CODI	F			IZEN OF W	VHAT COUNTRY?	
FUNERAL	831 Bentwillow D	rive					2106						THAI COUNTRY?
Ž	11. MARITAL STATUS	T EVER IN U.S. AL	PMEN	1 40						4	S.A.		
ВҰ	1 Never Married 2X Merried 3 Nidowed 4 Divorced	NT_EVER IN U.S. AI I X YES 2 I MAR OR DATES	NO		tf yes, sp	ecity Cube	n, Maxica	NIC ORIGIN? In, Puerlo Ri y:	(Specify Yes	or No-	14. RACE Bleck Speci	- American Indian, White, atc.	
8	15. DECEDENT'S ED	JCATION	16a. Di	ECEDENT'S	USUAL	OCCUPATIO	ON .		16b. 1	(IND OF BU	SINESS/INI	NUSTRY	
COMPLETED	(Specify only highest grad Elementary/Secondary (0-12)	(0	ive kind of a Do NOT us	work done	e durina mo	st of workin	g	1		J., 12007 1141	Josini		
릴	Grade - 12	College (1-4 or 5 None	· .	harte	er B	Roat I	Canta	in	B	oatin	~		
8	17. FATHER'S NAME (First, Middle, Last)				Joac					ref.			
BE C	Donald Caughill Marjorie H								Haas Bush				
5	Ella Mae Caughill 831 Bentwillow Dr., Glen Burnie MD 21)61		
	20g. METHOD OF DISPOSITION 1X Burlai 2 Cremetion 3 Ren	comi team Stat-	20b. PLACE	AND DATE	OF DISPO	SITION /Na	me of		DATE			City or To	
1	4 Donatton 5 Other (Specify)	TOTAL STATE	Glen cr	Häver	Me Me	m. Pa	ark	10-	22-91	Gle	n Bui	rnie,	MD
1	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			22	. NAME AN	ID ADDRES	S OF FA	CILITY				
- 8	> Rlif S		13.1		1	21 0.		77	- K	ırkıe	y Fui	neral	Home
	7 804 7	aderia.	delin		7	21 (1	ain	HWY	. S.E	·,Gle	n Bui	rnie	MD 21061
- 1	23. PART t. Enter tha diseases, or ahock, or haart failure.	Complications the	it causad tha de	eath. Do r	ot ente	r tha mo	da of dyi	ng, aucl	h aa cardia	c or raspi	ratory ar	reat,	Approximate
	IMMEDIATE CAUSE (Final												
	disease or condition												10 month
	DUE TO (OR AS A CONSEQUENCE OF)												
Z	Convention to the control of the												
은	Sequantially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	QUENCE OF	7:								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	c.											
드	that initiated avants	DUE TO	(OR AS A CONSE	OUENCE OF	7):								
E	resulting in death) LAST	d.											
2	DATE II ON THE III												
PHYSICIAN: MEDICAL	PART II. Other significant condition	na contributing to	death but not i	esuiting i	n the u	inderlying	cause g	iven in	Part i. 2	4a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă	severe	Kype	TNOTE	my	1					YES 2	1/		COMPLETION OF CAUSE
₩		1'								_		ŀ	OF DEATH? 1 YES 2 NO
ž													
₹ I	25. WAS CASE REFERRED TO MEDICAL					28, PL	ACE OF DE	ATH (Che	eck only one)				
Sic	EXAMINER?	HOSPITAL:	FR/Outpatient 2	□ 200 4	OTHE	R:							
≟ ∥	27. MANNER OF DEATH	28e. DATE OF		28b. TIM		28c. INJU		lidence	8 Other (LUIDY OO		
9	1 Natural 5 Pending	(Month, D	ay, Year)	INJ	URY	WOI			200. DESCI	RIBE HOW II	JUHT OCC	CURED	
B	2 Accident Investigation 3 Suicide 2 Could not be	28e PLACE O	F INJURY — At ho	me term e	ten et de		E3 2	NO					
	4 Homicide 8 Could not be	building,	atc. (Specify)	ine, tarrit, e	traet, rat	ctory, ornea			City or	ION (Street e Town, State)	nd Number	or Rural Ro	oute Number,
COMPLETED	20. CSCCIPIO												
d l	(Check only	ICIAN: To the best of	my knowledge, de	ath occurre	d st the	time, date	end place,	end dua	to the cause	(e) end men	ner ee stat	ed,	
ō I	(Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, desth occurred at the time, date end place, end due to the cause(e) end menner ee stated.												
	296. SIGNATURE AND TITLE OF CONTINIER 29d. DATE SIGNED (Month, Day, Year)												
H	2	-1/8		MD			_		431				7—91
<u>۱</u>	30. NAME AND ADDRESS OF PERSON WE	O COMPLETED CALL	C OF DEATH #25	4-			V 6	7	, ,		- /	- //	/ /

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type. Print)

LONG S. HSU, M.D./300 HOSPITAL DRIVE,

#230/GLEN BURNIE, MARYLAND 21061

447 July 12 13 130

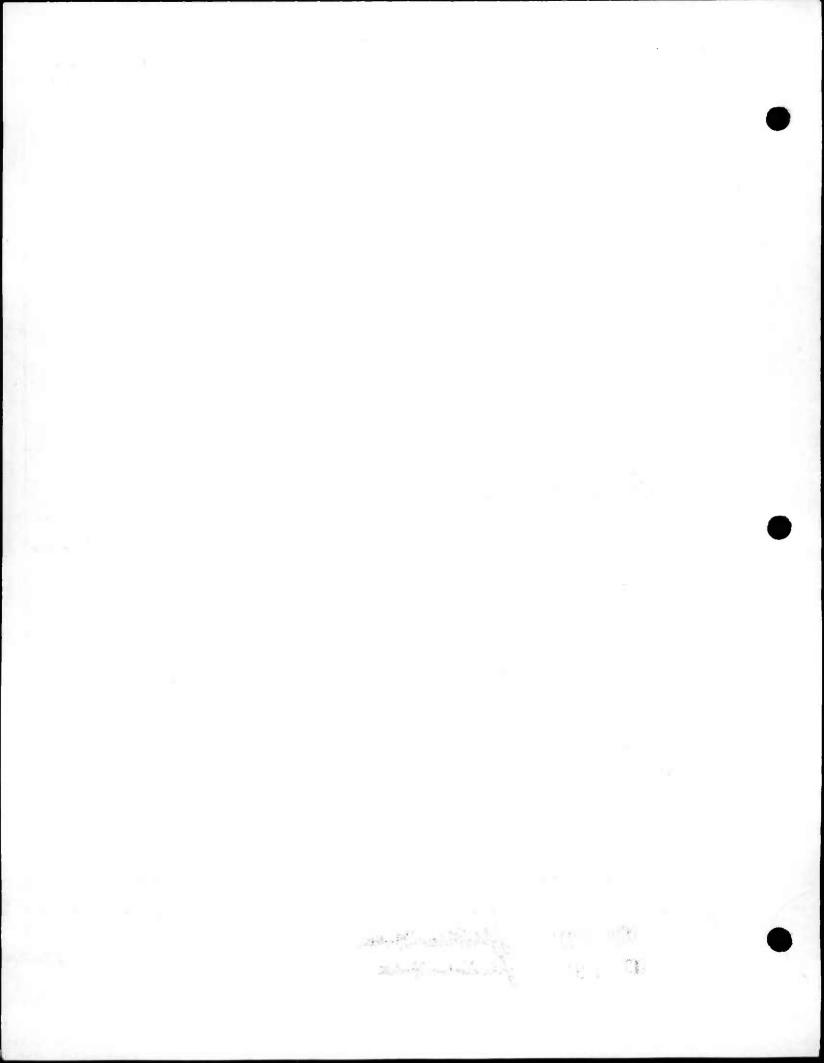
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			ERIII	ICALE	: Or	DEAL	H	R	EG. NO.			
į	1. OECEDENT'S NAME (First, Middle Martha	Matilda Dud	llev						2. DATE OF E	DA	Y4004	YEAR	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Ia				T		9- 26-1991				12;:25A m
	212-14-2816	1 🗆 M 2 🖔 F	77	YRS.	MONTHS	UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 12-17-				(Year)	913 8. BIRTHPLACE (State or Foreign Country) MD		
E	99. FACILITY NAME (If not institution Kent & Queen	Anne's Co.	Hospita	1 INC			erto		ATH			nty of o	EATH
Ç	RESIDENCE OF DECEDE												
DIRECTOR	MD	Kent			v. тоwn о Мі11						10d. INSIDE CITY LIMITS? LIMITS?		
¥	10e. STREET AND NUMBER					101	. ZIP COOE				VHAT COUNTRY?		
FUNERAL	Crane Stre				2165	51				Ţ	USA		
בֿ בֿ	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 V				13. \	MAS DEC	ENDENT OF	F HISPANI	IC ORIGIN? (Sp., Puerto Ricen	ecify Yes	or No-	14. RACE	— American Indian,
B	3 Widowed 4 Divorced	IF YES, GIVE V	MAR OR DATES	no .			S. NO			, atc.)		Speci	
삗	15. DECEOENT (Specify only highe	r'S EDUCATION st grade completed)	18e, D8	ECEOENT'S live kind of v	USUAL OC	CCUPATIO	ON et of working	7	16b. KIN	O OF BUS	INESS/INI	DUSTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5		. Do NOT us	te retired.)		St Or WORNING	,					
₽ P	unknown				Cook				Ca	amp	Tac	kowa	3
COMPLETED	17. FATHER'S NAME (First, Middle, L	ast)							AE (First, Middle		,		
BE	unknown							atil			ıkno		
၉	19a. INFORMANT'S NAME (Type/Prin		19	b. MAILING	ADDRESS	(Street a	nd Number	or Rural A	oute Number, C	ity or Town	, State, Zip	Code)	
	Charles Jo	hnson		Mi	llir.	igto	on, l	MD	216	51			
	20aMETHOD OF DISPOSITION 1 DBurlai 2 Cremation 3	☐ Ramoval from Stata	20b. PLACE	AND OATE	of DISPOSI	SITION /Name of DATE 20c. LOCATION — City or Town, State						wn, State	
	4 Donation 5 Other (Specify) John Wesley Cemetery10/1 Millington,									n, MD 21651			
	21. SIGNATURE OF FUNERAL SERV	VICE LICENSEE			22. 1	MAME AN	D AOORES	S OF FAC	ILITY				21651
	Hary B.	700lenel	6			[e]]	LOWS	Fur	neral	Hom	ne M:1	line	gton, MD
	23. PART I. Entar the disease	s, or complications the	it caused tha de	esth. Do n	ot anter	tha mo	da of dyir	ng, such	as cardiac	or reapir	atory an	TTII)	Approximata
	ahock, or heart for iMMEDIATE CAUSE (Fine)	allure. List only one car	use on asch ilna	1 ,									Interval Batween Onset and Death
	disease or condition resulting in death) a. Carcinome of Break with 5 years												
	DUE TO (OR AS A CONSEQUENCE OF):												
z	Metos toses												
일	Sequantially list conditions, if sny, lasding to immediate OUE TO (OR AS A CONSEQUENCE OF):												
S	CAUSE (Disease or Injury												
CERTIFICATION	that initiated events resulting in death) LAST	OUE TO	(OR AS A CONSE	OUENCE OF	7:								
ER	resulting in dauth) LAST	d											
	PART II. Other significant con	nditions contributing to	death but not i	resulting i	n the un	derlying	cause di	iven in F	Part I 24a	WAS AN A	umonev	Loan	WERE AUTOPSY FINDINGS
<u>১</u> ∥	Renal Fa	elure. Ar	terio so	len	tri	CAL	din	110-1.0	10	PERFORM	MEO?	240.	AVAILABLE PRIDE TO COMPLETION OF CAUSE
EDICAL	V)i seal	[-110-		91.0	0	4.00	Usus	10	YES 2	(L-NO		OF DEATH?
Σ∥	- V	7. 200							-				1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDI	ICAL				26 01	ACE OF DE	ATH IOL-	ak aak ===!				
ဒ္ဓ	EXAMINER?	HOSPITAL:	ER/Outestant of	[] pos	OTHER	1:							
¥	27. MANNER OP OEATH	28e. DATE OF	INJURY	28b. TIMI		28c. INJ			Other (Spe 28d. OESCRIB		IIIPV OO	CLIBED	
	1 Natural 5 Pendin	(Month, D		INJ		WO	RK?		-30. VEQUAID	- HOW IN	JOH! OU	OUNED	
BY	2 Accident Investig	28a, PLACE C	F INJURY — At ho	me, farm, s	treef, fecto				281. LOCATION	/Street or	orf Number	or Burni D	husto Mismbos
	4 Homicide S Could	building.	atc. (Specify)			,		- 1	City or Tow	vn, State)	I I VUITIDGE	Or Hurar Pr	odie Namber,
۳	290. CERTIFIER	BUVSICIAN: To the head of					272.01				-		
(Check only one) 1 CERTIFYING PHYSICIAN: To the beet of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as attated. 2 MEDICAL EXAMINER: On the beets of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner.													
											and manner as stated.		
H H	29b. SIGNATURE AND TITLE OF CE	HIFTER					29c. LICEN	VSE NUME	BER	T	29d. DAT	SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typs, Print)										9/			
	Sus mo k	on who completed cause	SE OF DEATH (ITE	4 -	Print)	nat	or A	he.	Ch	2/20	Som	no	21620
U	31. OATE FILED (Many Day, Year)	9011 32. REGISTA	R'S SIGNATURE	A Par	laffbe	1	- 1					-	
		40	140										

OCT 1'91 Julia Davidson-Randalle



IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

	FOR
1	STATE
4	REGISTRAR

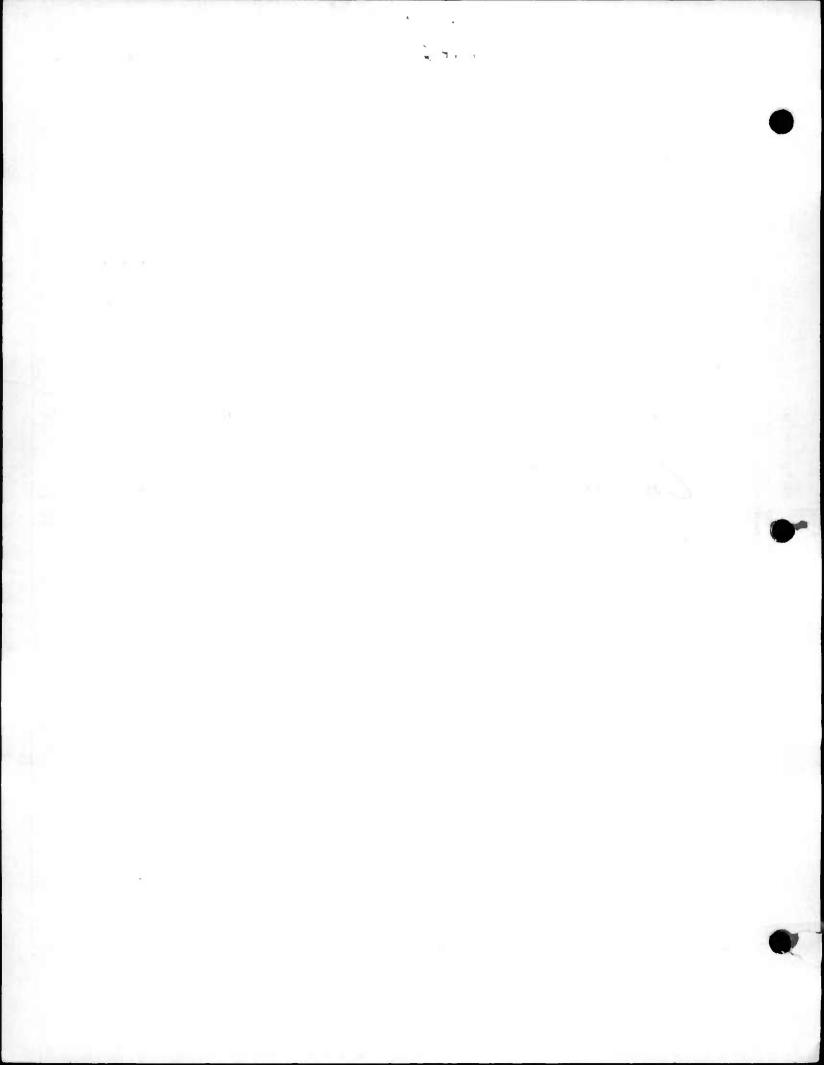
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR		ERTIFICATE	OF DEATH	REG. NO).	
1. DECEDENT'S NAME (First, Middle, Last) LAURA F M	OGENEDESHON	(DAY YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. ii		1 YEAR IF UNDER 24 HRS.	7 DATE OF BIRTH	8 91	HPLACE (State or Foreign
202-20-4775	1 M 2 BF 65	YRS. MONTHS	DAYS HOURS MIN.	8 - 22-	Coun	try)
98. FACILITY NAME (II not institution, give a Washington Co	ounty Hospita	/	TOWN OR LOCATION OF I		Washi	N5TO W
Pa Fu	ItoN	10c. CITY, TOWN OF	more	Pa		10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER		1000	101. ZIP CODE	10	10g. CITIZEN OF	1 YES 2 X NO
RDI BOX 4			1723		4.5.A	
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2		AS DECENDENT OF HISPA yea, specify Cuban, Mexic	ANIC ORIGIN? (Specify Yes, Puarto Rican, etc.)	a or No- 14, RAC Blac	E — American Indian, ik, Whita, etc.
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify Specify White Telephone Specify White Specify Speci						
15. DECEDENT'S EDUC (Specify only highest grade		DECEDENT'S USUAL OC Give kind of work done do	CUPATION	16b. KIND OF BU	ISINESS/INDUSTRY	
Elamentary/Secondary (0-12)		HOUSE		Hom	C	
17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N	AME (First, Middle, Maiden	Surname)	
Walley 198. INFORMANT'S NAME (Type/Print)	J. Dence		Lau	ara B	ooth	
			(Street and Number or Rural 495 Ne		m, State. Zip Code)	7778
20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ramo						own, Stata
4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	Side/	ing Hill Cl	irist an	13471 NO	ed mos	182
Thurs of S	San a	S. N	IT'ST' AN AME AND ADDRESS OF F	HALLO -	HCR 64	BOX 81
23. PART I. Enter the diseases, or can shock or heart failure.	omniforings that caused the c	teeth Do not aster t	CO CONCISI	remet ve	THEY YISON	
shook, of heart fellare.	List Dnly Dne ceuse on each lin	ne.	ne mous or aying, su	on as cardiac or resp	iretory arrest,	Approximate Interval Between
IMMEDIATE CAUSE (Finel disease or condition	CARDIO	- Rec	diga mad	Dones		Onset and Death
M.	DUE TO (OR AS A CONSI	EQUENCE OF:				
	MASSIVE	INTR.	ACENER	RAL HE.	murchen	e 16 HRS
if any, leading to immediats	DUE TO (OR AS A CONSE	EOUENCE OF):				
CAUSE (Disease or injury	k					
that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	EOUENCE OF):				
PART II. Other significant conditions	contributing to death but not	resulting in the und	leriying ceuse given ir			. WERE AUTOPSY FINDINGS
HYPERTER				PERFOI		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
DIABETE	S MECLI	TUS				1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHER:	26. PLACE OF DEATH (C	heck only one)		
1 VES 2 NO 27. MANNER OF DEATH	1 Impatiant 2 ER/Outpatient :	3 DOA 4 Nursi	ng Home 5 - Rasidence			
1 Natural 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY	NOC. INJURY AT WORK?	26d. DESCRIBE HOW I	NJURY OCCURED	
2 Accident Investigation 3 Suicide & Could and be	26a. PLACE OF INJURY — At h		1 YES 2 NO	204 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
4 Homicide 6 Could not be determined	building, atc. (Specify)	one, letti, attest, lector	y, ornes	28f. LOCATION (Street City or Town, State)	and Number of Rural I	Route Number,
29e. CERTIFIER (Check only one)	CIAN: To the best of my knowledge, d	leath occurred at the time	ne, data and place, and du	to the cause(a) and ma	nner se stated.	
2 MEDICAL EXAMINER	R: On the besis of examination end/or	Investigation, in my op	Inlon, death occured at the	time, data and placa, ar	nd dua to the cause(a	a) and manner as stated.
MA SIGNATURE AND SITLE OF CERTIFIER	0		29c. LICENSE NU	MBER	29d. DATE SIGNED	(Month, Day, Year)
30, HAME AND ADDRESS OF PEDSON WHO	COMPLETED ONLY	100	0193	42	10-	28-71
30. HAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH ATE	EM 27) (Type, Print)	ETNA RA	(HAGE	4(-11.11)	m/2114
31. DATA FRED (Month " n =	22 SECURTARIS SIGNATURE		1 - 10-11	1		e =1176
75		NOV	1 2 1991	Julia Divider	Kandalis	

Trans of the same ES MITTER a de servicios describir de TRANSPORT OF THE RESIDENCE OF THE PROPERTY OF Address of the second s

- Charles		
Transfer of	201	
CLAL COLCO		
100		

1, DECEDENT'S NAME (First, Mid		CERTIFIC	ATE OF DEATH	MENTAL HYGIEN REG. NO.							
1 0	ddle, Lest) GEURGE M	TARULD DASI		2. DATE OF OEATH MONTH DA	v year	3. TIME OF DEATH					
4. SOCIAL SECURITY NUMBER	5. SEX 8. /	AGE (In yrs. lest birthday)	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	0. BII	RTHPLACE (State or Foreign					
216-36-4904		69 YRS.	THS DAYS HOURS MIN.	(Month, Day, Year) 01-03-19	922 M	ARYLAND					
9a. FACILITY NAME (If not institution, give street and number) HOWARD COUNTY GENERAL HOSPITAL COLUMBIA 9b. CITY, TOWN OR LOCATION OF DEATH HOWARD											
HESIDENCE OF DECED 10a. STATE MARYLAND 10	DENT b. COUNTY HOWARD		OLUMBIA			10d. INSIDE CITY LIMITS? 1 YES 2 NO					
100. STREET AND NUMBER 6668 OAKLAN	D MILLS ROAD		101. ZIP CODE 2104	15		S . A .					
11. MARITAL STATUS 1 Never Married 2 Mer 3 Widowed 4 Divorced	I IF YES, GIVE WAS I	YES 2 ND	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 — YES 2 NO Speci	an, Puerto Rican, etc.)	8	ACE — American Indian, Hack, White, etc.					
	ENT'S EDUCATION sheet grade completed) College (1-4 or 5+) 1 YEAR	16e. DECEDENT'S USU (Give kind of work life. Do NOT use ret FARNEF	done during most of working tired.)	16b, KIND OF BUILDING FARM		Y					
17. FATHER'S NAME (First, Middle MAURICE	ELMER DASHER	₹		AME (First, Middle, Melden VIRGINI							
19a. INFORMANT'S NAME (Types MRS. MARIE	B. DASHER	196, MAJLING ADI	PRESS (Street and Number or Rural AKLAND MILLS	RD . CO	n, Siete, Zip Code, LUMBIA	, MD 2104					
20a. METHOD OF OISPOSITION 1 N Burial 2 Cremation	3 - Removal from Stata	20b. PLACE OF DISPOSITIO	ON (Name of cemetery, crematory or	20c, LO	CATION — City o	r Town, State					
4 Donation 5 Other (Sp. 21. SIGNATURES OF FUNEBAL SI	ERVICE LICENSEE	M00535	22. NAME AND ADDRESS OF F		VERAL CITY	HOME					
displace or condition resulting in desth) a. TUPTURED ABDOVING APRIC AVEURYSM 5 HRS DUE TO (OR AS A CONSEQUENCE OF):											
		A A A CONSEQUENCE OF J.				SHICE					
Sequentially list condition if any, leading to immedial cause. Enter UNDERLYING	b. DUE TO (OR	R AS A CONSEQUENCE OF):				SAKS					
Sequentially list condition if any, leading to immedia	b. DUE TO (OR					SAKS					
Sequentially list condition if any, leading to immedia cause. Entar UNDERLYMO CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR c. DUE TO (OR d	R AS A CONSEQUENCE OF):	he underlying cause given is	n Part J. 24a, was an							
Sequentially list condition if any, leading to immediate cause. Entar UNDERLYMOC CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR	R AS A CONSEQUENCE OF):	ha underlying cause given is	n Part I. 24a. WAS AN PERFO	AUTOPSY IMED?	24b. WERE AUTOPSY FINDI AMALABLE PRIOR TO					
Sequantially list condition if any, leading to immedia cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR d	R AS A CONSEQUENCE OF):		PERFO	AUTOPSY IMED?	24b. WERE AUTOPSY FIND AMILABLE PRIOR TO COMPLETION OF CAIR OF DEATH?					
Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR DUE TO (OR DUE TO (OR d. Conditions contributing to dad MEDICAL HOSPITAL:	R AS A CONSEQUENCE OF): R AS A CONSEQUENCE OF): eath but not resulting in ti	ha underlying cause given h	PERFOI 1 YES :	AUTOPSY IMED?	24b. WERE AUTOPSY FIND AMILABLE PRIOR TO COMPLETION OF CAIR OF DEATH?					
Sequentially list condition if any, leading to immediateuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO NEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	DUE TO (OR DUE TO (OR DUE TO (OR d. Conditions contributing to date MEDICAL HOSPITAL: 1 Impatient 2 EF 28a. DATE OF INV. MONTH, Day 1	R AS A CONSEQUENCE OF): R AS A CONSEQUENCE OF): Rath but not resulting in the consequence of the consequen	26. PLACE OF DEATH (C THER: Nursing Home 5 Residence F 28c. INJURY AT WORK?	PERFOI 1 YES :	AUTOPSY RMED?	24b. WERE AUTOPSY FINDI MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO					
Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO MEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 PARTURI 5 Per limits in	DUE TO (OR c. DUE TO (OR d	R AS A CONSEQUENCE OF): R AS A CONSEQUENCE OF): RAS A CONSEQUENCE OF): RAS A CONSEQUENCE OF): RAS A CONSEQUENCE OF): RAS A CONSEQUENCE OF): RAS A CONSEQUENCE OF): RAS A CONSEQUENCE OF): RAS A CONSEQUENCE OF): RAS A CONSEQUENCE OF): RAS A CONSEQUENCE OF): RAS A CONSEQUENCE OF): RAS A CONSEQUENCE OF): RAS A CONSEQUENCE OF): RAS A CONSEQUENCE OF): RAS A CONSEQUENCE OF): RAS A CONSEQUENCE OF):	28. PLACE OF DEATH (C THER: Nursing Home 5 Residence Y WORK? M 1 YES 2 NO	PERFOI 1 YES : Check only one) 6 Other (Specify)	AUTOPSY TIMED? I NO INJURY OCCURE	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO					
Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO NEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Vistural 5 Per No 27. Manner OF DEATH 1 Suicide 6 Code	DUE TO (OR DUE TO	R AS A CONSEQUENCE OF): R AS A CONSEQUENCE OF): RAS A CONSEQUENCE OF): RAS A CONSEQUENCE OF): RAS A CONSEQUENCE OF): RAS A CONSEQUENCE OF): RAS A CONSEQUENCE OF): RAS A CONSEQUENCE OF): RAS A CONSEQUENCE OF): RAS A CONSEQUENCE OF): RAS A CONSEQUENCE OF): RAS A CONSEQUENCE OF): RAS A CONSEQUENCE OF): RAS A CONSEQUENCE OF): RAS A CONSEQUENCE OF):	26. PLACE OF DEATH (CTHER: Nursing Home 5 Residence Fr 28c. INJURY AT WORK? M 1 YES 2 NO et, factory, office	Check only one) 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Nown, State)	AUTOPSY IMMED? I NO INJURY OCCURE	24b. WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO					
Sequentially list condition if any, leading to immediateuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO NEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 VISTURE 5 POETH 1 VISTURE 6 CONDITION OF CONDITION O	DUE TO (OR DUE TO	R AS A CONSEQUENCE OF): R AS A CONSEQUENCE OF): RAS	26. PLACE OF DEATH (C THER: Nursing Home 5 Residence F Y VORK? M 1 YES 2 NO et, factory, office at the time, data and place, and do in my opinion, death occured at the	Check only one) Check only one) Check only one) Check only one) Check only one) Check only one) 28d. DESCRIBE HOW 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State) LIMBER on time, data and place, and make time, data and place, and time.	AUTOPSY RMED? E NO INJURY OCCURE and Number or Ru nner as stated. Ind dus to the cau	24b. WERE AUTOPSY FINDI AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO D D D D D D D D D D D D D					
Sequentially list condition if any, leading to immediateuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO NEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 VISTURE 5 POETH 1 VISTURE 6 CONDITION OF CONDITION O	DUE TO (OR DUE TO	R AS A CONSEQUENCE OF): R AS A CONSEQUENCE OF): RAS	26. PLACE OF DEATH (C THER: Nursing Home 5 Residence F Y VORK? M 1 YES 2 NO et, factory, office at the time, data and place, and do in my opinion, death occured at the	Check only one) Check only one) Check only one) Check only one) Check only one) Check only one) 28d. DESCRIBE HOW 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State) LIMBER on time, data and place, and make time, data and place, and time.	AUTOPSY RMED? E NO INJURY OCCURE and Number or Ru nner as stated. Ind dus to the cau	24b. WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAIR OF DEATH? 1 YES 2 NO D D D D D D D D D D D D D					
Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO NEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Per Inv. Per P	DUE TO (OR DUE TO	R AS A CONSEQUENCE OF): R AS A CONSEQUENCE OF): RAS	26. PLACE OF DEATH (CTHER: Nursing Home 5 Residence of 28c. INJURY AT WORK? M 1 YES 2 NO et, fectory, office at the time, data and place, and do in my opinion, death occured at the	Check only one) Check only one) Check only one) Check only one) Check only one) Check only one) 28d. DESCRIBE HOW 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State) LIMBER on time, data and place, and make time, data and place, and time.	AUTOPSY RMED? E NO INJURY OCCURE and Number or Ru nner as stated. Indidus to the cau	24b. WERE AUTOPSY FINDI AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO D D D D D D D D D D D D D					



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zewours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

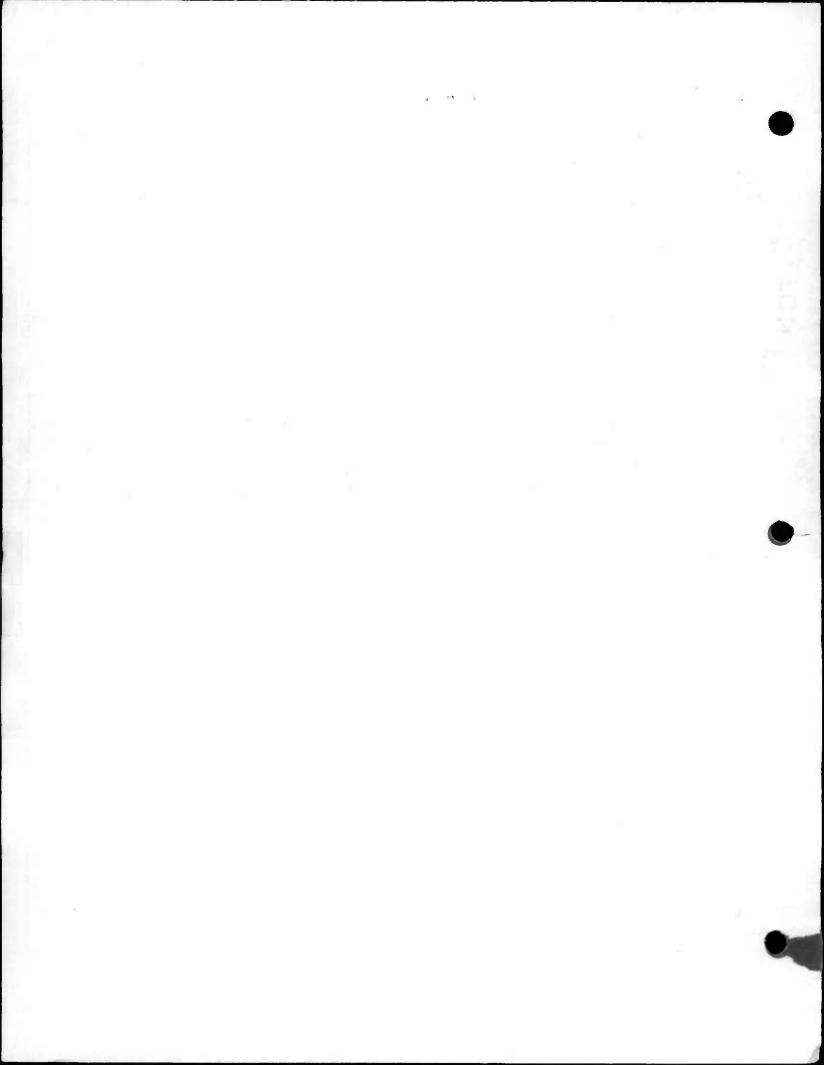
IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR 1 - STATE REGISTRAR	STATE OF MAR			MENT OF H		MENTA	REG. NO.	_				
	1. DECEDENT'S NAME (First, Middle, Last)		<u> </u>		J/		2. DATI	E OF DEATH		YEAR	3. TIME OF DEATH		
	Margaretta	Donovan	aka Mai	rga	ret Do	novan		19-91	'	YEAR	м		
	4. SOCIAL SECURITY NUMBER		GE (In yrs. last birt		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	(Mon	OF BIRTH hth, Day, Year)		6. BIRTHP Country	PLACE (State or Foreign		
	043-26-1959		31 '	YRS.	725-7	1000		-22-10			York		
<u>_</u>	9e. FACILITY NAME (If not institution, give :			1		R LOCATION OF DE	ATH		9c. COUNT				
Ō.	2263 Misthaver	<u>n Road</u>	-	\perp	Gambr	ills			Anne Arundel				
H.	10e. STATE 10b. COUNT		10	_	TOWN OR LOCAT					10d. INSIDE CITY LIMITS?			
ō	NY Nas	ssau ———		ГО	ng Bea				1 TYES 2 X NO				
FUNERAL DIRECTOR	45 Harmon Stre	eet				21P CODE 11561			USA	EN OF W	HAT COUNTRY?		
S I	11. MARITAL STATUS	12. WAS DECEDENT EVE)	13. WAS OECI	ENDENT OF HISPAN		IN? (Specify Yea		14. RACE	American Indian,		
BY F	1 Never Married 2 Married 3 Vidowed 4 Divorced	FORCES? 1 Y				city Cuben, Mexice 2 X NO Specify		Rican, etc.)		Specify	White, atc.		
	15. OECEDENT'S EDU	los Tion					1		White				
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	e completed)	(Give k	ind of wo	SUAL OCCUPATION ork done during mos retired.)	st of working	10	b. KIND OF BUS	MESSINUC	JSTRT			
ם	9	College (1-4 or 5+)	Tele	eph	one Op	erator	1	New Yo	rk P	hon	e Company		
Š	17. FATHER'S NAME (First, Middle, Last)		•		11	18. MOTHER'S NA		1					
BE	Calvin PEAR	SA LL				Mabe		VAN C		1/			
2	19e. INFORMANT'S NAME (Type/Print)	1.0				nd Number or Rural I					1051		
-	Mary 2263 Misthaven, Gambrills, MD 21054 206. METHOD OF DISPOSITION (Name of cometory, crometory or 206. LOCATION — City or Town, State												
ļ	1 ∯ Buriel 2 ☐ Cremetion 3 ☐ Ren 4 ☐ Donetion 5 ☐ Other (Specify)	noval from State				CREMATORY NORWICH Conn AND AODRESS OF FACILITY desty Funeral Home, P.A.							
	21. SIGNATURE OF FUNERAL SERVICE H	menges /	Year	5.0	22. NAME AN	D AODRESS OF FA	CILITY	7		D (- 001111		
- 1	Tild d	let 1	/-		851	Annanal	iner	al Ho	me, Gom	P.A	· lls, MD		
	23. PART I. Enter the diseases, or	complications/that car	used the deeth	. Do no							Approximata		
	shock, or heart failure. IMMEDIATE CAUSE (Final	List only on ceuse of	on each line.		2 11	1					Interval Between Onaet and Death		
	disease or condition resulting in deeth) a. Cardiovascular disease												
	BUE TO (OR AS A CONSCOUENCE OF):												
S O	Sequantielly list conditione, Due to (or as a consequence or):												
Ĕ	If any, leading to immediate ceuse. Enter UNDERLYING												
Ē	CAUSE (Diseese or Injury that initieted evants	DUE TO (OR	AS A CONSEQUE	NCE OF)	:								
CERTIFICATION	resulting in death) LAST	d								,			
	PART II. Other significent condition	na contributing to daa	th but not resu	uiting in	tha underlying	g cause given in	Part I.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS		
ICAL								PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
											1 YES 2 NO		
ä													
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26, PL OTHER:	ACE OF DEATH (CH	neck only	one)					
YSI	1 YES 2 NO	1 Inpatient 2 ER/		DOA	4 - Nursing Hom	e 5 Reeldence		her (Specify)					
	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJU (Month, Day, Ye		8b. TIME INJU		RK?	28d. D	EŞCRIBE HOW II	NJURY OCC	URED			
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF IN.	JURY — At home,	, farm, st			28f. LC	OCATION (Street a	nd Number	or Rural R	loute Number,		
回	4 Homicide 8 Could not be	building, etc.	(Specify)				CI	ty or Town, State)					
٦	29a. CERTIFIER (Check only	SICIAN: To the best of my I	knowledge, death	occurre	d at the time, date	and place, end due	to the c	ceuse(e) end man	ner ee state	ed.			
COMPLET	CONDUCTORINY	ER: On the basis of examin) end manner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFI	ER // /	21	115	/	29c. LICENSE NU	MBER		29d. DATE	SIGNED	(Month, Pay, Year)		
TO BE	Challe Buy	KOM)	-	ME					> /	10/	14141		
F	Jeffrey Bn	GAS MD	F DEATH (ITEM 2	att	rint) 1edral	St. 1	gni	napolis	HD)	21	401		
	31. DATE FILED (Month, Doi: 1991	32 REGISTRAR'S	MATURE .	7 7 7			1				•		

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CALLED ALL THE THE CALLED AND THE CA	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 🗻 hours after death. Page 6 ma	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, p
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1		1 - STATE REGISTRAR		STATE OF I	MARYLAN	D / UEPAH						REG. NO.	Ė		
		1. DECEOENT'S NAME (First		R G	Nelso	on Robe					2. DATE OF MONTH	DEATN DA		YEAR 3	TIME OF DEATN
		4. SOCIAL SECURITY NUME		5. SEX		rs. last birthday)	IF UNDER	t YEAR	IF UNDE	R 24 HRS.	7. DATE OF (Month, De	BIRTN		Country)	ACE (State or Foreign
		215 - 22 -		1 3 JH 2 - F	6	YRS.			-			8.10			land
3	OR	90. FACILITY NAME (If not in Greater Lau	irel B		. Hosp	ital	9ь. сту, Lau		OR LOCAT	ION OF DE	ATH		200	nty of DEA	George
	DIRECTOR	RESIDENCE OF DEC	10b. COUNT	Υ		10c. CIT	Y, TOWN O	R LOCA	TION					1	IOd. INSIDE CITY
and	E I	Maryland	Howa	rd		Lo	urel							,	YES 2 NO
	¥	10e. STREET AND NUMBER	н.					10	, ZIP COL				10g. CIT		IAT COUNTRY?
	FUNERAL	9944 Naylor	LAven						2072				u.s.		
	BY FUI	11. MARITAL STATUS 1 Never Merried 2 🕅 3 Widowed 4 Dive		12. WAS DECEDED FORCES? IF YES, GIVE ! World	WAR OR DATE	S	- 1	f yes, sp		an, Mexice	NIC ORIGIN? (5 in, Puerlo Rici y:		or No-	14. RACE - Black, Specify:	- American Indian, White, etc.
	ED	15. DEC	EDENT'S EOL	JCATION	_	Ba. DECEOENT'S	USUAL O	CUPATI	ON		16b. KI	ND OF BU	SINESS/IN	DUSTRY	-
		(Specify on Elementary/Secondery (ly highest grad 0-12)	College (1-4 or 5		(Give kind of life, Do NOT u	se retired.)	unng m	ost of work	ung					
6	COMPLET	Grade 9				Mechan	ic					ands (ıg	
t one		17. FATHER'S NAME (First, A									ME (First, Mide		Sumeme)		
e pe	BE	Nelson Ross Ecker Ina B. Davis 196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code)													
notif	2	Gloria Ecker 9944 Naylor Avenue, Laurel, Maryland 2072.										723			
od 1	Ì	20c. METHOD OF DISPOSITION 1 (X Burlel 2 Cremation 3 Removal from State 1 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 1 X Burlel 2 Cremation 3 Removal from State 1 Uy Hill Cemetery 20c. LOCATION - City or Town, S Laurel, Maryl										n, State			
Bus		4 Donation 5 Donation	r (Specify)		Ιΰ	y Hill	Ceme	ter	у						yland
or removal. medical examiner must be notified at once.		21. SIGNATURE OF NUMERI	it service i	CENTREE CO	all-						neral Ave. I				nd 20707
			neart fallure	complications the List only one ca					_				-		Approximete intervel Between Onset end Death
the		IMMEDIATE CAUSE (FI disease or condition resulting in death)	→		NOR	rende	sou	4	Fa	cleer	le.				Ika
event,	ĺ	disease or condition resulting in death) But TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):													
burlal atic	NO	Sequentially list condi	tions,	b. DUE TO	LQ.	Palle	700	ài	leen	ع					TWK
orior to burla	ATI	if any, leading to imme cause. Enter UNDERLY	/ING	NO.	\ O C	et ce	QQ	Ca	res	nov	uc e	al	ha	15	YWKS
and Mental Hygiene prior to burlat, cremation, y injury, or other traumatic event, the	CERTIFICATION	CAUSE (Disease or Inj that initiated events		DUE TO		ONSEQUENCE	OF):					U		1	
al Hyg	ERI	resulting in death) LA:	ST	d											-
Ment	- 1	PART II. Other signific	ant condition	one contributing t	o death but	not resulting	In the u	nderlyle	ng ceus	given in	Part I. 2	4e. WAS AI	N AUTOPSY		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
th and	DICAL											YES	-		COMPLETION DF CAUSE OF DEATH?
f Heal	MEC												<i>/ '</i>		1 YES 2 NO
hours after death with the State Dept. of Health and Menta Item 28 is marked, or Item 23 shows any Injury,	AN:														
tate Item	ici/	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:			OTHE	R:			heck only one)				-
the S	PHYSICI	1 YES 2 NO		28a. DATE 0	OF INJURY	28b. T	ME OF	28c. IP	JURY AT	Residence	6 Other (INJURY O	CCURED	
h with			Pending Investigation		Day, Year)	3.4	NJURY M		YES 2	NO					
r deat	D BY		Could not be	26e. PLACE	OF INJURY - g, etc. (Spec/ly	- Al home, ferm	, street, fac	tory, off	lce			ION (Street Town, State		per or Rural R	oute Number,
In 28	ETE	4 Homicide	determined						,						
101 ==	립	(Check only		SICIAN: To the best NER: On the basic of) end manner ee stated.
be filed within 7	B	29b. SIGNATURE AND TITE	O.	Ullyi	~				29c. L	ICENSE NO	SH13			10/S	(Month, Day, Year)
et	10	30. NAME AND ADDRESS		VHO COMPLETED CA	SSS.	TH (ITEM 27) (TY)	pe, Print)	0	9	ر نعر	gu	lan	w	5 A	D 20170
		31. DATE FILEO (Month, De OCT 2 3	91		aundson-	Ponde									



TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.												
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATN			3. TIME OF DEATN			
MICHAEL W		ER	WTN		MONT 10	N DA	Ž.	91	5:57 PM M			
4. SOCIAL SECURITY NUMBER 5	. SEX 6. AGE (n yrs. lest birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTN			PLACE (State or Foreign			
217-56-4308	№ M 2 🗆 F	39 YRS. MO	NTHS DAYS	HS DAYS HOURS MIN (Month, Day, Year) Count					YLAND			
9a. FACILITY NAME (If not institution, give street	t and number)	91	. CITY, TOWN	OR LOCATION OF D	EATN		9c. COUNT	TY OF DE	ATN			
NORTH ARUNDEL HOS	SPITAL ASSOC	CIATION	GLEN	BURNIE				A . A .	COUNTY			
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY												
	E ARUNDEL		GLE		ΙE		10d. INSIDE CITY LIMITS? X 1 YES 2 X NO					
10e. STREET AND NUMBER			101	. ZIP CODE			-		HAT COUNTRY?			
207 APT:1C CRAI	N COURT C	IRCLE		2106	1		Ü	.S	Α.			
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	U.S. ARMED	If yes, sp	ENDENT OF HISPAI ecity Cuban, Maxics 2 NO Specific	en, Puarto	17 (Specify Yes Ricen, etc.)		4. RACE Black, Specify WHI					
15. DECEDENT'S EDUCAT		16a. DECEDENT'S US	UAL OCCUPATION	ON	168	. KIND OF BUS						
(Specify only highest grade cor Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mo etired.)	st of working								
08		NEVER	WORKE	D		D	ISAB	LED				
17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NA								
RALPH ERWIN				LOUI	SE P	HIPPS						
198. INFORMANT'S NAME (Type/Print) 19b. MAILING AGORESS (Street and Number or Rural Route Number, City or Town, Steta, Zip Code) 21061 207 APT:1C CRAIN CT.CIRCLE, GLEN BURNIE, MD.												
20b. PLACE AND DATE OF DISPOSITION OATE 20c. LOCATION — City or Town, State 2 Donation 5 Other specify CEMETERY 10/18 ODENTON, MD.												
21. SIGNATURE OF FUNE OF SERVICE LICEN		4	22. NAME AI	D ADDRESS OF FA	CILITY			<u> </u>				
RAYMOND C. FINK FUNERAL HOME 21061 426 CRAIN HWY.S.W.GLEN BURNIE, MD.												
23. PART I. Enter the diseases or con	pilcatione that ceused	tha death. Do not	enter tha mo	da of dying, aud	h as cen	dlec or reepi	ratory arre	at,	Approximete			
ahock, or haert feillurb. Lie iMMEDIATE CAUSE (Finei disease or condition reaulting in death)	Canpai	tive	Ilea	art.	fa	lev	Le		Interval Between Onsat and Death			
rosaning in destity	DUE TO OR AS A	CONSEQUENCE OF):	0 . 0									
Sequentially list conditions, b	Remal	CONSEQUENCE OF:	ew	Z.C.								
if any, leading to immediate ceuse. Enter UNDERLYING	DOE TO (OR AS A	CONSEQUENCE OF):							i l			
CAUSE (Disease or Injury c	DUE TO (OR AS A	CONSEQUENCE OF:										
resulting in death) LAST									j			
PART II. Other eignificant conditions of	ontributing to deeth be	ut not reeulting in t	he underlyln	g ceuse given in	Part I.	24a. WAS AN PERFOR	MED2	1000	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE			
						I VES 2	A MO		OF DEATN?			
			12.						N/A			
25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Ch	neck only of	70)			IV/A			
	OSPITAL: Inpetient 2 - ER/Outp		THER:	e 5 🗆 Rasidence								
27. MANNER OF DEATH	26s. DATE OF INJURY	28b. TIME O	F 26c. INJ	URY AT		SCRIBE HOW IN	JURY OCCU	IRED				
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY		PRK?								
3 Suicida 6 Could not be	28a. PLACE OF INJURY building, atc. (Spec	— Al home, farm, stree	et, factory, offic	0	281. LOC	ATION (Street a	nd Number o	r Rural Ro	ute Number,			
4 Nomicide detarmined	bunding, are: (Opoc	'''			City	or Town, State)						
29a. CERTIFIER (Check only	N: To the best of my knowl	edga, death occurred a	t the time, date	and place, and due	to the car	use(s) and man	per as states					
one) 2 MEDICAL EXAMINER: (and manner as atated.			
29b. SIGNATURE AND TITLE OF CENTIFIER		<u> </u>		29c. LICENSE NUI								
1600		K	0	1 36	900				Month, Day, Year)			
30. NAME AND ADDRESS OF PERSON WNO C DR.KRISHAN K. SIN	OMPLETED CAUSE OF DEA	ATN (ITEM 27) (Type, Pril 1307 CRAIN	HWY.S	.E./GLEN	BUR	NIE, M						
OCT 21 1991 Julia			-									

e as affective stay.

BALLIMONE, MANTLAND	er death. Page 6 may be retained by the hosp	the funeral director, page 5 should be detache	i examiner must be notified at once.	
DIVISION OF VITAL RECORDS, F.O. BOX 68/60,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to bridge	be filed within 72 hours after death with the State Lept. Of Heatin and Menia hygieric prior to burket, cremators, or removes. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - STATE REGISTRAR	SIAIE OF MANI		ICATE C			MENTAL HYGIE REG. N			
	1. DECEDENT'S NAME (First, Middle, Last)		John Eas	tman			2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH
	H NHOL	EAST	MAN Eas	oma:			10 2	3	91	0815 M
\	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YE		MIN.	7. DATE OF BIRTH (Month, Day, Year)		Count	HPLACE (State or Foreign ry)
1	010-09-373	N2 □F	73 YRS.	MONTHS DA	rs HOURS	Metre.	09-17-1	8	Nev	"Hampshir
1	9a. FACILITY NAME (If not institution, give st			9b. CITY, TO	WN OR LOCATI	ON OF DE	ATH	9c. CO	UNTY OF	DEATH
5	ANNE ARUNDE	L MED.CO	entec	ANA	APOL	15	MD	A	A.	
DIRECTOR	RESIDENCE OF DECEDENT									Last moine out
8	10a. STATE 10b. COUNTY	A		TY, TOWN OR LE						10d. INSIDE CITY LIMITS?
	MID A.	A	ع ا	DOEL			H			1 TYES 2 NO
FUNERAL	10e. STREET AND NUMBER				10f. ZIP COD			10g. C	ITIZEN OF	WHAT COUNTRY?
5	PSO FONDON	GWOTL			210	03°	7		U	. 5.
5	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 17 XYE					NIC ORIGIN? (Specify ' in, Puerto Rican, etc.)	Yea or No-	14, RAC Blac	E — American Indian, :k, Whita, atc.
E R	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES		YES ZONO				Spe	White
			_							AAIIIAG
	15. DECEDENT'S EDUC (Specify only highest grade	completed)		work done durin	PATION g most of worki	ing	16b. KIND OF E	BUSINESS/I	NOUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	- Ille. Do NOT (La	b Man	age	r Fed	lera.	1 Go	yernment
E	12			- 4						
3	17. FATHER'S NAME (First, Middle, Last)						ME (First, Middle, Maid)	
2	Arthur Eastman	.1					ion Haye			
2	19a. INFORMANT'S NAME (Type/Print)						Route Number, City or 1			
=	Steven T. East	tman	7156	Gard	en Vi	.ew	Court, E	Balt:	imor	e,MD 2122
-1	20a_METHOD OF DISPOSITION X Burlai 2 Cremation 3 Ram	ovei from State	20b. PLACE AND DA	TE OF DISPOSI	TION (Name			LOCATION	— City or 1	
	4 Donation 5 Other (Specify)	S	St. Jame					oth:	ian,	MD
	21. SIGNATURE OF FUNERAL MERVICE LIC	ENSER //	100	22. NAN	ME AND ADDRI	ESS OF FA	neral Ho	200	D A	
	N. #1/	///					Avenue,			
_	23. PART I. Enter the diseases, or	VIA.	and the death Do					_		Approximate
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielty list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST									
PHYSICIAN: MEDICAL C	PART II. Other significant condition	ens contributing to death	but not resulting	eng 1al	l Sta Cocca	k Ken	21 (2	AN AUTOPS FORMED?	SY 3	No. WERE AUTOPSY FINDINGS ANALABLE PINOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 HO
ਹੋ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF	DEATH (C	MICK ONLY ONE)			
KSi	1 YES 2 NO	1 - Imptillent 2 - ERVC				Residence	6 Other (Specify)		V Service Service	
H	27. MANNER OF DEATH	(Month, Day: Yes	RY 265. T	MJURY	WORK?	Mark Street	264. DESCRIBE HO	W INJURY	OCCURED	
8	1 - Heturel 5 Pending 2 Accident Investigation			w	t ☐ YES 2	□ NO				
CE	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJ building, etc. (3	URY — At home, fem Specify)	, street, factory	affice		281, LOCATION (Str. City or Town, St		nber or Flum	d Resulte Mumber,
TO BE COMPLET	(Check only	beyon M	ation and/or investiga	tion, in my opin	nion, death occ		e time, data and place	, and due t	to the caus	e(s) and manner as stated. ED (Month, Day, Year)
	31. DATE FILED (Morth), Day, Yold) OCT 25 1991	32. REGISTRAR'S S	ZO BIGNATURE ADOPTION	5 RI	dzelj	1	PM A	nno	40/	1 Md 2 Hay

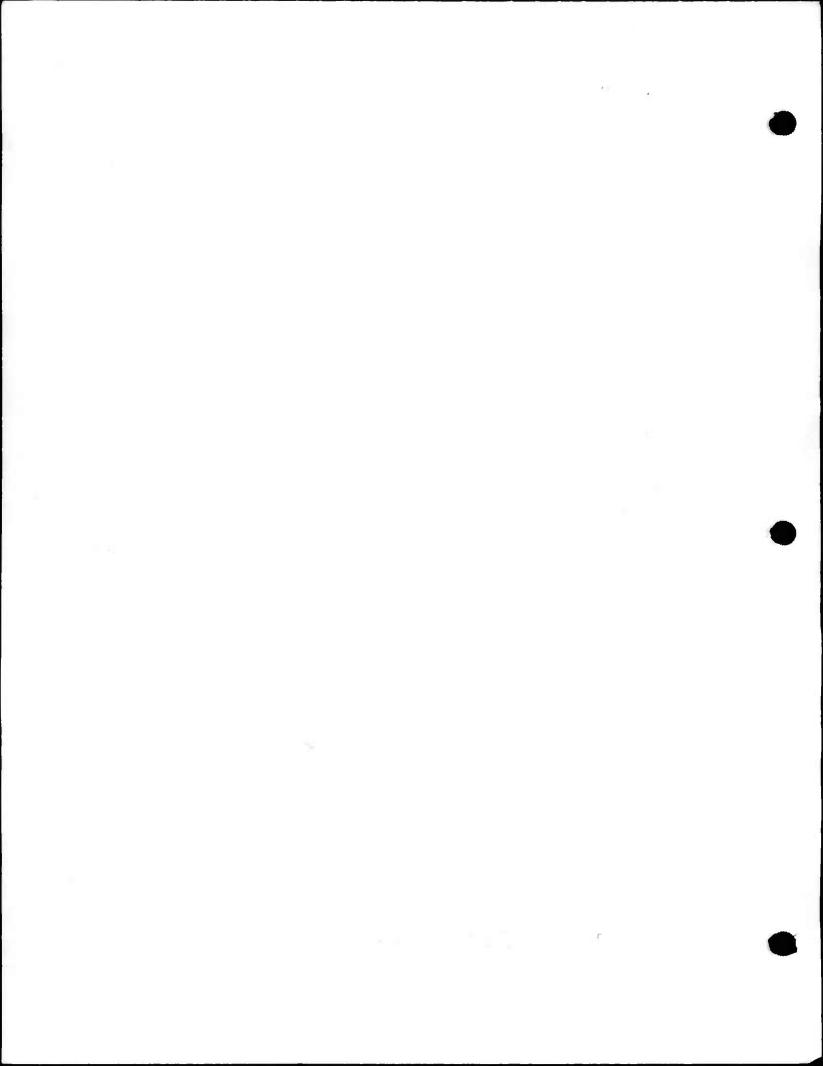
work of the case o

BALTIMORE, MARYLAND 21203-3146	**refours after death. Page 6 may be retained by the hospital or attending physician. illed in by the funeral director, page 5 should be detached for use as the burlal-transit permit n, or removal. or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nous after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit permit. be filled within 72 hours after death with the State Dept. of Heath and Merital Hygiene prior to burlal, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMI CERTIFICA			MENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last)		- ,			2. DATE OF DEATH		3. TIME OF DEATH
- 1	Herman Edward	Fountain				September		
				NDER 1 YEAR	IF UNGER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6. BI	RTHPLACE (State or Foreign untry)
	217-12-4114 9s. FACILITY NAME (If not institution, give atre	1√M 2 □ F	70 YRS. MONT		HOURS MIN.	Jan. 7.19		ryland
FUNERAL DIRECTOR	At Home	West			ton, M		Kent	
EC	10a. STATE 10b. COUNTY		10c, CITY, TO	WN OR LOCATI	ON			10d. INSIDE CITY LIMITS?
E	Maryland	Kent	Milli	ngtor				1 YES 2 NO
AL	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN C	F WHAT COUNTRY?
띮	West St.				21651		USA	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 [X]NO	If yes, spe		IC ORIGIN? (Specify Yea n, Puarto Rican, etc.) :		ACE — American Indian, lack, Whita, etc. pecify: Black
입	15. DECEDENT'S EDUCA		16a, DECEDENT'S USU/ (Give kind of work of	AL OCCUPATIO	N t of working	18b. KIND OF BUS	INESS/INDUSTR	Y
ET	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT use reti	red.)	t or working			
COMPLETED	7		Electri	cian		DuPont	Co.	
Ö,	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden		
BE	Robert Fountain	1				e Burket		
2	19a. INFORMANT'S NAME (Type/Print)					noute Number, City or Tow		
-	Annie Craddock					Quakerto		
	20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Remote 4 Donation 5 Other (Specify)	val from State	ohn Wesle	N (Name of cent ey Cen	etery, crematory or letery		CATION – City of Llingt	on, Md.
	21. SIGNATURE OF PUNERAL SERVICE LICE			22. NAME AN	D ADDRESS OF FAC	CILITY		21/51
	Hary B.	Fellows				eral Home press St		
CERTIFICATION	shock, or heart failure. L IMMEDIATE CAUSE (Finel disesse or condition resulting in death) Sequentieity list conditiona, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initisted events	DUE TO (OR AS		chron	ic cbs	ructive	lung de	interval Between Onset and Deeth
PHYSICIAN: MEDICAL CERTI	PART II. Other significant conditions	contributing to death t	but not resulting in th	e underlying	cause given in	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AWAIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ž								
호	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТ	HER:	ACE OF DEATH (Ch			i
Ş.	1 YES 2 NO	1 Inpatient 2 ER/Out 28s. DATE OF INJURY		7		6 Other (Specify) 28d, DESCRIBE HOW	N.IIIBY OCCUPE	D
	1 Natural 5 Pending	(Month, Day, Year)	INJURY	wo	RK?	200. DEGOTION TOW	NOON! OOCONE	_
2 Accident 3 Suicide 4 Homicide Tyes 2 No								ural Route Number,
Significant of the determined building, etc. (Specify) 298. CERTIFIER (Check only one) 298. CERTIFIER (Check only one) 298. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.								
BE	29b. SIGNATURE AND TITLE DF CERTIFIER	Two)		29c. LICENSE NUI	MBER 3514	110000000000000000000000000000000000000	NED (Month, Day, Year) 27-9/
2	30. NAME AND ADDRESS OF PERSON WHO			(0)				~ ' '/
	Dr. Michael Bi				Cheste	rtown, M	d. 216	520
13	SEP 27 '91	32. REGISTRAR'S SIG	NATURE Widson-Randall			_		



FOR STATE REGISTRAR	STATE	OF MARYLAND / DEPARTMENT OF HEALTH . CERTIFICATE OF DEAT
1. DECEDENT'S NAME (First, M.	iddle, Last)	
CLARENCE	LOUIS	FORREST
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER :

ND	MENTAL HYGIENE REG. NO.		O	03	0 6	-
	2. DATE OF DEATH	1 O XEAR	3. TIM	E OF DEA	тн	

	CLARENCE	LOUIS		FORRES	Sub.		MONTH	ER 30, 3		7:19 A _M
1	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In y	rs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BI	ОТЫ	a. BIRTHPI	LACE (State or Foreign
4	213-42-9425	1 🔀 M 2 🗌 F			MONTHS DAYS	HOURS MIN.	DEC .	1, 1946	MAR	YLAND
儿	9e, FACILITY NAME (If not institut	ion, give street and number)			9b. CITY, TOWN	OR LOCATION OF DE			UNTY OF DEA	ATH
6	AT HOME, 506 1	DONALDSON DE	₹.		LEXING	TON PARK		ST	MARY	'S
5	RESIDENCE DF DECED	ENT		10c CITY	, TOWN OR LOC	ATION			Tr-	10d. INSIDE CITY
DIRECTOR		ST. MARY'S			LINGTON					LIMITS?
	10e. STREET AND NUMBER	JI. THICE D		سيد ا		01. ZIP CODE		10g. C		IAT COUNTRY?
BY FUNERAL	506 DONALDSON	DRIVE				20653		Ţ	J.S.A.	
5	11. MARITAL STATUS	12. WAS DECED	ENT EVER IN U.	S. ARMED		CENDENT OF HISPAI			14. RACE -	- American Indian, White, etc.
-	1 Never Married 2 Meri 3 Wildowed 4 Divorced	IF YES, GIVE	WAR OR DATE			S 2 NO Specific		, etc.)	Specify	
ED E		NT'S EDUCATION	10	Ba. DECEDENT'S	IIGUAL OCCUBA	TION	16h KIM	D OF BUSINESS/II	WHI	TE
-	(Specify only high Elementary/Secondary (0-12)	hest grade completed)			ork done during i		100, KINI	OF BUSINESS/II	NDOSINI	
₹	9TH GRADE	College (1-4 or	3+)	OWNER			RES			
COMPLET	17. FATHER'S NAME (First, Middle	Last)				18. MOTHER'S NA	ME (First, Middle	, Malden Surname,)	
H	ERNEST MATT	HEW FORRES	ST			JEANET	TE AI	LLEN (GREENW	ELL
0	19a. INFORMANT'S NAME (Type/F		_			end Number or Rural				
-	MARY JANE FOR	REST								YLAND 20653
	20e. METHOD OF DISPOSITION 1 Burlel 2 □ Cremetton :		of cen	LACE AND DATE	or other place)		DATE	20c. LOCATION		
	4 Donation 5 Other (Spe 21. SIGNATURE OF FUNERAL SE		TRI	NITY EF	22. NAME	AND ADDRESS OF FA	CILITY			ITY, MD.
	mul	24 1				INGLEY-GA				•
\dashv	23. PART I./Enter the disea	7) Franci	ner	he death De m						AND 20650
	IMMEDIATE CAUSE (Finel disease pr condition resulting in death)	eDUE	to (or 45 A C		Ner	al 1	Facil	Zen		Interval Batween Onset and Death
HILICALION	Sequentielly list conditions if any, leeding to immediat cause. Enter UNDERLYING	002	TO (OR AS A C	ONSEQUENCE OF	7:					
RTIF	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE 1	TO (OR AS A CO	ONSEQUENCE OF	7):					
	PART ii. Other significant of	conditione contributing	to death but	not resulting i	n the underly	na cause alven In	Part I. 24s	. WAS AN AUTOPS	V 24h	WERE AUTOPSY FINDINGS
EDICAL			21 254740-121	0/====				PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED	3						— ''	YES 2 NO	1	OF DEATH?
2										
PHYSICIAN	25. WAS CASE REFERRED TO ME	HOSPITAL:				PLACE OF DEATH (C	heck only one)			
Z	1 TYES 2 NO	1 Inpatient	ER/Outpati	ent 3 🗆 DOA	OTHER: 4 - Nursing H	ome 5 Residence	a Other (Sp.	ecify)		
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pen Accident Inve	(Month	OF INJURY , Day, Year)	26b. TIM INJ	URY	NJURY AT' WORK? YES 2 NO	28d. DEŞCRIE	BE HOW INJURY (OCCURED	JD 5
ED	3 Suicide 8 Cou 4 Homicide dete	ld not be rmined 28e. PLACI buildle	E OF INJURY — ng, etc. (Specify)	At home, farm, s	street, factory, of	fice		N (Street and Num. wn, State)	ber or Rural Ro	oute Number,
COMPLE	anal and	NG PHYSICIAN: To the basic of								end manner ee stated.
BE	29d. DATE SIGNED (Month, Day, Year)									(Month, Day, Year)
<u> </u>	1/00	12m to	1m2			1004	2-1-1		10-	31-91
٩	30. NAME AND ADDRESS OF PE					1014	2-8-5		10-	31-91
2	30. NAME AND ADDRESS OF PE WILLIAM D. BO	YD, II, M.D.	. I		TOWN, M	ARYLAND	20650		10-	3/-91

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	,	
	TO BE COMPLETED BY FUNERAL DIRECTOR	
	MPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	
/	10 BE	

FOR STATE REGISTRAR		STATE OF I	MARYL		PARTMI TIFICA					MENT	TAL HYGIEN REG. NO	E		
1. DECEDENT'S NAME (First,											TE OF DEATH	AY	YEAR	3. TIME OF DEATH
GEORGE		MAS FAY								DCT	OBER 23	, 19	91	12:41 P. M
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE	(In yrs. last birth	MONT	NDER 1 Y	EAR MAYS	IF UNDER	24 HRS.		TE OF BIRTH onth, Day, Year)		6. BIRTH Count	IPLACE (State or Foreign
140-07-806		1 ₩ 2 □ F		95 ^Y	RS.					JU	LY 12,	1896	NEW	YORK
9e. FACILITY NAME (If not in					9b.	CITY, TO	O NWC	R LOCATI	ON OF O	EATH		9c. COL	NTY OF C	DEATH
₩ ST. MARY'S		ITAL				L	EOI	NARD	TOWN			ST	. MA	RY'S
RESIDENCE OF DEC	10b. COUNT	Y		10	c. CITY, TO	WN OR I	LOCAT	ON						10d. INSIDE CITY
MARYLAND	ST.	MARY'S				NAR	DTO	OWN						LIMITS?
10e. STREET AND NUMBER							101.	ZIP COD				10g. CIT	IZEN OF	WHAT COUNTRY?
CEDAR LANE	E APTS							206						S.A.
11. MARITAL STATUS 1 Never Married 2	Merried	12. WAS DECEDED FORCES?	X YES	2 NO		If y	es, spe	cify Cube	n, Mexico	n, Puer	GIN? (Specify Yes to Rican, etc.)	or No—		E — Americen Indien, k, White, atc.
3 Widowed 4 Divo		IF YES, GIVE	WAR OR C	DATES I		1 [YES	2X NO	Specif	fy:			Spec	WHITE
15. DEC	EDENT'S EDU			16a. DECEDI	ENT'S USU/	IL OCCI	UPATIO	N			16b. KIND OF BU	SINESS/IN	DUSTRY	WILLIE
(Specify only Elementary/Secondary (0	y highest grade	completed) College (1-4 or 5	. \	(Give ki	nd of work o	lone duri	ing mos	it of worki	ng					
12	F-12)	Conege (1-4 or 5	+)	STEE	EL SA	LESI	MAN							
17. FATHER'S NAME (First, M	liddle, Last)							18. MOT	HER'S NA	ME (Fire	st, Middle, Malden	Sumame)		
JAMES FAY								RI	RIDG	ru i	MALONEY	,		
19a. INFORMANT'S NAME (7	Type/Print)			19b. MA	VILING AOD	RESS (S	Street a				umber, City or You	m, State, Zi	p Code)	
MRS. JOAN E.	SULL	IVAN		106	RISC	N R	ΩΔΙ) T.1	FYIN	CTO:	N PARK.	MAD	VT ANT	D 20652
204. METHOD OF DISPOSIT	ION		20	D. PLACE AND	DATE OF	DISPOS	ITION	(Name	72111	$\overline{}$		CATION -		
1 💢 Burial 2 🗆 Cremetic 4 🗆 Donetion 5 🗀 Other		oval from State	1	QNO IS	natory or of	NAT	T ON	IAT.		10	/29			
21. SIGNATURE OF FUNERA	L SERVER	nest!	1	X		22. NA	ME AN	D ADDRE	SS OF FA	CILITY				
Toruca	1103	amy		-							AL HOME			
EDWARD	N. BK.	INSFIELD,	JR	. M000										LAND 20650
23. PART i. Enter the d shock, or h		List only one ca			Do not e	nter tn	ie mo	de or dy	ing, suc	on se c	eralec or resp	iretory a	rest,	Approximate interval Between
iMMEDIATE CAUSE (Fluidisesse or condition	nsi			-1					1	75	15			Onset end Death
resulting in death)	→		-/	non	ote	12	a	Re	1		1/1			
		DUE TO	OR AS	A CONSEQUEN	NCE OF):									
Sequantielly list condit	ions,	b	100 AC	A COMPEGNE	IOF OD.									
if any, leading to imme		DUE IC	OH AS	A CONSEQUE	NCE OF):									
CAUSE (Diseese or inju		c	OR AS	A CONSEQUE	HCE OF				_					
that initiated events resulting in deeth) LAS	т	002.10	(01170)	A GOMOLOGIC	ion or j.									
		d												
PART II. Other significa	ant condition	ns contributing to	death	but not resu	iting in th	e unde	erlying	cause	given in	Part i			24	b. WERE AUTOPSY FINDINGS
											1 TYES			COMPLETION OF CAUSE
														OF DEATH? 1 YES 2 NO
	117.7	-												
25. WAS CASE REFERRED 1	TO MERICAL						26. PL	ACE OF I	DEATH (C	heck onl	y one)		!_	
EXAMINER?		HOSPITAL:	□ FR/Out	tnationt 3 🗆 i		HER:					Other (Specify)			
27. MANNER OF DEATH		280, DATE 0			b. TIME OF	_	_	URY AT	esidence		DESCRIBE HOW	INJURY O	CCURED	
1 Defetural 5	Pending	(Month,	Day, Year)		INJURY		WO	RK?	NO					
2 Accident 3 Suicide	Investigation	28e, PLACE	OF INJUR	RY — At home,	ferm, street				- 200	281.	LOCATION (Street	and Numb	er or Rumi	Boute Number
4 Homicide	Could not be determitted	building	, etc. (Sp	ecify)		, 100101	,, o o			201.	City or Yown, State)	or or ridge	Tione Tumos,
Ondon dray		ICIAN: To the best of			-	-								n on terrore kelli
- MEC	MAL EXAMIN	n the basis of	2		engenon, je	77	7	eath occu	ared at the	e time,	date end place, e	nd due to	The ceuse	(e) end manner ee stated.
296, SIGNATURE AND TITLE	E OF CERTUPIE	R / //	1	1	1.	1	18	29 LIC	ENSE NU	JMBER		29d. D/	TE SIONE	(Month, Depl Year)
/	lan	1 /	1	100	ne	-	1	Т	3410	Q.C			10/	25/9/

600 MOAKLEY STREET,

LEONARDTOWN,

31. DATE FILED (Month, Day, Year)
0CT 2.5 '91

DAVID

M.

FEDERLE,

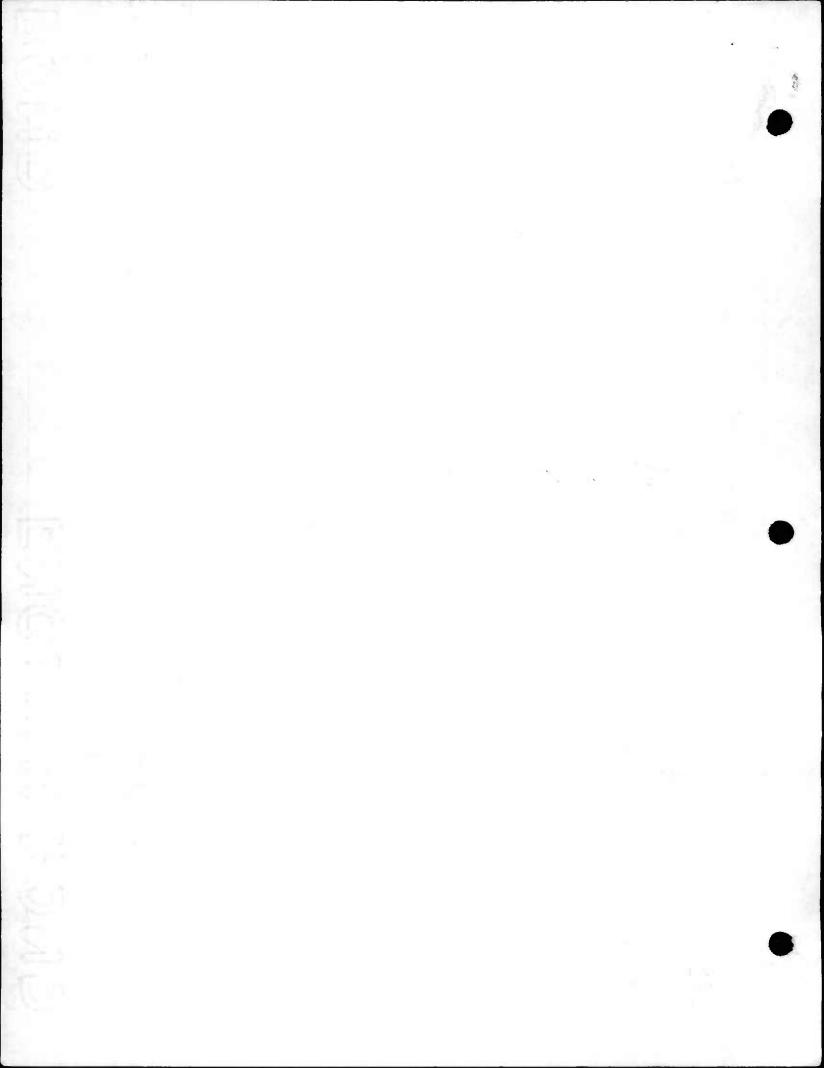
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D.

32 MEGISTRAR'S SIGNATURE and all

DHMH-16 Rev 1/89

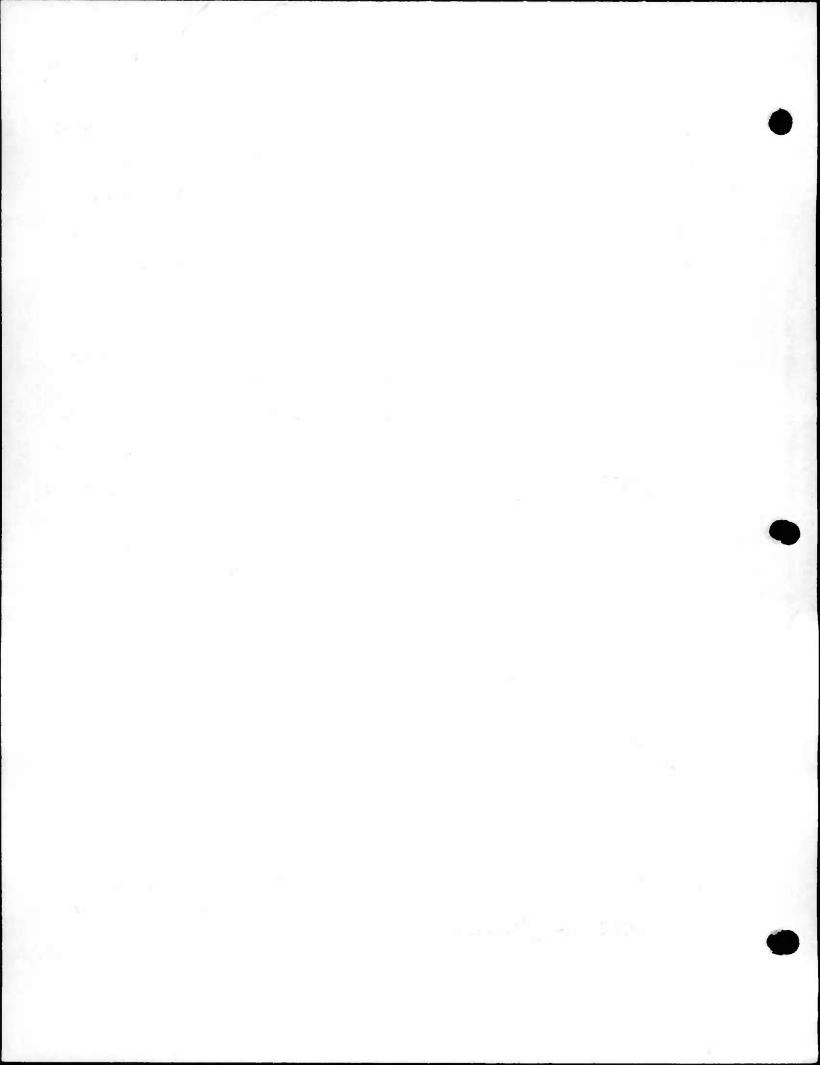
MARYLAND 20650



TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		DEPARTMENT ERTIFICAT				YGIENI EG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last) JOHN O	FEFEL	E				2. DATE OF I	DEATH DAY		YEAR	3. TIME OF DEATH 0408 A M	A
\	4. SOCIAL SECURITY NUMBER 218 - 14-3950	1 1 2 F	in yrs. ias	YRS. MONTH	7.7		7. OATE OF E (Month, Da March 8	иятн у. ^{Убаг)} , 192	2 1	Country Mary 1	land	
HOL	9a. FACILITY NAME (If not institution, give s ST-JOSEPH 1+1 RESIDENCE OF DECEDENT	USPITAL		9b. CI	TY, TOWN C	SON,	MD		BA	LTII	MORE	
DIRECTOR	10e. STATE 10b. COUNT	Arundel		10c. CITY, TOWN	n Bur	7.500					10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
FUNERAL	100. STREET AND NUMBER 229 Williams Rd.				101	21061	10g. CITIZEN (U.S.A				HAT COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 X YES IF YES, GIVE WAR OR O WW 2	2 🔲		If yes, sp	ENDENT OF HISPANI ocity Cuban, Mexican 2 X NO Specify:	, Puerto Ricer		or No-	Specif	- American Indian, , Whita, atc. y: White	
LETED	15. DECEOENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(G life	CEDENT'S USUAL live kind of work dor . Do NOT use retired	OCCUPATION OCCUPATION	DN st of working			INESS/INDU		er Dept.	
COMPLET	17. FATHER'S NAME (First, Middle, Last) Joseph Harry Fo	FOI	eman		18. MOTHER'S NAM Barbara	E (First, Middl	le, Maiden :	Sumame)	wate	ir Dept.	-	
TO BE	19a. INFORMANT'S NAME (Type/Print) Eileen E. Fefel	19			and Number or Rural Rums Rd., G	oute Number, C	City or Town	n, State, Zip (and 21061		
	20a. METHOO OF DISPOSITION 1 ⊠ Buriel 2 ☐ Cremetton 3 ☐ Rem 4 ☐ Donetion 5 ☐ Other (Specify)	other pi	of disposition (netery, crematory or Pk. 10/21	/91		cation – c		wn, Stata	_	
	21. SIGNATURE OF FUNERAL SERVICE LIN	CENSEE		1	Kirkl	ey Funera	al Hom	е		-	ie, MD 2106	1
	23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. END ST	ech ilni AG	E CHA				minne		25	Approximate interval Between Onset and Daeth	
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	b				8-93						
MEDICAL	PART II. Other algorificant condition				underlyin	g cause given in f		PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 ☑ Inpatient 2 ☐ ER/Out	ortlant :	OTH	ER:	LACE OF OEATH (Che		oecify)				_
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)		28b. TIME OF INJURY M	WC	URY AT DRK? YES 2 NO	28d. DESCRI	BE HOW II	NJURY OCC	URED		
	3 Suicide 6 Could not be 4 Homicide determined	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)						Ica 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	one) —	ER: On the best of my know) and manner as stated.	
TO BE C	296 SIGNATURE AND TITLE OF CERTIFIE HOUSE HOUSE 296 SIGNATURE AND TITLE OF CERTIFIE HOUSE 12 10 10 10 10 10 10 10 10 10 10 10 10 10	0	N			29c. LICENSE NUM D 403					(Month, Day, Year) 8) 91	
-	30. NAME AND ADDRESS OF PERSON WITH PLANTS OF PERSON WITH PLANTS OF PERSON WITH PLANTS OF PERSON WITH PARTY OF PERSON WITH PROPERTY PERSON WITH PROPER	10 ST. JOSEPH	Hos	EM 27) (Type, Print)	762	YORK R	D. TO	WK	ON.	MI	21204	



											91	J	0355
	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND C	DEPAR					MENTAL	HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH			3. TIME OF DEATH
	James				FC	DRRE	STEF	2	-	Oct. 17, 199		YEAR	1051 "
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday)	T	ER 1 YEAR	IF UNDER		7. DATE (7. DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign
)	213-14-4027	1X M 2 - F	74	YRS.	MONTHS	DAYS	HOURS	MIN.	1 1 - C		Country	y)	
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CIT	ry, TOWN	OR LOCATI	ON OF D		17-10	ec cou	MD INTY OF DI	EATU
5	Calmont Mana										7/11/3		
DIRECTOR	Calvert Memor								rick			Calv	ert
분	10a. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN	OR LOCA	TION				-		10d. INSIDE CITY
	MD AA	CO.		LOI	HIA	N							LIMITS?
A	10e. STREET AND NUMBER					10	f. ZIP COD	E			10g. CIT	IZEN OF W	/HAT COUNTRY?
E	1271 MARLBORO					207	11			US			
FUNERAL	11. MARITAL STATUS	T EVER IN U.S. AF	RMED	13	. WAS DE			NIC ORIGIN	(Specify Yes		14. BACE	- American Indian.	
	1 Never Merried 2 Merried	FORCES? 1	YES 2 X	NO		If yea, ap	pecify Cube S 2 TNO	n, Mexice	en, Puerto R	Ican, atc.)		Bleck	, White, atc.
ВУ	3 Widowed 4 Divorced						X	Specif	· ·			Speci	BLACK
쁘Ⅱ	15. DECEDENT'S EDUC (Specify only highest grade	CATION Completed)	18a. DE	ECEDENT'S	USUAL (OCCUPATI	ON		16b.	KIND OF BUS	INESS/INE	DUSTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5	life life	Bive kind of a b. Do NOT us	e retired.)		-					
를		Need 1	HEA	VY	QU1	ГР.	OPER	RATO	R C	ONTR	ACTO) R	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	HER'S NA	ME (First, M	iddle, Maiden	Sumame)		
BE C	GEORGE FORREST	ER							E SM		,		
	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	SS (Street)				er, City or Town	Cterin 7in	Codel	
2	ELSIE STEVENSO	N		327						OFTO			1114
	20a. METHOD OF DISPOSITION		20b. PLACE					ANE	DATE		-		
	1 Buriet 2 Cremation 3 Remo	ovat from Stata	CHEW	ematory or o	ther place	TME		,	1			City or Tov	
ı	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	CHEW	3 UF.			TERY			1-91	OWE	NSV	ILLE, MD
į		11 0								MORTU	ARY	. Р.	Δ
	Larry !	9.15	ease	-									21401
	23. PART I. Enter the disease, or o	omplications the	ceused the de	eeth. Do n	ot ente	r the mo	de of dyl	ng, euc	h as cardi	ec or respir	retory an	eet.	Approximate
	ehock, or heart fellure. I	Liet only one ceu	ae on eech line	.							2007		intervel Batween Onset and Death
	disease or condition	1/14	MAN -	. "	. 7	100	•		chan	ati	-		Onset and Death
	reaulting in death)	DUE TO	OR AS & CONSE	OUENCE OF	1	u.	est	40	ill	an	(
- 1		Caso	lin.	10 15	1 , ,	On.		Pa	16 00	nde			i
CERTIFICATION	Sequentielly list conditions,	DUE TO	OR AS A CONSE	OUENCE OF	-LII	ew	L C		UXI	race			
¥	if any, leading to immediate cause. Enter UNDERLYING												İ
ᇤ	CAUSE (Diseese or Injury thet initiated events	DUE TO	OR AS A CONSE	OUENCE OF	7):								
E	resulting in deeth) LAST												į
빙													<u> </u>
4	PART II. Other eignificent conditions	contributing to	death but not r	resulting i	n the u	nderlyin	g ceuse g	lven in	Part I.	24a, WAS AN		24b.	WERE AUTOPSY FINDINGS
5										PERFORI			AVAILABLE PRIOR TO COMPLETION OF CAUSE
Ä									_	1 TYES 2	∐ NO		OF DEATH?
=													1 YES 2 NO
₹	25. WAS CASE REFERRED TO MEDICAL					24 DI	ACE OF DE	TATAL ODA					
EXAMINER? HOSPITAL: OTHER:													
¥∥	27. MANNER OF DEATH	28e. DATE OF						aldenca	8 🗌 Other				
	1 Netural 5 Pending	(Month, De		28b. TIMI INJ			PRK?		28d. OEŞC	RIBE HOW IN	JURY OCC	CURED	
à	2 Accident Investigation						YES 2	NO					
	3 Suicide 8 Could not be 4 Homicide detarmined	building,	etc. (Specify)	me, farm, s	treet, fac	tory, offic	•		281. LOCAT City or	TION (Street ar Town, State)	nd Number	or Rural Ro	oute Number,
COMPLET	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of	my knowledga, de	sth occurre	d at the	time, deta	and placa,	and dua	10 the ceus	e(e) and men	ver an stat	ed.	
O	one) 2 MEDICAL EXAMINE	Con the basis of ax	emination end/or i	Investigation	n, in my	opinion, d	esth occure	ed at the	tima, data a	nd place, and	dun to th	a cause(a)	and manner as stated.
U I	296. SIGNATURE AND TITLE OF CERTIFIER	1							_				
8	CALCADY.	OX A	VIII				29c. LICE	MUN 36n	TOER		29d. DATE	SIGNED (Month, Day, Year)
2	30 NAME AND ADDRESS OF BETTON WILL	11111	no,								-/	011	8/3/

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Al-Banna M.D.

P2, REGISTRAR'S SIGNATURE

Emad

31. DATE FILED (Month, Day, Year)
OCT 2 2 1991

Dr.

DHMH-16 Rev 1/89

Prince Frederick

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

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8	#	
this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5	É	
#	*	

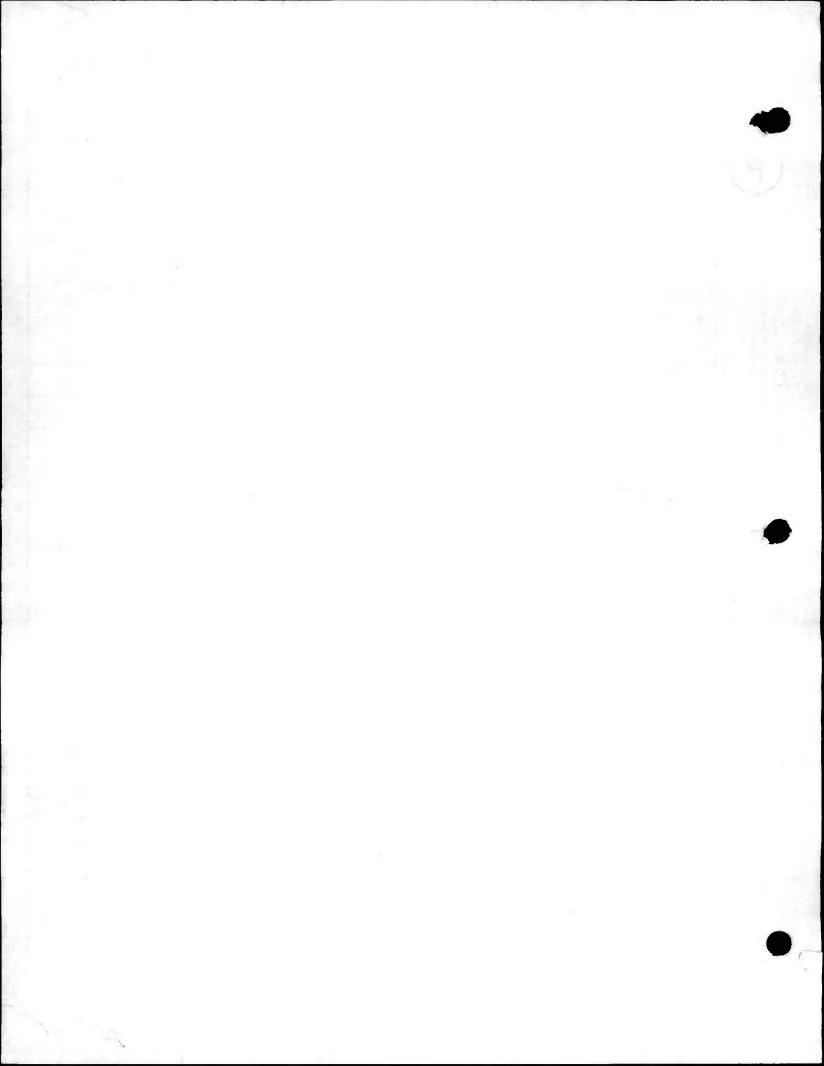
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

- STATE REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, I	est)		31.4-1		2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH
L	OLA ANNA	GRUBER			October 8,	1991	1:45 A.
4. SOCIAL SECURITY NUMBER 196 24 2948			F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11/14/189.	Cour	THPLACE (State or Foreign intry) TMANY
9e. FACILITY NAME (If not institution, Corscia Hills	(Meridian) Nu			eville,	EATH	9c. COUNTY OF Queen A	
RESIDENCE OF DECEDEN 10s. STATE 10b. CO		10c. CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY
Maryland	Kent	C	hestert	OWN		La estate	LIMITS?
Richa	rd Drive		10	2162	0	USA	WHAT COUNTRY?
11. MARITAL STATUS Widow 1 Never Married 2 Married 3 Widowed 4 Divorced	ed 12. WAS DECEDENT EVI FORCES? 1 1 1 IF YES, GIVE WAR O	ER IN U.S. ARMED FES 2 ANO PR DATES NO	If yes, s		NIC ORIGIN? (Specify Yes in, Puerlo Rican, etc.) Y: NO		CE — American Indian, lock, Whita, atc. polity: 111ce
15. DECEDENT'S (Specify only highest	EDUCATION grade completed)	16a. DECEDENT'S US	SUAL OCCUPATI	ON ost of working	16b. KIND OF BU	SINESS/INDUSTRY	
Elementary/Secondary (0-12)	2 College (1-4 or 8+)	(Give kind of wor life. Do NOT use Housewi	_	-	At	Home	
17. FATHER'S NAME (First, Middle, Las	Joseph Balce	rowicz		18. MOTHER'S NA	ME (First, Middle, Maiden B. Andr	Sumame) ykowski	
19a. INFORMANT'S NAME (Type/Print)			DDRESS (Street	and Number or Rural	Route Number, City or Tow		
Henry G. Gruber	<u> </u>	Ri	ichard	Drive C	hestertown	, Md. 21	.620
20s. METHOD OF DISPOSITION 1 Donation 5 Other (Specify)		of cemetary, crematory of Holy Sepulo	r other place)		1	cation - city or la. Pa.	Town, State
1. SIGNATURE OF FUNERAL SERVI		nory bepare		ND ADORESS OF FA			
· Jary B	Fellows		Fell	ows-Well	s Funeral	Service	·Chestertov Maryland
IMMEDIATE CAUSE (Final disease or condition resulting in death)	e	AS A CONSEQUENCE OF):		CUB			Interval Batwe Onset and Dec
Sequantielly list conditions, if sny, lasding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	c	AS A CONSEQUENCE OF):					, ,
PART II. Other significant cond	ditione contributing to das	th but not reaulting in	the underlying	ng ceuse given in			4b. WERE AUTOPSY FINDING
					PERFO		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	PLACE OF OEATH (C	8 Other (Specify)		
27. MANNER OF DEATH 1 Matural 5 Pending	28s. DATE OF INJU	JRY 28b. TIME	OF 28c. IN	JURY AT ORK?	28d. DESCRIBE HOW	INJURY OCCUREO	
2 Accident Investigs 3 Suicide 8 Could no	26e. PLACE OF IN. building, etc.	JURY — Al home, farm, str (Specify)		YES 2 NO	28t. LOCATION (Street City or Town, State		al Route Number,
29s. CERTIFIER (Check only 1 CERTIFYING	PHYSICIAN: To the best of my I						e(s) and menner as stated
296. SIGNATURE AND TITLE OF CER	R Ams	wh		29c. LICENSE NU D-12345	MBER		EO (Month, Day, Yoar)
JOHN R. SMI		F DEATH (ITEM 27) (Type, F Centreville		21617		-	/ /
31. DATE FILED (ILON), Day, (Ser)		SIGNATURE Pandel					

60, BALTIMORE, MARYLAND 21215-0020	within 2	pietaly fillied in by the funeral director, page 5 should be detached for use as the burlal-transit pe premation, or removal.	ent, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a would refer the death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filiad in by the funeral director, page 5 should be detached for use as the burlal-transit permit be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, oremation, or removal.	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - FOR STATE REGISTRAR	STATE OF MARY			F HEALTH AND I	MENTAL HYGIEN REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last Etta D. G	ibson				2. OATE OF DEATH DA		3. TIME OF DEATH 5:25a		
4. SOCIAL SECURITY NUMBER 197-03-9280	1 🗆 M 2 💢 F	(In yrs. last birthday) 75 YRS.	IF UNDER 1 YE		7. DATE OF BIRTH(Month, Day, Veer) 7 - 29 - 16	8.	BIRTHPLACE (State or Foreign Country) Maryland		
The state of the s	Se. FACILITY NAME (If not Institution, give street and number) Calvert Manor Nursing Home Rising Sur					DEATH 9c. COUNTY OF DEATH Cecil			
100. STATE 100. COUNTY Delaware New	18c. CIT	V, TOWN OR LO	ington		10d. INSIDE CITY LIMITS? 1 XYES 2 NO				
10e. STREET AND NUMBER 2413 Owens Drive				191. ZIP CODE 19808		USA	OF WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEOENT EVER IN U.S. ARI FORCES? 1 YES 2 AN IF YES, GIVE WAR OR DATES			If yes		NIC ORIGIN? (Specify Yes in, Puerto Rican, etc.) y:	Black, White, etc. Specify: White			
15. DECEDENT'S EC (Specify only highest gra Elementary/Secondary (0-12) Unknown	TT				HOTILE				
17. FATHER'S NAME (First, Middle, Last) Leroy Baker				Fann	ME (First, Middle, Malden ie Whiten	nan			
19a. INFORMANT'S NAME (Type/Print) Carol Kober	•				Route Number, City or Tow Wilm. DE		de)		
20e. METHOD OF, DISPOSITION 1	moval from State	ob. PLACE ANO OAT of comptany, crematory Silverbro	or other place;)	10-28 Wil		n DE		
21. SIGNATURE OF FUNERAL SERVICE	u f		Rob	pert T. Jon	nes and Fo				
23. PART I. Enter the diseases, o ahock, or Meart failured immediate CAUSE (Final disease or condition resulting in death)	a. DUE TO (OR AS	aach line.		0	milastr		t, Approximata interval Betwee Onset and Da		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. OUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other significant conditi	one contributing to death	but not resulting	in the Under	iying cause given in	Part I. 24a. WAS AN PERFOI 1 (1 YES :	RMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		QTHER:	8. PLACE OF DEATH (C)	heck only one)				
1 TYES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpatient 2 ER/Ou 28e. DATE OF INJURY (Month, Day, Year)	28b, TIR	4 Muraing	Home 5 Residence : INJURY AT WORK? YES 2 NO	6 Other (Specify) 284. DESCRIBE HOW	INJURY OCCU	RED		
2 Accident Investigatio 3 Suicide 8 Could not be 4 Homicide determined	280 PLACE OF IN HIS	RY — Al home, farm, pecify)			281. LOCATION (Street City or Town, State		Rural Route Number,		
(oncon only	YSICIAN; To the best of my kno INER: On the basis of examinat								
296. SIGNATURE AND TITLE OF CERTIF	Fach omo	,		29c. LICENSE NU		29d. DATE S	GIGNED (Month, Day, Year) - 26-91		
30. NAME AND ADDRESS OF PERSON	who completed cause of o	DEATH (ITEM 27) (Type	9, Print) Sive	Suz Ma	2191	,			
31. DATE FILEO (Month, Day, Year) OCT 28 191	32. REGISTRAR'S SIG	MATURE Panda	02	-1			-		



TO THE HOSPITAL OF THE FUNERAL DE FILE WITHIN 72 HO

30. NAME AND ADDRESS OF PERSON WHO COMPLETED GAUSE OF DEATH (ITEM 27) (Type, Print)

P.O.

32. REGISTRAR'S SIGNATURE

Grisa Davidson Bondelle

VIDYASAGAR SAGAR M.D.

DCT2 9 '91

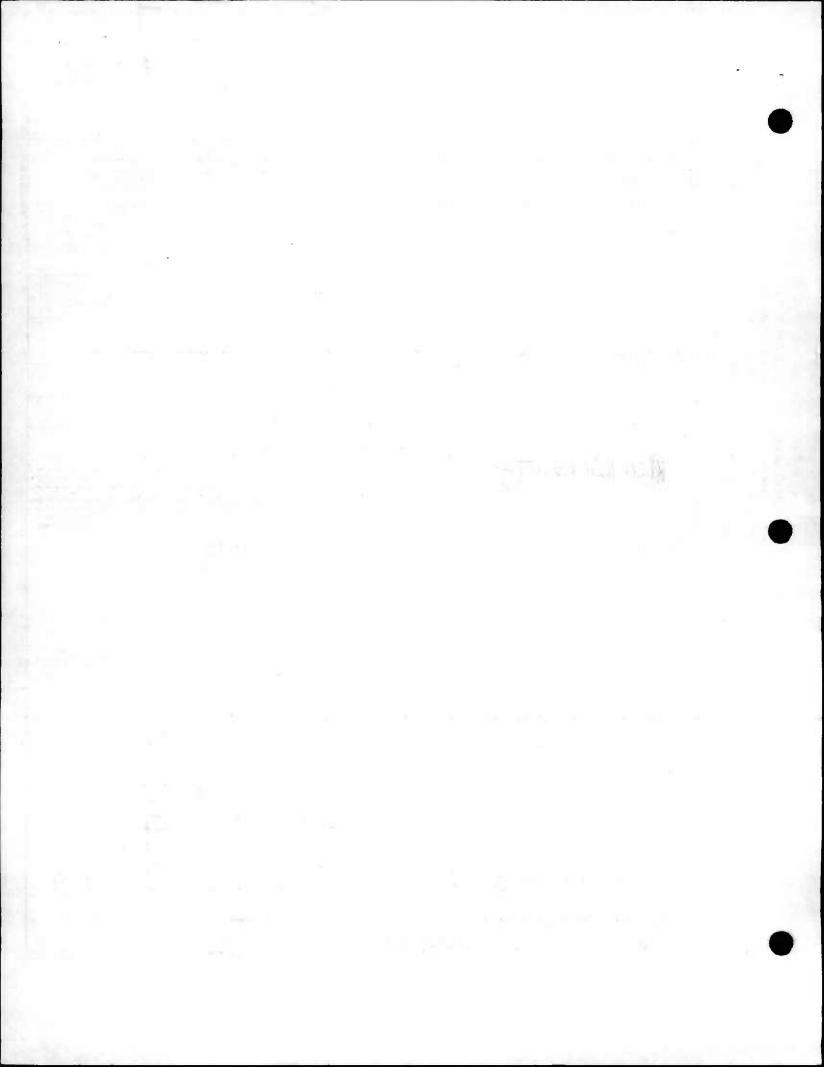
31. DATE FILED (Month, Day, Year)

91 30358 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH OCTOBER 24, 1991 1:50 AM RALPH **GARNER** SR. REGINALD 7. OATE OF BIRTH (Month, Day, Year, 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 1 X M 2 - F 7-18-1906 213-05-8377 85 MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR PHYSICIANS MEMORIAL HOSPITAL CHARLES LA PLATA 10c. CITY, TOWN OR LOCATION 10e. STATE 10d. INSIDE CITY MARYLAND **CHARLES** WALDORF 1 TES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? HWY 301, BOX 60 20601 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify,Cuben, Mexican, Puerto Rican, stc.) 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. If yes, specify Cuben, Mexican, Puerto Ri

1 YES 2 NO Specify: 1 Never Married 2 Married FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES B 3 Widowed 4 Divorced WHITE ETED. 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 7TH GRADE COMPL **ENGINEER** US GOVERNMENT/NAVY 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) JAMES ENOCH GARNER MIRANDA ELIZABETH WILLIAMS 19a. INFORMANT'S NAME (Type/Print) 2 HAZEL C. GARNER HWY 301, BOX 60, WALDORF, MARYLAND 20601 20g. METHOD OF DISPOSITION
1 🖾 Burlal 2 🗆 Cremation 3 🗆 Red
4 🗆 Donesion 5 🗀 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State DATE 21. Second for function of support ST. PAUL S CHURCH CEMETERY 10-25 WALDORF, MARYLAND 22. NAME AND ADDRESS OF FACILITY THE HUNTT FUNERAL HOME, INC. MICHAEL K. BLANKENSHIP, MO0857 P.O. BOX 156, WALDORF, MARYLAND 20604-0156 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory streat, shock, or heart failure. Liet only one cause on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Final diseese or condition reaulting in deeth) ARDIG - PYLMONARY ARREST DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? FRACTURE NECK 1 | YES 2 | NO SEPSIS 1 YES 2 NO PHYSICIAN: ATHERO-SCLEROTIC DIS EASE HEART 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL:
1 Impatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO ng Home 5 - Residence 6 - Other (Specify) 4 - Nurs 27, MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 28b. TIME OF 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO B 2 Accident 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 26e. PLACE OF INJURY — At home, farm, atrest, factory, office building, etc. (Specify) 3 Sulcida 6 Could not be determined COMPLETED 4 Homicide 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner se stated. 2 MEDICAL EXAMINER: On the basis of examination and/or in 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNEO (Month, Day, Year) 29c. LICENSE NUMBER BE -24-91 Mymangar D--26064 2

BOX 282 CHARLPTTE HALL MD.

20632



IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE	STATE OF MARYLAND	/ DEPART	MENT OF I	EALTH AND I	MENTAL HYGIEN	91 (30359	
	REGISTRAR 1. OECEDENT'S NAME (First, Middle, Last) JAMFS BERNARD (GRAVES, SR.		CATE OF	DEATH	2. DATE OF DEATH MONTH D.	AY YI	3. TIME OF DEATH	
DIRECTOR (219-01-4600 1 9e. FACILITY NAME (If not institution, give street	SEX 6. AGE (In yrs. 81 t and number)	YRS.	F UNDER 1 YEAR FONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. PR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) DEC. 8, 1	6.	BIRTHPLACE (State or Foreign Country) MARYLAND	
	AT HOME, 203 LENOX RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		SEVERN	A PARK			RUNDEL		
	MARYLAND ANNE AR		SEVERNA PARK				10d. INSIDE CITY LIMITS? 1 YES 2 XNO		
FUNERAL	203 LENOX AVENUE 11. MARITAL STATUS	2. WAS DECEDENT EVER IN U.S., FORCES? 1 YES 2	ARMED		21146 ENDENT OF HISPAN	U.S.			
BY	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATES	XNO	If yea, sp	celfy Cuban, Maxica 2 XNO Specify	n, Puarto Rican, atc.)		RACE — American Indien, Bleck, White, etc. Specify: NHITE	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondery (0-12) 12TH GRADE 166. OECEDENT'S USUAL (Give kind of work dor life. Do NOT use retired the second life. Do NOT use retired the second life. Supplies the second lif				of working	MPANY			
BE CON	17. FATHER'S NAME (First, Middle, Last) ALBERT BERNARD GR				MARY M	ME (First, Middle, Meiden	JONES		
2	196. INFORMANT'S NAME (Type/Print) ROSALIE MARIE GRAVES 199. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 203 LENOX AVE., SEVERNA PARK, MARYLAND 21146								
	20b. PLACE AND DATE OF DISPOSITION DATE 20c. LOCATION — City or Town, State 1 Donestion 5 Other (Specify) Date DATE 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of complex) or Complex of Complex o								
Ц	Michael 7	Aarden	es	POF	OX 270	RDINER FUNI LEONARDIO	ATNI MAI	PVT. AND 20650	
	23. PART/I. Enter the diseases, or comehock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	Only one cause on each if	ne. Mis			in se cardiec or reepi		Interval Between	
SATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING b. DUE TO (OR AS A CONSEQUENCE OF):								
ERTIFICATION	CAUSE (Disease or Injury that initieted events resulting in death) LAST	DUE TO (OR AS A CONS	EOUENCE OF):						
: MEDICAL C	PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. Old Cerebro Vascular accident with clementa 1 yes 2 No Secrebro Vascular accident with clementa 1 yes 2 No 1 yes 2 No 1 yes 2 No								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO NO NO NO NO NO 1 YES 2 NO NO NO NO NO 1 NO NO NO NO NO NO 4 NO NO NO NO NO NO NO N								
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	NNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28i				28d. DESCRIBE HOW INJURY OCCURED			
	3 Suicide 6 Could not be detarmined 26e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)					281. LOCATION (Street a. City or Town, State)		tural Route Number,	
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN ONE) 2 MEDICAL EXAMINER: One	To the best of my knowledge, on the beste of exemination and/o	death occurred r investigation,	at the time, data of in my opinion, da	nd piece, and due t ath occured at the t	to the cause(a) and mani time, data and placa, and	ner as atated. I due to the cas	use(a) and menner as stated.	
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER Bernardino	a. aliv	lse,	M.D.	29c. LICENSE NUMI	8 66	29d. DATE SIG	NED (Month, Day, Year)	

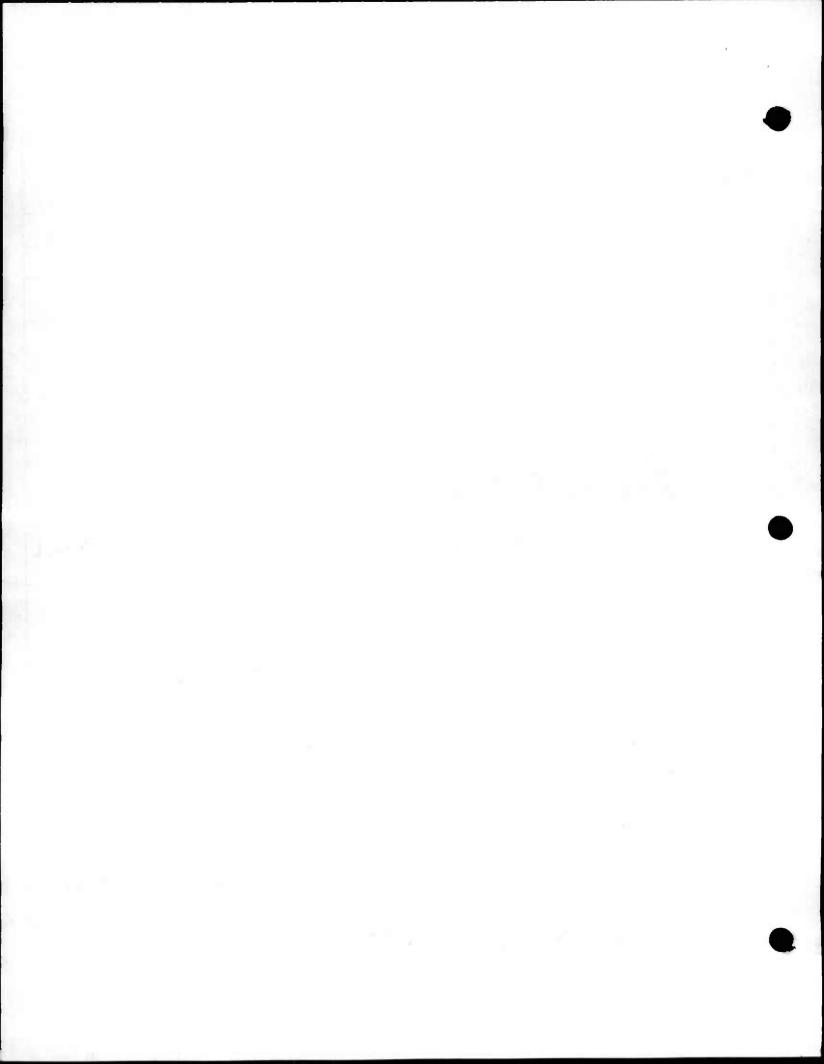
ONSO Μ. 1400 CRAIN HIGHWAY #504 21061

BERNARDINO
31. DATE FILEO (MONTH, Day, Year)
OCT 2 2 '91

32. REGISTRAR'S SIGNATURE
Juna Davidson-Randoll

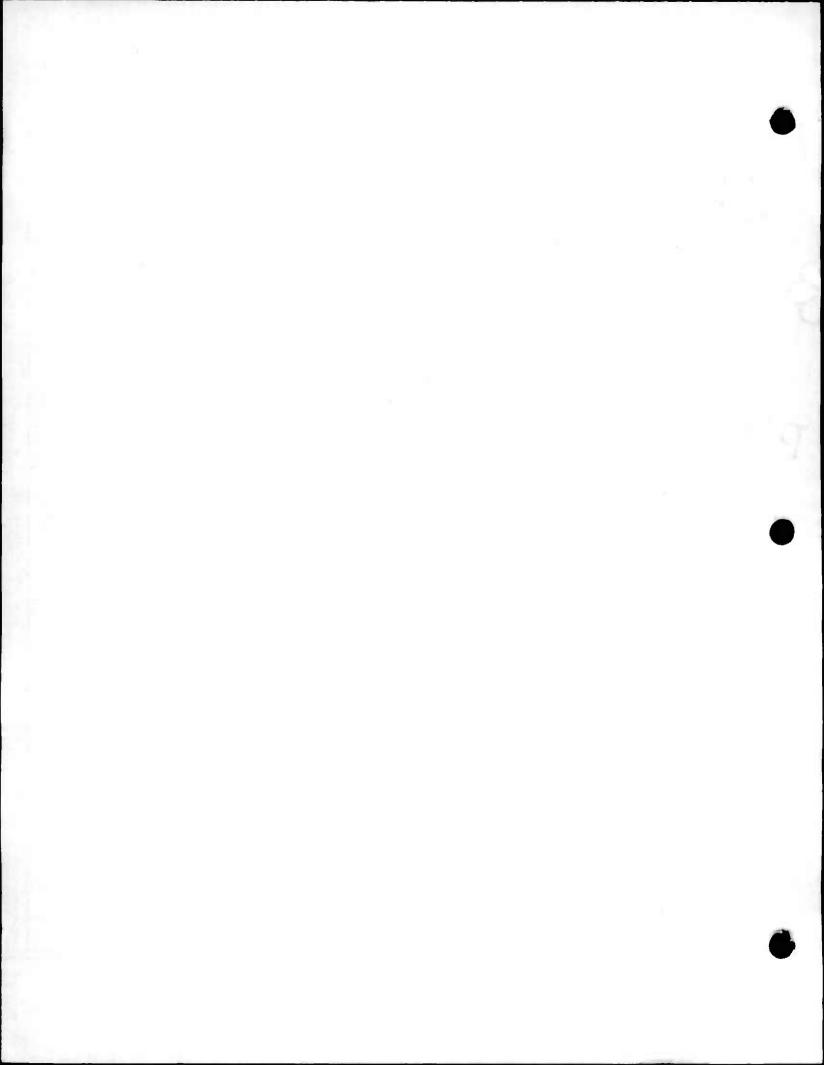
DHMH-16 Rev 1/89





hay be retained by the hospital or attending physician.	page 5 should be detached for use as the burial-transit permit. Pa		t be notified at once.
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FINERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pa	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: It isom 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1	FOR STATE REGISTRAR	TATE OF MARYLAND	/ DEPAR	RTMENT (F HEALTH AND	D ME	NTAL HYGIENE REG, NO.			
-	1. DECEDENT'S NAME (First, Middle, Lest)						DATE OF DEATH	3, TIME OF DEATH		
C.	CAROL					- 1	10-30-91	YEAR	8:30 A M	
		5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.				s. 7.	DATE OF BIRTH		ITHPLACE (State or Foreign	
			YRS,		AYS HOURS MIN	1.	(Month, Day, Year)	Cou	untry)	
	99. FACILITY NAME (If not institution, give street a	X 66			NAME OF LOCATION OF	E DEATA	<u>2-16-1925</u>	9c. COUNTY OF	Iowa	
ē	5936 West Chester Park Drive Colle					ege Park Pri			George Co.	
E I	10a. STATE 10b. COUNTY	LOCATION				10d, INSIDE CITY				
ринестон	Maryland Princ	Prince George Co Col							LIMITS?	
	10e. STREET AND NUMBER	c ocorge co			lege Park		1	10g. CITIZEN O	F WHAT COUNTRY?	
8	5936 West Chester Park Drive 20740							US	27	
FUNERAL	11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED			13 WM	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Ye					
	1 Never Married 2 W Married FORCES? 1 YES 2 NO			If yes, specify Cuben, Mexice					ACE — American Indian, lack, White, etc. pecify:	
E I	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	no	''	1 Tes 2 No Specify:			White		
a	15. DECEDENT'S EDUCATION	ON 16e.	DECEDENT'S	S USUAL OCC	UPATION		16b. KIND OF BUS	NESS/INDUSTR		
E 11	(Specify only highest grade comp	pleted) pliege (1-4 or 5 +)	(Give kind of life. Do NOT u	work done dur use retired.)	ing most of working					
리	12+	3	Homer	maker						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S	NAME	(First, Middle, Malden S	Surname)		
	H	Matfield			Min	nie	Bissell			
8	19s. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Street and Number or Ri	ural Rou	te Number, City or Town	State, Zip Gode)		
2	Frederick Humphrey	Husband							ePk, MD 20740	
	20e. METHOD OF DISPOSITION				of cemetery, cremetory			ATION - City or		
	1 Buriel 2 Cremation 3 Removal	from State othe	r place)		,					
	Donation 5 Other (Specify)									
ì	Formace 111	Monald Wad	e, Di						Y BOARD	
	January / Co	once		65	w.Balth	mor	e St, Bal	to.,MD	21201	
	23. PART i. Enter the diseases, or com			not enter ti	e mode of dying,	such a	a cardiec or respir	story errest,	Approximete interval Between	
1	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death									
- 1	disease or condition resulting in death) e. Claperators including									
- 1	oue to (on all a consequence or);									
Z	Obstructura arina Des									
일	Sequentially list conditions, If eny, leading to immediate									
CA	CAUSE (Disease or injury									
E	that initiated events	DUE TO (OR AS A COR	SEQUENCE (OP):				1	1	
CERTIFICATION	resulting in death) LAST									
	PART li, Other eignificant conditions of	ontributing to death but n	ot resulting	in the und	erivina ceuse aive	n in Pa	art I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS	
CAL	118. 8	at. I	- ~	1			PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDI	1 VES 2 DAO OF DEATH?									
×	aren	,			· · · · · · · · · · · · · · · · · · ·		-		1 NES 2 NO	
PHYSICIAN:	Mypeng	yearny								
5	25. WAS CASE REFERRED TO MEDICAL () H	OSPITAL:		OTHER:	26. PLACE OF DEATH	H (Check	k only one)			
YSI	- Control of the Cont	☐ Inpatient 2 ☐ ER/Outpatien	_	4 - Nursi	ng Home 5 Theelde	_				
H	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)	28b. T	ME OF 2	8c. INJURY AT WORK?	2	86. DEŞCRIBE HOW II	NJURY OCCURE	D	
BY	2 Accident Investigation			M	1 YES 2 NO					
ED	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) (27 orm, State)							ıral Route Number,		
	4 Homicide determined									
2	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated.									
COMPL	(Check only one) 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.									
	Zee. UCENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)									
8	MA DASO74 > 10/2/10									
5	30, NAME AND ADDRESS OF PERSON'WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									
	DR. ROBERT RUDERMAN 6510 Kenniworth Suite 2100, Riverdale, MD 20737									
	31. DATE FILED VARIA Day (627) 1001	32. RESTSTIAN'S MIGNATURE	RE L			_				
	1104 0 1 [99]	o una vavidse	n-Pano	lell						



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may	9	100
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache he find within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremotal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the further within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Cal
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									91	31	0361
	FOR STATE REGISTRAR	STATE OF MARYLA				EALTH AND N		GIENE			-001
	1. DECEDENT'S NAME (First, Middle, Lest)		CEN	TIFICA	IL OF	DEATH	2. DATE OF D			9.7	IME OF DEATH
	James Harold	l Hoover					MONTH OCT.	27 DAY	199	EAR	6:05 A M
- 1	4. SOCIAL SECURITY NUMBER	yrs. last bir		NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI	RTH	6.	BIRTHPLAC	CE (State or Foreign	
	217-26-5518		70	YRS. MONT	HS DAYS	HOURS MIN.	Aug.	30,1	921	Penns	ylvania
	9a. FACILITY NAME (If not institution, give str		9b.	CITY, TOWN	OR LOCATION OF DE	ATH		SC. COUNTY	OF CEATH		
8	Cherrywood Manor	Nursing Cente	er		Reist	erstown			Bal	timor	e
ទួ	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	L	Oc. CITY. TO	WN OR LOCAT	ION				10d	INSIDE CITY	
DIRECTOR	(A11) - 11/10 11/10	timore				rstown				1 [LIMITS? YES 2 X NO
A	10e. STREET AND NUMBER				10	. ZIP CODE			10g. CITIZE	N OF WHAT	COUNTRY?
FUNERAL	109 Nicodemus	Road				21136				USA	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMEI	D		ENDENT OF HISPAN			r No- 14	RACE - A	American Indian,
BY F	1 Never Married 2 X Married 3 Widowed 4 Divorced	FORCES? 1 X YES IF YES, GIVE WAR OR DAT WW TT	TES			2 NO Specify		atc.)		Specify:	ite
	15. OECEOENT'S EDUC	CATION	16a. DECE	DENT'S USU	AL OCCUPATION	ON	18b. KING	OF BUSI	NESS/INDUS		rie
COMPLETED	(Specify only highest grade Elamentery/Secondary (0-12)	College (1-4 or 5+)	(Give I life. Do	kind of work of NOT use reti	lone during mo red.)	est of working					
릴	12		S	uperv	isor		Sh	eet 1	Metal		
S S	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle	Maiden S	umame)			
BEC	Miles Hoover					Ophel	lia Cole				
	19a. INFORMANT'S NAME (Type/Print)					and Number or Rural I					
임	Mrs. Lou S. Hoove	た	10	109 Nicodemus Rd. Reisterstown, Md. 21136							
	20a, METHOO OF OISPOSITION 1 Burlel 2 Cremation 3 Rame	20b.	other placel	1		metery, crematory or			ATION — CI		
	4 Donation 5 Other (Specify)		Vru	ud Ri		emetery			esvil		
	21. MIGHATURE OF FUNERAL SERVICE LIC	ENSEE				NO ADORESS OF FA					town Rd.
	am2 1	Line	è.		Eline	Funeral	Home	Reis:	terst	own,	Md.21136
	2 PART i. Enter the diseases, or o	complications that caused List only one cause on ea		h. Do not e	nter the me	ode of dying, suc	h ee cerdiec	or reepire	atory arres	it,	Approximate interval Between
	IMMEDIATE CAUSE (Finsi										Onset and Deeth
	resulting in death)	a. Qlichlo	teme	m	المخليا	ame					11/12
		DUE TO (OR AS A	CONSEQUE	ENCE OF):							
NO	Sequentielly list conditions,	b. DUE TO (OR AS A	COMPEGNI	ENOT OF							
Ě	if eny, leading to immediate cause. Enter UNDERLYING	DOE TO (OH AS A	CONSECUE	ENCE OF:							
임	CAUSE (Diseese or injury	c. OUE TO (OR AS A	CONSEQUE	ENCE OF):							
CERTIFICATION	that initiated events resulting in deeth) LAST										
핑		d									
A	PART ii. Other significant condition	_	ut not res	uiting in th	e underlyir	g cause given in	Part i. 24a	PERFORI			RE AUTOPSY FINDINGS ILABLE PRIOR TO
2	History Hop Fr						10	YES 2	XNO		MPLETION OF CAUSE DEATH?
ME	Chronic Stercial	therapy					_		ľ	10	YES 2 NO
ä		01									
HISTORY IT OF FRACTURE Chronic Stercial Therapy 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YNO OF COMPANY 1 YES 2 YNO OF COMPANY 26. PLACE OF OEATH (Check only one) 27. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YNO OF COMPANY 1 YES 2 YNO OF COMPANY 28. PLACE OF OEATH (Check only one) 27. WAS CASE REFERRED TO MEDICAL OTHER: 1											
H	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	1	26b. TIME OF	W	JURY AT ORK?	28d. DEŞCRII	BE HOW IN	JURY OCCU	RED	
B	2 Accident Investigation					YES 2 NO					
	3 Suicide 8 Could not be	building, etc. (Speci	— At home ify)	o, farm, stree	t, factory, offi	CO	26f. LOCATIO City or To	N (Street ar wn, State)	nd Number o	r Runal Route	Number,
	U 29e, CERTIFIER										
필	298. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) APPROVALE TYMBUSE OF the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
COMPLETED	2 MEDICAL EXAMINE	ER: On the basis of axamination	and/or inv	restigation, ir	my opinion,	death occured at the	time, data and	place, and	due to the	cause(a) an	d manner as stated.
ші	29b. SIGNATURE AND TITLE OF CERTIFIE	R				29c. LICENSE NU	MBER				onth, Day, Year)
6 8	YAM AN	nanke				D 2506	2		P 10	1281	ने।
-	30. NAME AND ADDRESS OF PERSON WH	11CO, 11E Che	ATH (ITEM :	27) (Type, Prir	4 1	120.00	Atom	M	مد ا دراجة ال	~ /	11130
	I LOUGHD THE YELL YOU	ine I III we	VIII U	UT ITUL	1 WILL	r 1 con 310	MADI EN	1 " "	- 70	100	111 00

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	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	TMENT OF	HEALTH AND	MENTAI	HYGIEN REG. NO				
	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH	AV V	EAR 3. TI	IME OF DEA	тн
	IRIS WA	TTS		RRISON		10	31	199		:40	Рм
1		.0	yrs. last birthday) 2 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month	OF BIRTH , Day, Year)		Country)		
	578-01-4275 9e. FACILITY HAME (If not institution, give s		3	9b. CITY, TOWN	OR LOCATION OF E	SEPT	.12, 1	918 W			D.C.
CTOR	CALVERT MEMORI				FREDERI			CAL	V OF DEATH VERT NCE I		EDIC
ECT	RESIDENCE OF DECEDENT 10e. STATE 10b. COUHT			Y, TOWN OR LOCA		011		I I KI			
DIRE	MARYLAND ST.	MARY 'S		HOLLYWO(HSIDE CIT	
AL.	10e. STREET AND NUMBER				r. ZIP COOE			10g. CITIZEI	N OF WHAT	-	но
FUNER	1111 POPLAR WOO				20636			ī	J.S.A.		
1	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER IN U FORCES? 1 \(\subseteq \text{YES}	S. ARMED	13. WAS DEC	CENDENT OF HISPA	ANIC ORIGIN	? (Specify Yes	or No- 14	. RACE — AI Black, Whit	mericen ind	len,
5	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR DATI	ES	1 🗌 YES	S 2 NO Spec	illy:		- 1	Specify:	WHIT	E
E I E U	15. DECEOEHT'S EDUI (Specify only highest grade	CATION 1	6e. OECEDENT'S	USUAL OCCUPATE	ON of working	16b.	KIND OF BUS	SINESS/INOUS	TRY	***************************************	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	me. Do NOT US	se retired.)	ost of working						
COMPL	1.2 17. FATHER'S HAME (First, Middle, Last)		HOMEM	AKER							
ပိ	HOLLINGSWORTH LO	WMAN WATTS			18. MOTHER'S N.		iddle, Maiden A GIBB				
0	19e. INFORMANT'S NAME (Type/Print)	772220	19b. MAILING	ADORESS (Street	and Number or Rural				adie)		
2	CHARTER GRAY HARR	ISON, JR.			HUNTING						
	20e. METNOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Reme		LACE AND DATE	OF DISPOSITION (N		OATE		CATION — City		tate	
	4 Donetion 5 Other (Specify)		DAR HI			11/4	SUIT	LAND,	MARYL	AND	
	away No	Sentell/11	4	BRINS	FIELD FU	JNERAI	HOME	, P.A.			
	EDWARD N. BRINSF			P.O.	BOX 279,	LEON	VARDTO	WN, MA	RYLAN	ID 206	550
CAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF	7):	iry i		Comp	vicati		Interval 8 Onset and	
	Atherosclerofic	e contributing to death but Cond was	not resulting i	n the underlying	g cause given in	Part I.	24e. WAS AN BERFOR 1 VES 2	MEO?	AVAIL. COMP DF DE	AUTOPSY FABLE PRIOR CLETION OF C	TO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMIHER?	HOSPITAL:		26, PL	ACE OF DEATH (C/	heck only one)				
2167	27. MANNER OF DEATN	1 A Inpatient 2 ER/Outpatie		4 - Nursing Hom	e 5 🗆 Residence						
	1 Heturel 5 Pending	(Month, Day, Year) 10-24-199	1 5:00	URY WO	URY AT PRK? YES 2 [X] NO	10 011		NURY OCCUR		TO -	WD.
	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF IHJURY -		_		28f. LOCA	TIOH (Street a	N AUT			MPAC
	4 Nomicide determined	pulluing, etc. (Specify)	LAND R			City o	LAND	ROUT			
	290. CERTIFIER (Check only one) 1 CERTIFYING PNYSIC DISCRETE CONTROL OF CONT	CIAN: To the best of my knowledge: On the bests of examination or	ge, death occurre	d at the time, date	end place, end due	to the caus	e(s) end man	ner es stated.		manner er	teted
	296. SIGNATURE AND TITLE OF CERTIFIER	A 0.0			29c. LICENSE NU		7,100, 310	29d. OATE SI			
	Lleuris	A Charte	MAD		O.C.M.E				0 1 - 1		
2	30. NAME AND ADDRESS OF PERSON WHO			Print)							
	DENNIS J. CHUTE(111 N	. PENN	STREET	BAL	TIMO	RE, MA	RYLA	ND 2	120
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATU	Andell								

and the second second

0 [20] -[1]

THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit by a set within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

INFORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

							91	30363
	1 - FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEF CERT	ARTMENT	OF HEALTH AND OF DEATH	MENTAL HYGIEN	VE.	0000
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	EDWARD	7 1	EVERN	U (OLTON, Sr.			/EAR
	4. SOCIAL SECURITY NUMBER		GE (In yrs, last birtho			-		
				MONTHS	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
. 4	216-40-6917	41	19 YR	S.		JUNE 9, 1	942 1	MARYLAND
1	9a. FACILITY NAME (If not institution, give sin	et and number)		9b. CITY,	TOWN OR LOCATION OF D	DEATH	9c. COUNTY	Y OF DEATH
6	ST MARYS HO	SPITAL		1	LEONARDTO	WN	SI	Γ MARYS
DIRECTO	RESIDENCE OF DECEDENT							- IMATE
쁜	10a. STATE 10b. COUNTY		10c.	CITY, TOWN OR	LOCATION			10d. INSIDE CITY LIMITS?
	MARYLAND ST. N	MARY'S		CHARLOT	TE HALL			1 TES 2 NO
AL	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?
P.O. BOX 53						U.S	S.A.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED	13. W	AS DECENDENT OF HISPA	NIC ORIGIN? (Specify Ve		
	1 Never Married 2 Married	FORCES? 1 Y		lt i	yes, specify Cuban, Maxic	an, Puarto Rican, atc.)		RACE — American Indian, Black, White, atc.
BY	3 Widowed 4 Divorced	" TES, GIVE THE O	N DATES	''	YES 2 NO Speci	ny:		Specify: BLACK
유	15. DECEDENT'S EDUCA	ITION	16a. DECEDEN	T'S USUAL OCC	CUPATION	16b, KIND OF BL	SINESS/INDIES	
ᆸ	(Specify only highest grade c Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind	of work done du T use retired.)	ring most of working			
7	10TH GRADE	LABO	ORER		EVCAU	איידאור כ	COMPANY	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		13.13.	710011				COMPAINI
						AME (First, Middle, Maider	Surname)	
B	EDWARD JEROME 198. INFORMANT'S NAME (Type/Print)	HOLTON			ELSIE	IRENE		OODLAND
2					Street and Number or Rural			
	BARBARA ANN HOLTON		P.O.	BOX 5	3, CHARLOT	TE HALL, M	ARYLANI	20622
	20a. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Ramov	rei from State	20b. PLACE AND DA	TEOFDISPOSIT	ION (Name of	DATE 20c. LC	OCATION - City	y or Town, Stata
	4 Donation 5 Other (Specify)	ar rioni otata	CHARLES	MEMORI	AL GARDENS	LEC	NARDTY	OWN, MARYLAND
- 1	21. SIGNATURE OF FUNERAL SERVICE LICE	MSEE /		22. N/	AME AND ADDRESS OF FA	ACILITY		
	March Of	19. 0		MA	TTINGLEY-GA	ARDINER FU	VERAL H	IOME, P.A.
-	11 puraec 1.	Farace	ner	P.	O. BOX 270	LEONARDI	JWN, MZ	ARYLAND 20650
	23. PART I/Enter the disesses, or co shock, or heart failure. Li	mplications that cau let only one cause o	sed the death. D	o not sater th	ns mode of dying, suc	ch ss cardisc or resp	irstory arrest	
	IMMEDIATE CAUSE (Finsi							Interval Between Onset and Death
	disease or condition resulting in death)	MULTIPLE	INJURI	ES .				- 354-00-11 - 40-00-1
			S A CONSEQUENC					
z	and the second second							
CERTIFICATION	Sequentially list conditions, If any, issding to immediate	DUE TO (OR A	S A CONSEQUENCE	E OF):				
3	cause. Enter UNDERLYING							
Ĕ	CAUSE (Disease or Injury that Initiated events	DUE TO (OR A	S A CONSEQUENC	OF):				
F	resulting in desth) LAST							
빙	a.							
A	PART II. Other significant conditions	contributing to deat	h but not resulti	ng in the unde	eriying ceuse givsn in			24b. WERE AUTOPSY FINDINGS
일						PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
<u>u</u>						1 NYES	Z NO	OF DEATH?
- 1			-					1 TES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL							
를 I		HOSPITAL:		OTHER:	26. PLACE OF DEATH (CA	neck only one)		
PHYSICIAN: MEDICAL	XXYES 2 NO				g Home 5 🗆 Rasidenca	8 Other (Specify)		
Z7. MANNER OF DEATH 288. DATE OF INJURY (Morth, Day, Year) 1 Netural 5 Pending 280. DATE OF INJURY (Morth, Day, Year) 280. TIME OF WORK? 280. INJURY AT WORK? 280. DESCRIBE HOW INJURY OCC						NJURY OCCUR	ED TMPACT	
2 Accident Investigation 10 19 1991/:18 A 1 YES X NO D					DRIVER 1	N AUT	O/AUTOCT	
	3 Suicide 6 Could not be	28e. PLACE OF INJU building, etc. (S	JRY — At home, far Specify)	m, street, factory	y, offica	26f. LOCATION (Street City or Town, State	and Number or I	Rural Route Number,
Ë١	4 Homicide determined			GHWAY			IARYS	
COMPLETED	29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To this best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.							
Ž I								nuse(s) and mannar as atated.
				onon, in my opii			a due to the ce	iuse(s) and mannar as atated.
B	296. SIGNATURE AND TITLE OF CERTIFIER	40			29c. LICENSE NUI	MBER	29d. DATE SI	GNED (Month, Day, Year)
0	Monald & Whight 1				OCME	Ξ	10	20 1991
-	30. NAME AND ADDRESS OF PERSON WHO		DEATH (ITEM 27)	ype, Print)				
- 11	DONALD G. WRIGHT MD	DCME	111 DE	IN CTD	FFT BATT	TTMODE MA	DAT AND	D 21201

PENN STREET

BALTIMORE, MARYLAND

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32. REGISTRAR'S SIGNATURE

GUNA HUMBON-NUMBER

GENERAL DELINERS OF THE PROPERTY OF THE PROPERT

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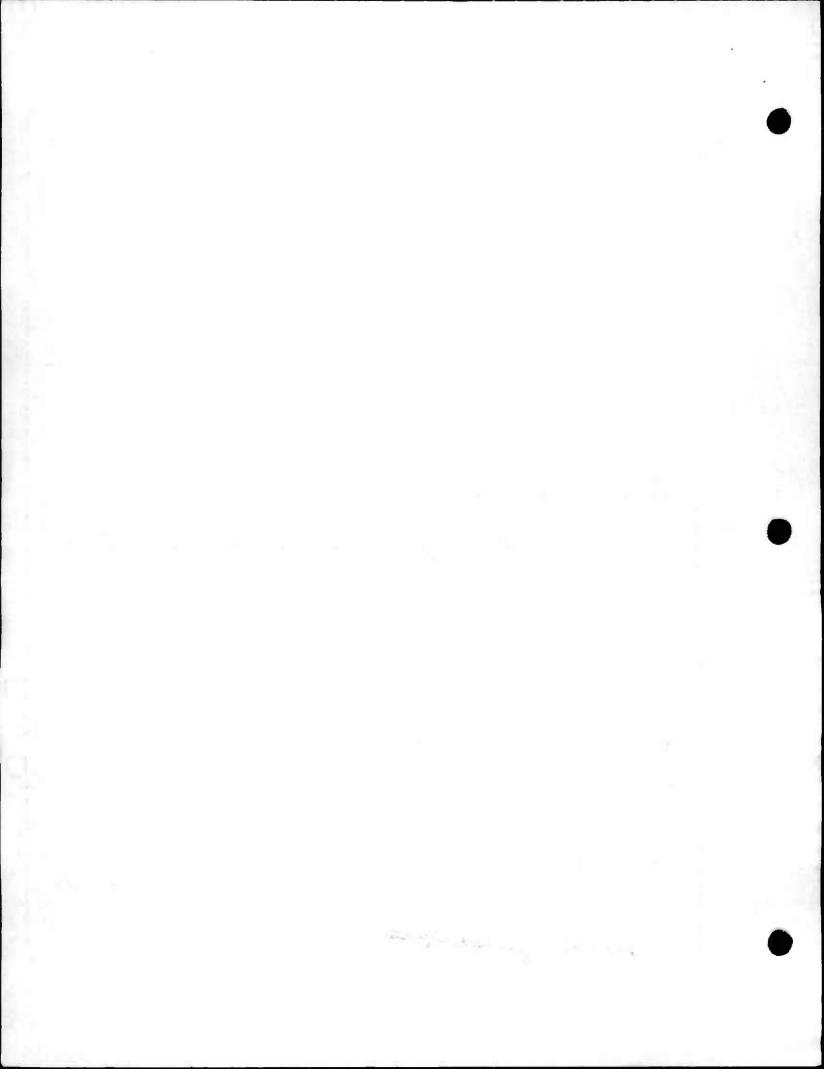
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	Pages 1	
D THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	INFERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be detach with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal.	section of the market of the Color of the Color of the Color of the Color of the Color of the Color of the Color
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MI	ENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

1	FOR STATE REGISTRAR	STATE OF MARY	CERTIFIC			MENTAL HYGIE					
1	DECEDENT'S NAME (First, Middle, Last) SAMUEL	AARON	HOLTON			2. DATE OF DEATH	1 9, 199	3. TIME OF DEATH 8:38 A M			
1	4. SOCIAL SECURITY NUMBER 215-94-3440 Sa. FACILITY NAME (If not institution, give	1 XM 2 F	16 YRS.	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. DR LOCATION OF DE	7. CATE OF BIRTH (Month, Day, Year) SEPT. 7,	8. BIRTHPLACE (State or Foreign Country) 1975 MARYLAND 9c. COUNTY OF DEATH				
TOH	ST. MARY'S HOSPI	TAL		LEONAR	DTOWN		ST.M	ARY'S			
DIRECTOR	10a. STATE 10b. COUNT	MARY'S		TOWN OR LOCA ARLOTTI			10d. INSIDE CITY LIMITS? 1 □ YES 2 ☑ NO				
RAL	106. STREET AND NUMBER P.O. BOX 53 101. ZIP CODE 20622							OF WHAT COUNTRY?			
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	ES 2 NO	D 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify)							
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 10'TH GRADE		16a. DECEDENT'S US (Give kind of wo life. Do NOT use STUDE	rk done during me retired.)	DN st of working		USINESS/INDUST	RY			
BE CON	17. FATHER'S NAME (First, Middle, Last) EDWARD LEVERN	HOLTON, S			BARBARA	ME (First, Middle, Maide ANN BRA	AXTON				
10	19a. INFORMANT'S NAME (Type/Print) BARBARA ANN HOLTY	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) BARBARA ANN HOLTON 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) P.O. BOX 53, CHARLOTTE HALL, MARYLAND 20622									
	20a. METHOD OF DISPOSITION Dispriel 2 Cremation 3 Removal from State of cemetary, crematory or other place) CHARLES MEMORIAL GARDENS DATE 20c. LOCATION - City or Town, State CHARLES MEMORIAL GARDENS LEONARDTOWN, MARYLAND										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MATTINGLEY—GARDINER FUNERAL HOME, P.A. P.O. BOX 270 LEONARDTOWN MARYLAND 20650										
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiretory arrest, shock, or heart failure. List only one cause on sech line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL CE	PART ii. Other aignificant condition	ns contributing to deat	h but not resulting in	tha underiyir	g cause given in		AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (Ch	eck only one)					
IXSI	1 YES 2 NO 27. MANNER OF DEATH	1 - Inpatient 2 - ER/C	Outpatient 3 DOA			6 Other (Specify)					
	1 Natural 5 Pending	28a. DATE OF INJUI (Month, Day, Yea		RY	JURY AT DRK? YES 2 NO	28d. OEŞCRIBE HOV	V INJURY OCCUR	EO			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26a PLACE OF IN.II	URY — At home, farm, str Specify)	reet, factory, offi	ce .	26f. LOCATION (Stre City or Town, Sta	et and Number or ite)	Rural Route Number,			
COMPLETED	CONTROL OF THE STATE OF THE STA	SICIAN: To the best of my k						ause(a) and manner as stated.			
BE C	296. SIGNATURE AND TITLE OF CERTIFI	ER /			29c. LICENSE NU	MBER	29d. OATE S	IGNED (Month, Day, Year)			
TO B	my			D142	85	10	-21-91				
	30. NAME AND ADDRESS OF PERSON W WILLIAM D. BOYD 31. DATE FILED (Month, Day, Year)				MARYLAND	20650					
	00172,41	Chilia Davi	grav-Maria								



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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or ath	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use be filled within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial cremation or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	91-6285-510 FOR	STATE OF MAR	VI AND / DEDA	DTMENT	T OF 1	IFALTU AND	MENTA	LINGER	-	1 3	0365
	1 - STATE REGISTRAR	OIAIL OI WAN	CERTI	ICATE	E OF	DEATH	MENIA	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)	Jason R	obert-Eli	Hah	ın	-	2. DATE	OF DEATH	AY	YEAR 3.	TIME OF DEATH
	Jason	R.E.			ahm		10	24			5:22 P
	4. SOCIAL SECURITY NUMBER 220-82-8808	1 🔀 M 2 🗆 F	GE (In yrs. last birthday, 17 YRS.	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mon Aug	OF BIRTH	974	a. BIRTHPL	ACE (State or Foreign ana
~	9a. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY	, TOWN O	OR LOCATION OF D	EATH		9c. COUN	ITY OF DEAT	(H
DIRECTOR		Shock Trauma Center Baltimore City RESIDENCE OF DECEDENTY 100. STATE 100. STATE 100. STATE							<u> </u>		
	Maryland Har	rford	ord Bel Air							INSIDE CITY LIMITS? YES 2 NO	
FUNERAL	1316 S. Tollgate	Road				ZIP CODE 1014			10g. CITIZ		AT COUNTRY?
B	11. MARITAL STATUS 1. Naver Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YOUR SERVICE YES, GIVE WAR OF	ES 2 XNO		If yes, spe	ENDENT OF HISPA ecity Cuben, Maxic 2 NO Speci	an, Puerto	N? (Specify Yar Rican, etc.)	or No—	14. RACE	American Indian, /hita, atc.
6	15. DECEDENT'S EDUC (Specify only highest grade	CATION COMPleted	16a. DECEDENT	S USUAL O	CCUPATIO	DN	168	. KIND OF BU	SINESS/IND		LE
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Give kind al life. Do NOT Stud		aunng mos	st of working		High	Scho	ol	
E COA	17. FATHER'S NAME (First, Middle, Lest) Robert Loring	Hahn				18. MOTHER'S NA			Surname) Reedv	,	
TO B	19a. INFORMANT'S NAME (Type/Print) Linda L. Evans 19b. MAILING ADDRESS (Street and Number or Rural Route Number. City or Town, Stein, Zip Code) 1316 S. Tollgate Road, Bel Air, Md. 21014										
	20s. METHOD OF DISPOSITION 1X Burlat 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) BET AIT Memorial Gardens 10-28-91 Bel Air, Md.										
	21. SIGNATURE OF FUNERAL SERVICE LIC		per All			D ADDRESS OF FA		28-91		Bel A	ir, Md.
	Houserd KY	We Pour	00 111	Ho	ward	l K. McC Cokesbur	omas	III F	unera	l Hom	e, P.A.
	23. PART I. Enter the diseases, or c- shock, or heart fellure. L	omplications that cau	sed the deeth. Do	not enter	the mod	de of dying, auc	h es cen	diec or reapi	ratory erro	est,	Approximate
								Interval Between Onset and Death			
	rounding in death)	DUE TO (OR A	S A CONSEQUENCE O	W):							
ATION	Sequentially list conditions, If any, leading to immediate b. DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Dissess or injury that initiated eventa resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE (oF):							
Ü	-	l									
_	PART II. Other significent conditions	contributing to deet	h but not resulting	In the un	derlying	ceuse given in	Part I.	24s. WAS AN PERFOR	MED?	AWA	RE AUTOPSY FINDINGS ALLABLE PRIDE TO MPLETION OF CAUSE
PHYSICIAN: MEDICA								YES 2	∐ NO	OF	VES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL				26 Pt /	ACE OF DEATH (Ch	ack only or				
EXAMINER? 1 XYES 2 NO NO NO NO NO NO NO NO											
27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME DF INJURY AT WORK? 28d. DESCRIBE HOW						NJURY OCC	URED				
B	2 Accident Investigation			5P M	1 🗌 Y	X					le impact
ED	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (S	JRY — At home, term, Specify)	street, tacto	ory, office		City	ATION (Street a or Town, State)			
	29a. CERTIFIER	Lon str									e. 136
COMPLETED	(Check only one) 1 CERTIFYING PHYSIC EXAMINER	CIAN: To the best of my kn 3: On the basis of examine	nowledge, danth occur ation and/or investigati	ed at the ti on, in my o	me, data a pinion, de	and place, and due ath occured at the	to the cau	ee(s) and man and place, end	ner as atate d due to the	d. cause(s) an	d manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	0 00			-	29c. LICENSE NUI					nth, Day, Year)
									2.5	1991	

32. REGISTRAR'S SIGNATURE
Julia Drividson-Randalle

31. DATE FILED (Mooth, Day, Year)

Penn

9 -0

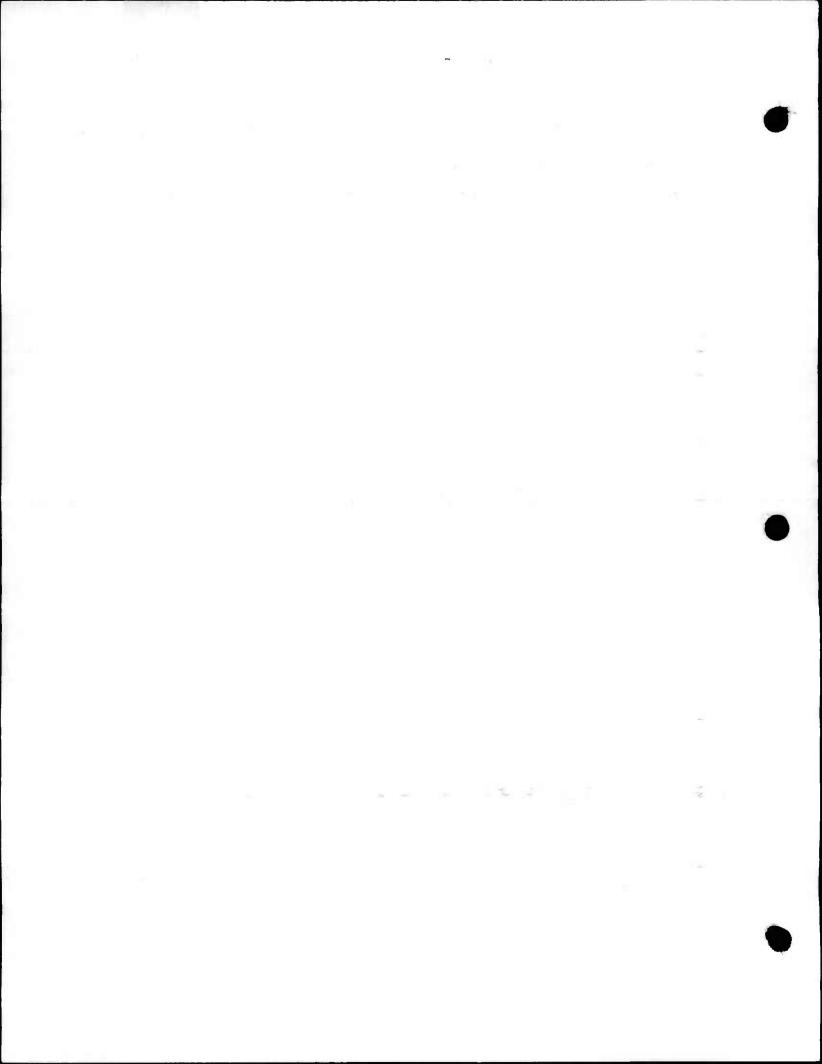
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

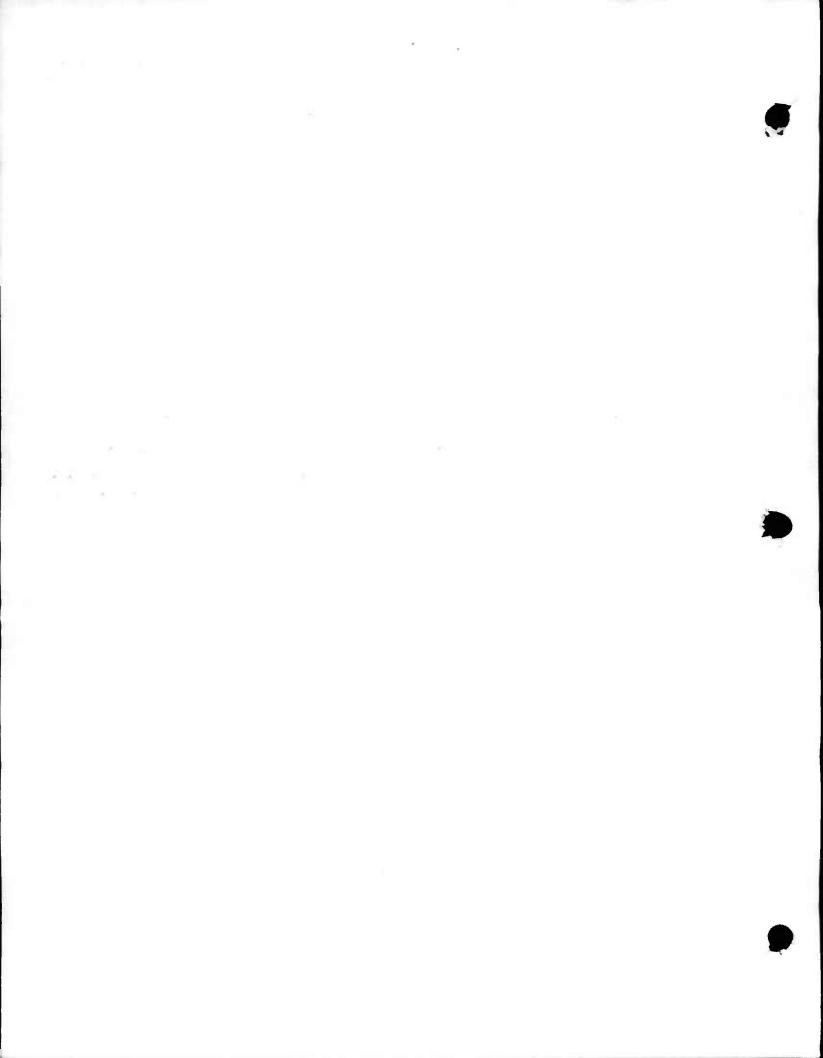
	1 - FOR STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH AND I	MENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)	0 4	11	,	2. DATE OF DEATH MONTH DA	Y 47	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In	yrs. lest birthday) IF UI	NOER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		HPLACE (State or Foreign	
	214-09-7125	1X1420F 86	6 YRS. MONT	HS DAYS HOURS MIN.	(Month, Day, Year) 6-09-6)5 Coun		
~	9a. FACILITY NAME (If not institution, give st	meet and number)	9b. (CITY, TOWN OR LOCATION OF DE		9c. COUNTY OF	DEATH	
210	RESIDENCE OF DECEDENT	general Ho	Spurs	tallela	7	Hue	fora	
IRE	10a. STATE 10b. COUNTY		100	VN OR LOCATION			10d. INSIDE CITY LIMITS?	
1	IVARYLAND HAR	FORD	L DARL	INGTON 101. ZIP CODE		10g. CITIZEN OF	1 TYES 2XXNO WHAT COUNTRY?	
FUNERAL DÍRECTOR	3613 DUBLIN ROA	A D		21034		UNITED	STATES	
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Maxica	n, Puerto Rican, atc.)	Blac	E — American Indian, ck, White, etc.	
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	res	1 TES 2 🐧 NO Specify	y: 	W H	olly: HITE	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	18a. DECEDENT'S USUA (Give kind of work d life. Do NOT use retin	one during most of working	18b. KIND OF BUS	INESS/INDUSTRY		
PE	Elementary/Secondary (0-12)	College (1-4 or 5+)	SUPERV	*	HARDWOO	D FLOO	RING	
CO	17. FATHER'S NAME (First, Middle, Last)			137.7	ME (First, Middle, Maiden	Walter		
8	JOSEPH HENE 19a. INFORMANT'S NAME (Type/Print)	RY HEAD	19h. MAILING ADDI	RESS (Street and Number or Rural I	NELL BEAF			
임	HILDA P. HE	EAD		UBLIN ROAD			21034	
	20a. METHOD OF DISPOSITION 1 M Burial 2 Cremation 3 Remo	oval from State	other place)	(Name of cemetery, crematory or		CATION — City or 1		
	4 Donation 5 Other (Specify)		ARLINGTON	CEMETERY 22. NAME AND ADDRESS OF FA		RLINGTO	DN, MD	
	· Gellen F	? Loulis	les	HARKINS FUN	ERAL HOME	INC	DELTA, PA	
	23. PART I. Enter the diseases, or o	complications that coused	the deeth. Do not e				Approximats	
	IMMEDIATE CAUSE (Finel	List only one cause on ee	cn iina.				intarval Between Onset and Death	
	disease or condition resulting in death) s. Due TO (OR AS A CONSEQUENCE OF):							
z	Sozuantiellu liet sondtiene b.							
ATIO	Sequentisity list conditions, if any, isading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):					
SE!	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):					
CERTIFICATION	resulting in deeth) LAST	d			<u> </u>			
CALC	PART II. Other significant condition		it not reaulting in the	underlying ceuse given in	Part I. 24a. WAS AN PERFOR		b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO	
		Dementin			1 _ YES 2	THO	COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: MEDI					-		1 YES 2 NO	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	-	28. PLACE OF DEATH (Ch	eck only one)			
IXSI	1 YES 2 NO 27. MANNER QE DEATH	1 Diffipation 2 ER/Outpa		HER: Nursing Homa 5 Realdence 28c. INJURY AT	a Other (Specify) 28d. DESCRIBE HOW I	N HIEW COOLINES		
BY Pł	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WORK? M 1 YES 2 NO	280. DESCRIBE NOW I	NJOHY OCCURED		
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28s. PLACE OF INJURY - building, atc. (Specia	- At home, farm, street	, factory, offica	28f. LOCATION (Street City or Town, State)		Route Number,	
LETE	200 CEDTIEIED							
COMPLETED	(Check only			the time, data and place, and due my opinion, death occured at the			(a) and manner as stated.	
BE	29b. SIGNATURE AND TIBLE OF CERTIFIES	7 10		29c. LICENSE NUI	MBER 652	29d, DATE SIGNE	D (Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WH				T		1 -1	
	11 - 11 - /1 -		ATH (ITEM 27) (Type, Print	las CL Roll	G. MA	2101	1	
		O COMPLETED CAUSE OF DEA	10 BO4/	ton St Bel	an MD	2101	4	



TO BE COMPLETED BY FUNERAL DIRECTOR	
ERTIFICATION	
PHYSICIAN: MEDICAL (
TO BE COMPLETED BY PH	

TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within A A standard from the standard or attending physician and commission filed in the time transcription and standard the filed to be the fine or the filed to be the filed	to the roughly branchord, after this definition is definitely by the authority may be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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					91	30367
1 - STATE REGISTRAR		RTIFICATE C		MENTAL HYGIENI REG. NO.		
	Charles Edw	1by		10	15 QYEAR	10, D M
010 000 4	M 2 □ F 79	YRS. MONTHS DAT	YS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	12 S. BIR Cou Ma	ITHPLACE (State or Foreign Intry) Intyland
90. FACILITY NAME (If not institution, give street or Fallston Gene RESIDENCE OF DECEDENT		9b. CITY, TOV	Falls for		ec. COUNTY OF	1 ford
10b. COUNTY	ford	10c. CITY, TOWN OR LC Bel Ai				10d. INSIDE CITY LIMITS? 1 □ YES 2 ☒ NO
100. STREET AND NUMBER 2207 Calvary Road			101. ZIP CODE 21014		10g. CITIZEN OF	F WHAT COUNTRY?
1 Never Merried 2 Merried	WAS DECEDENT EVER IN U.S. ARI FORCES? 1 ☐ YES 2 🔯 N FYES, GIVE WAR OR DATES	IO If yes	DECENDENT OF HISPAN I, apecify Cuban, Mexical YES NO Specify	, Puerlo Ricen, atc.)	Bi	ACE — American Indien, ack, White, atc.
15. DECEDENT'S EDUCATION (Specify only highest grade complete the complete that the	(Gi life.	CEDENT'S USUAL OCCUP tive kind of work done during Do NOT use retired.)	g most of working	Auto F	arts S	
17. FATHER'S NAME (First, Middle, Last)	amby		18. MOTHER'S NAME Elean	ME (First, Middle, Maiden	Surname) Gross	
19a. INFORMANT'S NAME (Type/Print) Kenneth W. Hamby		o. MAILING ADDRESS (Str 204 Wheaton				
20e. METHOD OF DISPOSITION X Burlel 2 Cremetion 3 Removat t 4 Donation 6 Other (Specify)	rom State 20b. PLACE other pie	of DISPOSITION (Name of Zion Cemet	f cemetery, cremetory or CY		cation — city or el Air,	The state of the s
21. SIGNATURE OF FUNERAL SERVICE LICENSE	Mc Coma	How		omas III F		Home, P.A.
23. PART I. Enter the disease, pr comp shock, pr heert feliure. List to immediate cause (Finel disease pr condition resulting in death)	licatione that caused the de only one cause on each line Pulmana/ DUE TO (OR AS A CONSEC	eath. Do not antar tha	mode of dying, such			Approximata interval Between Onset end Death
Sequentially list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	11	DUENCE OF):	in fareti	scular	disea	Days. se years.
PART II. Other significant conditions con Carebral Va Metabolic	ntributing to death but not r scular A-	esulting in the under	tying cause given in	Part I. 24a. WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	OSPITAL:	OTHER:	8. PLACE OF DEATH (Ch			
27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF 28d	Home 5 Residence INJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURED	
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At ho building, etc. (Specify)	ome, term, street, factory,	office	261. LOCATION (Street a City or Town, State)		ral Route Number,
cont only	To the best of my knowledge, de the best of examination end/or					se(e) end manner se stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	jed me	Or. IK Ly	ch D 3 5	ABER		NED (Month, Day, Year)
30. NAME AND ADDRESS OF PIRSON WHO CO	MPLETED CAUSE OF DEATH OTH	M 27) (Type, Print) 5+ Bel	Air md	21014		
31. DATE FILED OCT 2 8 '91	32. REGISTRAR'S SIGNATURE Sulla Davidson	-Rando DO				

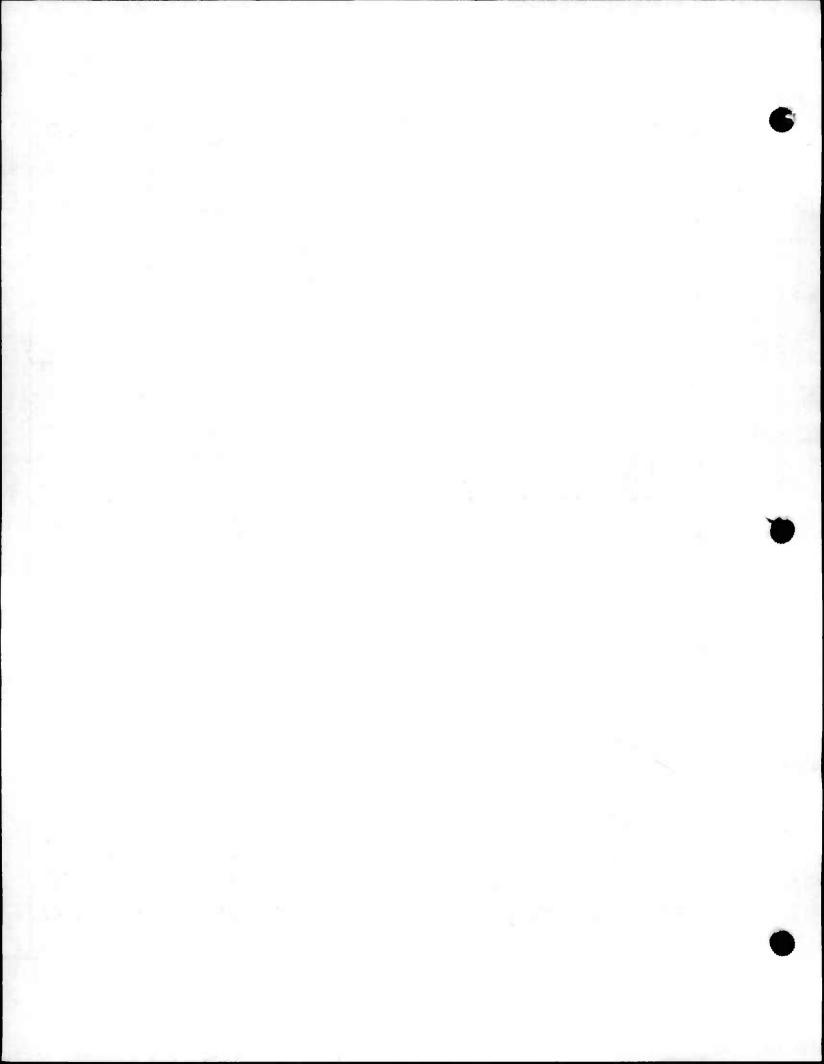


	1 - STATE REGISTRAR		STATE OF MAR				F DEATH	WENTAL	REG. NO.			
	1. DECEDENT'S NAME (First,	ra	h Le			ner		10	- 16	-19	9/	12 20 pm
		8258	1 M 2 F	AGE (In yrs. last		F UNDER 1 YEA		(Month	OF BIRTH , Day, Year) ーンフーバ		Country)	Md (State or Foreign
	Mexidian K	Leath 1		ous ica		Cen	reville	L M	12.	Duce	-	inne
DIMECTOR	10a. STATE	10b. COUNTY	1		ROC	K H	cation all, Mo	1				I. INSIDE CITY UMITS? YES 2 NO
FUNERAL	P.O. BOX	1115	SharpS	treet			101. ZIP CODE 2166/		1	0g. CITIZEN	OF WHAT	COUNTRY?
	11. MARITAL STATUS 1 Never Married 2	rried	12. WAS DECEDENT EN FORCES? 1	YES 2 ON DATES	MED O	If yes,	Specify Cuben, Maxi (ES 200 NO Specific	can, Puarto F	? (Specify Yea or ticen, etc.)	No- 14.	Black, Wi Specify:	American Indian, nite, atc.
ונ		EDENT'S EDUC highest grade		16a, DEC	EDENT'S US	BUAL OCCUPA It done during	NTION most of working	16b.	NO KINO OF BUSINI	ESS/INDUS	TRY	v rue
- INC.	Elementary/Secondary (0-		College (1-4 or 5+)	816.	DO NOT USE	House	wife					
BE COMPLET	17. FATHER'S NAME (First, Mi	Geor	ge W. (Collyer	•		18. MOTHER'S POST	illa	Andrews			
2	190. INFORMANT'S NAME (7) Darlene Jo		Daughter		ck Ha		et and Number or Run Md. 21661		ber, City or Town, S	State, Zip Co	de)	
	20a. METHOD OF DISPOSITI	n 3 🗆 Remo	JUNIAL oval from Stata	20b. PLACE			on (Name em. (10/)	8/91)		non – chy Hall		
	4 Donallon 5 Other	(Specify)		MCSIC)	-						
	21. SIGNATURE OF FUNERAL SALES OF THE SALES	SERVICE LIC	Fellows	Seused the des	sth. Do no	22. NAME Fell	OWS - Wel	lls Fu		Servi	ce	Md.
	21. SIGNATURE OF FUNERAL SALES OF THE SALES	SERVICE LIC	complications that ce List only one ceuse a. Concran	eused the des on each line.	sth. Do no	Fe11	ows - We]	ls Fu	meral S	Servi	ce	Md . Approximate Interval Between
RTIFICATION	21. SIGNATURE OF FUNERAL 23. PART I. Enter Me di shock, or he IMMEDIATE CAUSE (Fin disease or condition	seases, or ceart failure. I	DUE TO (OR	eused the des on each line.	SULLANDE OF):	Fe11	ows - We]	ls Fu	meral S	Servi	ce	Md . Approximate Interval Between
MEDICAL CE	21. SIGNATURE OF FUNERAL 23. PART I. Enter the dishock or he IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentielly list condition if sny, leading to immediate cause. Enter UNDERLYI CAUSE (Disease or injuit that initiated events	seases, or clear failure. It is is is in the sease sea	DUE TO (OR	eused the deson each line.	SULLANDE OF):	22. NAME Fell enter the	ows — Welmode of dying, so	.1s Fu	meral S	Gervi TOPSY ED?	24b. WE AMM	Md . Approximate Interval Between
CIAN: MEDICAL CERTIFICATION	23. PART I. Enter the di shock or he IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentielly list conditi if sny, leading to immediate. UNDERLIV CAUSE (Disease or injuit that initiated events resulting in death) LAS	seases, or coert failure. It is in the condition	DUE TO (OR d	eused the deson each line.	SULLAP JUENCE OF): JUENCE OF): JUENCE OF):	22. NAME Fell tenter the the underly	ows — Welmode of dying, so	.1s Fu	ineral Silec or raepirat	Gervi TOPSY ED?	24b. WE AMM	Md . Approximate Interval Between Onset and Deatl RE AUTOPSY FINDINGS IILABLE PRIOR TO MPLETION OF CAUSE DEATH?
CAL CE	23. PART I. Enter the dishock, or he IMMEDIATE CAUSE (Findisease or condition reaulting in death) Sequentielly list condition if sny, leading to immediate cause. Enter UNDERLY! CAUSE (Disease or Injuthat Initiated events resulting in deeth) LAST PART II. Other significations of the cause o	seases, or ceart failure. I del del del del del del del del del del	DUE TO (OR	eused the deson each lina. RAS A CONSEO	Sth. Do no	22. NAME Fell tenter that the underline the	ows - Wellmode of dying, so CE DULL) Ving ceuse given PLACE OF DEATH () Home 5 Residence INJURY AT WORK?	In Part I.	24e. WAS AN AU PERFORME 1 YES 2	Gervi. Tropsy ED?	24b. WE AMM COI OF	Md . Approximate Interval Between Onset and Death RE AUTOPSY FINDINGS IILABLE PRIOR TO MPLETION OF CAUSE DEATH?
ED BY PHYSICIAN: MEDICAL CE	23. PART I. Enter Me di shock, or he IMMEDIATE CAUSE (Fin disease or condition reaulting in daath) Sequentielly list conditii fi sny, leading to immediate. Cause (Disease or injuit that initiated events resulting in deeth) LAS: PART II. Other signification of the cause. Enter UNDERLYI CAUSE (Disease or injuit that initiated events resulting in deeth) LAS: 25. WAS CASE REFERRED TO EXAMINER? 1	seases, or coert failure. It is in the condition	DUE TO (OR d. HOSPITAL: 1 Inpellent 2 E8 28a, DATE OF INJ.	eused the deson each line. PAS A CONSEO R AS A CONSEO R AS A CONSEO R AS A CONSEO R/Outpatient 3 JURY Year)	BUENCE OF): UENCE OF): UENCE OF): UENCE OF): UENCE OF): UENCE OF):	22. NAME Fell tenter that the underline the	ows - Wellmode of dying, so CE DULL) Ving ceuse given Indian 5 Residence Nome 5 Residence Nome 7 No	In Part I. Check only or 28d, DE:	24e. WAS AN AU PERFORME 1 YES 2	TOPSY DO NO	24b. WE AMM COOP 1 [Md . Approximate interval Between Onset and Deat! RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
ED BY PHYSICIAN: MEDICAL CE	23. PART I. Enter the dishock, or he IMMEDIATE CAUSE (Findisease or condition reaulting in death) Sequentielly list condition reaulting in death) Sequentielly list condition reaulting in death) Sequentielly list condition reaulting in death) CAUSE (Disease or Injuthat Initiated events resulting in deeth) LAS: PART II. Other signification of the part of the pa	Seases, or ceart failure. I lead to the condition of the	DUE TO (OR DUE TO (OR	eused the deson each line. A AS A CONSEO R AS A C	UENCE OF): UENCE OF): UENCE OF): UENCE OF): UENCE OF): assulting in	22. NAME Fell tenter that the underline the underline THER: Nursing I OF W M 1 set, factory, of	OWS — We] mode of dying, so CC DUIL /Ing ceuse given PLACE OF DEATH (Home 5 Residence NJURY AT WORK? YES 2 NO iffice	In Part I. Check only or 28d. DE:	24e. WAS AN AU PERFORME 1 YES 2 ATION (Street and or Rown, State)	TTOPSY ED? NO Number or	24b. WE AMACOO OF 1 [Md . Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death? YES 2 NO
BY PHYSICIAN: MEDICAL CE	23. PART I. Enter the dishock, or he IMMEDIATE CAUSE (Findisease or condition reaulting in death) Sequentielly list condition reaulting in death) Sequentielly list condition reaulting in death) Sequentielly list condition reaulting in death) CAUSE (Disease or Injuthat Initiated events resulting in deeth) LAS: PART II. Other signification of the part of the pa	seases, or ceart failure. I delete had not condition of the condition of t	DUE TO (OR DUE TO (OR	eused the deson each line. A AS A CONSEO R AS A C	UENCE OF): UENCE OF): UENCE OF): UENCE OF): UENCE OF): assulting in	22. NAME Fell tenter that the underline the underline THER: Nursing I OF W M 1 set, factory, of	OWS — We] mode of dying, so CC DUIL /Ing ceuse given PLACE OF DEATH (Home 5 Residence NJURY AT WORK? YES 2 NO iffice	in Part I. Check only or 28d. Des	24e. WAS AN AU 24e. WAS AN AU PERFORME 1 YES 2 CRIBE HOW INJU ACTION (Street and or Rown, State) use(a) and manner a and place, and of	TTOPSY ED? I NO URY OCCUR	24b. WE AND COMPANY OF THE PROPERTY OF THE PRO	Md . Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death? YES 2 NO

BALTIMORE, MARYLAND 21215-0020	ars after death. Page 6 may be retained by the hospital or attending physicia In by the funeral director, page 5 should be detached for use as the burial-tr	removal. edical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 months after death. Page 6 may be retained by the chospital or attending physician TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-training page.	be filed within 72 hours after death with the State Uppt, or Health and wental hybers prior to buries, crematuri, or removal. IMPORTANT: If item 28 is marked, or item 23 shaws any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

MMEDIATE CAUSE (Final disease or condition and interesting in death) Manual Part		1 - FOR STATE REGISTRAR	STATE OF MARY		TMENT OF H		MENTAL HYGIENE REG. NO.					
THE MALE OF THE CONTROL OF THE CONTR	10	1. DECEDENT'S NAME (First, Middle, Last)	W.	J	TACK SO	N	MONTH DAY	YEAR 91	3. TIME OF DEATH			
UNION HOST Lal RESIDENCE OF DECEDENT NO COMPT NO	'N	215-14-6698	1 🗆 M 2 💢 F		MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 06-06-1898	St.	Augustine,MD			
The content of the	TOR	Union Hospital	test and numbery		7.6		EATH					
The composition of the composi	DIREC	10a. STATE 10b. COUNTY						T.N.	I HAITON			
The composition of the composi	IERAL				10							
Thomas Metcer The information for the first t	B	1 Never Married 2 Married	FORCES? 1 TYES	YES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.)					a a Mari			
Thomas Mercer The informative surface of surface and function of surface and f	PLETED	(Specify only highest grade Elementary/Secondery (0-12)	completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during mo se retired.)	ON st of working						
Harry Jackson 1.19 Bark St., Chesapeake City, MD 21915	SE COM	17. FATHER'S NAME (First, Middle, Last) Thomas Mercer				Phamie	ME (First, Middle, Meiden S White	Surneme)				
1		Harry Jackson		119	Bank St.	, Chesap	eake City,	MD 219				
Interval Between Conset and Dest Interval Between Conset Interval Between Conset Interval Between Conset Interval Between Conset Interval Between Conset Interval Between Conset Interval Between Conset Interval Between Conset Interval Between Conset Interval Between Conset Interval Between Conset Interval Between Conset Interval Between		1 N Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	CENSEE OMM	M00860	Manor Ce 22. NAME A Cong P.O.	metery 1 NO ADDRESS OF FA O Funera Box 259	0/24/91 Ch Clury 1 Home 3, Wilm., I	nesapeal DE 1980!	ke City, MD			
Sequentially list conditions, I way, leading to Immediate cause. Entar UNDEPIXING CAUSE (Disease or Injury that initiated events are suiting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 24e. WAS AN AUTOPSY PERFORMEDY COMPLETION OF CAUSE OF DEATH (Deack only one) 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and piace, and due to the cause(e) and menner as stated. 28e. DLACE OF INJURY AT WORK? 1 West and Deach of the cause of Death Number or Paral Poute Number. City or Ren's Stein) 28e. PLACE OF INJURY AT WORK? 1 West and Deach of Death Number or Paral Poute Number. City or Ren's Stein) 28e. PLACE OF INJURY AT WORK? 1 West and Deach of Death Number or Paral Poute Number. City or Ren's Stein) 28e. PLACE OF INJURY AT WORK? 28e. DLACE OF INJURY AT HOURY AT WORK? 1 West and Deach of Deach of Deach of Death of Deach of Death of Death of Deach of Death of Deach of Death of De		shock, or heart feilure. iMMEDIATE CAUSE (Final disease or condition	Liet only one cause on Randia	asch line.	pirato	-	th sa cardiec or reaping	etory arreat,	Approximate interval Between Onset and Death			
PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 24e. WAS AN AUTOPSY PRIORITY 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER, OF DEATH 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 27. MANNER, OF DEATH 28. PLACE OF INJURY (Month, Day, Near) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 29. Resulting the westigation of the westi	IIFICATION	If eny, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF):									
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	MEDICAL		d				Pert I. 24a. WAS AN / PERFORI	AUTOPSY 2 MED?	COMPLETION OF CAUSE OF DEATH?			
Suicide Suic	ICIAN:	EXAMINER?			OTHER:	and the second	74 - 14 W - 1					
3 Suicide 8 Could not be determined 200. PLACE OF INJUNY - All norms, terms, street, rectory, office 201. LOCATION (Street and Number of Pairal Houte Number, City or Town, State) 201. LOCATION (Street and Number of Pairal Houte Number, City or Town, State) 201. LOCATION (Street and Number of Pairal Houte Number, City or Town, State) 201. LOCATION (Street and Number of Pairal Houte Number, City or Town, State) 201. LOCATION (Street and Number of Pairal Houte Number, City or Town, State) 201. LOCATION (Street and Number of Pairal Houte Number, City or Town, State) 201. LOCATION (Street and Number of Pairal Houte Number, City or Town, State) 201. LOCATION (Street and Number of Pairal Houte Number, City or Town, State) 201. LOCATION (Street and Number of Pairal Houte Number, City or Town, State) 201. LOCATION (Street and Number of Pairal Houte Number, City or Town, State) 201. LOCATION (Street and Number of Pairal Houte Number, City or Town, State) 201. LOCATION (Street and Number of Pairal Houte Number, City or Town, State) 201. LOCATION (Street and Number of Pairal Houte Number, City or Town, State) 201. LOCATION (Street and Number of Pairal Houte Number, City or Town, State) 201. LOCATION (Street and Number of Pairal Houte Number, City or Town, State) 201. LOCATION (Street and Number of Pairal Houte Number, City or Town, State) 201. LOCATION (Street and Number of Pairal Houte Number, City or Town, State) 201. LOCATION (Street and Number of Pairal Houte Number, City or Town, State) 201. LOCATION (Street and Number of Pairal Houte Number, City or Town, State) 201. LOCATION (Street and Number of Pairal Houte Number, City or Town, State) 201. LOCATION (Street and Number of Pairal Houte Number, City or Town, State) 201. LOCATION (Street and Number of Pairal Houte Number, City or Town, State) 201. LOCATION (Street and Number of Pairal Houte Number, City or Town, State) 201. LOCATION (Street and Number of Pairal Houte Number, City or Town, State) 201. LOCATION (St		27. MANNER OF DEATH 1 Netural 6 Pending	26a. DATE OF INJURY	Y 28b. TR	ME OF 28c. IN	JURY AT ORK?		IJURY OCCURED				
29b. CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) end menner ee stated. (Check only One) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) end menner ee stated. 29b. SIGNATURE SND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27), (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REDISTRATE PROPERTY.		3 Suicide 8 Could not be	26e, PLACE OF INJU building, etc. (Sp	RY — Al home, farm, pecify)	street, factory, offi	20		nd Number or Run	al Route Number,			
296. SIGNATURE RND TITLE OF CERTIFIER 296. DATE SIGNED WHO COMPLETED CAUSE OF DEATH-(ITEM 27), (Type, Print) 296. DATE SIGNED WHO COMPLETED CAUSE OF DEATH-(ITEM 27), (Type, Print) 296. DATE SIGNED WHO COMPLETED CAUSE OF DEATH-(ITEM 27), (Type, Print) 297. DATE FILED (Month, Day, Yasr) 32. REDISTRATES SIGNED WHO COMPLETED CAUSE OF DEATH-(ITEM 27), (Type, Print)	COMPLI	(Check only 1 CERTIFTING PHYS							le(e) end menner ee stated.			
ERNESTO ADIANG MD. EIKTON Md 21921	BE	und	de The	DEATH TEN 27 CO	(U)	DO 4	MBER 1794	29d. DATE SIGN	ED (Month, Day, Yout)			
OCT 28 '91 Auto Street		ERNESTA 31. DATE FILED (Morth, Day, Year)	HDIAna	m.D		EIK	Ton	Md	21921			



Pages 1,

IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at

В

4 Nomicide

COMPLETED

BE

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												9	1 3	0370
	1 - STATE REGISTRAR		STATE OF I	MARYLANI	D / DEPAI CERTIF	RTMEN	T OF H	DEA	AND I	MENTA	L HYGIEN	E		
* 20070	1. DECEDENT'S NAME (First, Harvey	Lynn J	Tanney								of DEATH		159 9	3. TIME OF DEATH 2:48 P.M.
	4. SOCIAL SECURITY NUMBER 214-03-0818		5. SEX 1 [X] M 2 [] F	6. AGE (In yr:	s. lest birthdey) 7 YAS.	IF UNDER	DAY8	HOURS	MIN.	(Mon	OF BIRTH th, Day, Year)	.903	Country	PLACE (State or Foreign
DIRECTOR	9a. FACILITY NAME (H not ins kent and Q	ueen A	nnes Hos	spital		9b. CITY	Che	ster	ON OF DI	EATN		9c. COI	ent	ATH
THE STATE OF		10b. COUNTY			100 00	TY. TOWN	001004	100						E. Company
	Maryland	Kent				nned								10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER Route 213						101	2164						HAT COUNTRY?
В	11. MARITAL STATUS 1 Naver Married 2 X N 3 Widowed 4 Divorce	=14.5 71 4.	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	XNO		If yea, sp	ENDENT Cooling Cubic	n, Maxica	n, Puarto	N? (Specify Yes Rican, atc.)	or No	14. RACE Black, Specify	- American Indian, White, atc.
COMPLETED	15. DECE (Specify only Elementary/Secondary (0-1	DENT'S EDUC highest grade (2)	ATION completed) Coffege (1-4 or 5 -		Give kind of life. Do NOT u	work done ise retired.)	CCUPATIO during mo	ON st of worldi	ng	16	b. KIND OF BUS			
×	17. FATHER'S NAME (First, Mid				Farme	:L					Agricu		е	
00	Edgar Janne								HER'S NA la T		Middle, Malden	Surname)		
BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)													
5	Betty L. Jackson 364 Beech Drive Lewes, DE 19958													
	20a. METNOD OF DISPOSITION 1 % Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of Cemetery, Cremation, State Cherry Hill Meth. Cemetery 1991 Cherry Hill, Maryland									m, Stata Marvland				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HICKS Home for Funerals, P.A. Bow and Stockton Streets Fikton MD 21921													
	23. PART I. Enter the dis- shock, pr had IMMEDIATE CAUSE (Fina diseasa pr condition resulting in dasth)	irt ranure. L	ist only one cau	se on each	iina.	not antar	tha mo	da of dyi	ing, suci	h ss car	diec or respi	ratory ar	rest,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or Injury that initiated events resulting in death) LAST	ata G		(OR AS A CON										
PHYSICIAN: MEDICAL (PART II. Other significant	ua.	p Fr			in tha un	derlying	Cause ç	given in	Part I.	24a, WAS AN PERFOR 1 YES 2	MED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
×	25. WAS CASE REFERRED TO	MEDICAL					26, PL	ACE OF D	EATN (Che	ck only o	ne)			
SIC	EXAMINER?		HOSPITAL:	ER/Outpatien	3 DOA	OTHER	₹:				or (Specify)			
PHY	27. MANNER OF DEATH		28a. DATE OF (Month, De	INJURY	26b. TIM	_	28c. INJ	JRY AT	-idence		SCRIBE NOW IN	JURY OC	CURED	

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) OTHER: 1 TYES 2 NO patient 2 - ER/Outpatient 3 - DOA 5 - Rasidence 8 - Other (Specify) 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 5 Pending 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — building, etc. (Specify) 3 Suicida At home, term, street, fectory, office 6 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis occured at the time, data and place, and due to the cause(s) and manner as stated.

296. SIGNATURE AND TITLE OF CERTIFIER PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

29c. LICENSE NUMBER D3504

Chestertown, MD

29d. DATE SIGNED (Mopth, Day, Year) 10 190 21

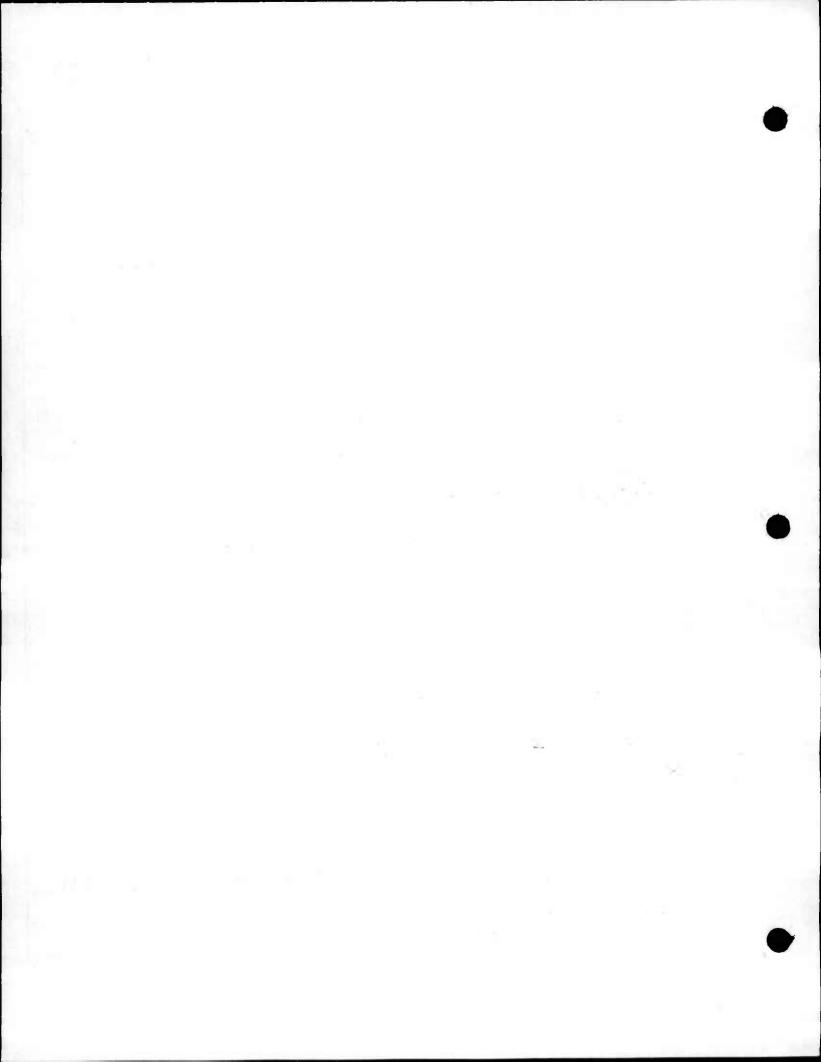
21620

Ciganek, Building M.D. Medical 31. DATE FILED (Month, Day,

> 24 '91

32. REGISTRAR'S SIGNATURE

Lika Savidson-Randale.



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND	/ DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENI
	ERTIFICATE	OF DEA	TH		REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL	HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH DAY	YEAR	3. TIME OF DEATN		
	RUTH MURI					Oct	. 20,]	1991	4:15 p m		
	4. SOCIAL SECURITY NUMBER		- 404	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		OF BIRTN	Cou	TTNPLACE (State or Foreign untry)		
	212-03-3786		/6 YRS.				7/1915		aryland		
HD	98. FACILITY NAME (# not institution, give st Fallston Gene RESIDENCE OF DECEDENT				allston		9c.	Har	ford		
ECTO	10a, STATE 10b, COUNTY	,	10c. CITY, TO	OWN OR LOCAT	ION			10d. INSIDE CITY			
FUNERAL DI	Maryland	Harford		Ja	arretts	vil:	le		LIMITS?		
4	10e. STREET AND NUMBER		•	101.	ZIP CODE		100	. CITIZEN O	F WHAT COUNTRY?		
린	2116 Schust	er Road			2108	34		U.	S.A.		
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 YES	N U.S. ARMED		ENDENT OF NISPAP polity Cuban, Mexica		? (Specify Yes or N	o- 14. R/	ACE — American Indian, ack, White, atc.		
B	3 Widowed 4 Divorced	IF YES, OIVE WAR OR D	ATES		2 NO Specif				ecty: aucasian		
	15. DECEDENT'S EDUC		16a, DECEDENT'S USU	JAL OCCUPATIO	IN .	18b.	. KIND OF BUSINES				
COMPLETED	(Specify only highest grade Elamentary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of work life. Do NOT use re-	done during mos tired.)	st of working						
7	12		Court	Clerk			Harfor	d Co	untv		
5	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, I	Middle, Maiden Surna				
פבר	Charles	V. Muri	ray		Nac	mi	Dur	rgin	90		
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	nd Number or Rural	Route Num	ber, City or Town, Sta	nte, Zip Code)			
	John K. Jimmye	r	sai	ne as	#10						
	20 METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem	ovel from State	o. PLACE OF DISPOSITION other place)			0/0	20c. LOCATIO				
	4 Donation 5 Other (Specify)		arkwood (D ADDRESS OF FA		4 Balti	more	. Maryland		
	21. SIONATURE OF FUNERAL SERVICE, LIC	LINE IN M	_		ctz Fun		Home				
	11. Hackle	in Nury I	Jarrettsville								
	23. PART I. Enter the diseases, or canock, or heart feliure.	complications that cause List only one cause on e					Approximate interval Between				
- 1	IMMEDIATE CAUSE (Final	List Girly Girls Cargos Girls	0			Onaet and Death					
	disease or condition reaulting in death)	e. Con	les pol	wence	my an	re	4				
		DUE TO (OR AS	A CONSEQUENCE OF:	0	- /						
	Sequentially list conditions,	b. Chronic	CONSEQUENCE OF:	che	2 p-12	vuc.	y di	5 CB. L	-6		
	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (ON AS I	CONSECUENCE OF):								
CERTIFICATION	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):								
2	reaulting in death) LAST	4									
	DATE II Other should need an eliter	v									
SAL	PART II. Other significant condition	71 /			g cause given in	Part I.	24a. WAS AN AUTO PERFORMED		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDI	1001	TIPLE M	yelon	-		—	1 - YES 27	NO	OF DEATH?		
	wron	very an	tery	chse	a se	— 1		- 1	1 TES 2 NO		
Z Z	25. WAS CASE REFERRED TO MEDICAL	entens 10	5	00.01	AGE OF DEATH (O)		>				
PHYSICIAN:	EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (C)						
2	27. MANNER OF BEATH	1 Inpatient 2 ER/Out 28s. DATE OF INJURY	28b. TIME O		e 5 Residence		or (Specify) SCRIBE HOW INJUR	Y OCCUBED			
	1 Natural 5 Pending	(Month, Day, Year)	INJUR	/ Wo	RK?		, , , , , , , , , , , , , , , , , , , ,				
BY	2 Accident Investigation 3 Suicide & Could not be	26e. PLACE OF INJUR	Y — At home, farm, stree			281. LOC	ATION (Street and A	lumber or Ru	ral Route Number,		
	4 Homicide 6 Could not be	building, etc. (Spe	iclfy)			City	or Town, State)				
4	29a. CERTIFIER	ICIAN: To the best of my know	uladas denth assumed a	d the time date	and place, and du-	to the en	(a) and manage	on edebard			
COMPLETED	(Orlook orly)	R: On the basis of examination							se(s) and manner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NU				NED (Month, Day, Year)		
H	7 mil.	famo	en n	2->	O Z	17	77	1 ()	12 V/C		
2	30. NAME AND ADDRESS OF PERSON WH	IO COMPLETED CAUSE OF DI	EATH (ITEM 27) (Type. Pri	int)			,	70	107171		
	ET	mo the	Souce	رن ج	18	M.			k Road		
	31. DATE FILED (Month, Pay, Year)	32. REGISTRAR'S SIGI	NATURE	. 7	,		Tart	hervi	11e, Md 210		
- 4	חיים לות	1 1.0.	Marile & Brend	A 002							

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN		ENT OF HEALTH AND I	MENTAL HYGIEN REG. NO.	E							
	1. DECEDENT'S NAME (First, Middle, Last)	1)			2. DATE OF DEATH	YE YE	3. TIME OF DEATH						
ŀ	JAMES N.		AKOWS	170	10 20	9 4 = 6	5:36 P. M						
\		5. SEX 6. AGE (In y	rs. lest birthday) IF U	NDER 1 YEAR IF UNDER 24 HRS. HS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year		RTHPLACE (State or Foreign						
	9e. FACILITY NAME (If not institution, give stre	4	3 3 3	CITY, TOWN OR LOCATION OF DE	8/25/	9c, COUNTY O	F DEATH						
DIRECTOR	HOWARD COUNTESIDENCE OF DECEDENT		25P. (COLUMBIA		1.1	NARD						
Ä	10e. STATE 10b. COUNTY		10c. CITY, TO	VN OR LOCATION			10d. INSIDE CITY LIMITS?						
		WARD		HIGHLAN!	D	1	1 YES 2 NO						
FUNERAL	100. STREET AND NUMBER	1	0-	101. ZIP CODE	7		STATES						
NE I	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.	S. ARMED	13. WAS DECENDENT OF HISPAI	IC ORIGIN? (Specify Yes		ACE — American Indien, lieck, White, atc.						
BY FL	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 TYES 2 IF YES, GIVE WAR OR DATE		If yes, specify Cuben, Mexico 1 YES 2 A NO Specif			pecity: White						
ED E	15. DECEDENT'S EDUCA	ITION 10	a. DECEDENT'S USU/	AL OCCUPATION	18b. KIND OF BUS	I SINESS/INDUSTR	γ						
E	(Specify only highest grade or Elamentary/Secondery (0-12)	ompleted) Collage (1-4 or 5+)	(Give kind of work of life. Do NOT use reti	one during most of working ed.)									
AP.			Lands	caper	Lawn	care							
COMPLET	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Maiden								
BE	Roman Kolak	owski			ret Whit								
6	190. INFORMANT'S NAME (Type/Print) Mary Ellen K	olakowaki		RESS (Street and Number or Rural W Nugget Ct									
	20a. METHOD OF DISPOSITION			W Nugget Ct N (Name of cemetery, crematory or		CATION — City o	20777						
į	1 Seriel 2 Cremetion 3 Ramov	ral from Stata of	hor niscol	hn's Cemete		-	City, Md.						
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		22. NAME AND ADDRESS OF FA	CILITY								
	Slack Funeral Home Ellicott City Md.												
	231-PART I. Enter the diseases, or complications that ceueed the deeth. Do not enter the mode of dying, such as cerdiec or respiratory errest, Approximeta												
	ahock, or heart fallure. List only one cause on each line.												
	disease or condition resulting in death)	Sudden	Cordiae	Death			1 2 hours						
_		DUE TO (OR AS A CO	ONSCIOUENCE OF):	onyoputhy									
NO.	Sequentially list conditions, b.	DUE TO (OR AS A CO	ONSEQUENCE OF):	omyopathy									
CAT	If eny, leading to immediate cause. Enter UNDERLYING				•								
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CO	ONSEQUENCE OF):										
CERTIFICATION	resulting in deeth) LAST												
CAL C	PART ii. Other eignificent conditione	contributing to deeth but	not resulting in th	e underlying ceuse given in			24b. WERE AUTOPSY FINDINGS						
					PERFOI	,	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
Ä							1 - YES 2 5 NO						
PHYSICIAN: MEDI													
CIA		HOSPITAL:	ОТ	26. PLACE OF DEATH (C)	neck only one)								
ΙΧS	1 YES 2 NO	1 Inpatient 2 ER/Outpeti		Nursing Home 5 Residence	8 Other (Specify) 28d. DESCRIBE HOW	N III DV OCCUPE							
	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WORK? M 1 YES 2 NO	288. DESCRIBE HOW	INJUNY OCCURE	"						
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY — building, etc. (Specify)	28f. LOCATION (Street City or Town, State)		ıral Route Number,								
	4 Homicide determined)											
COMPLETED	29e. CERTIFIER (Check only	IAN: To the best of my knowled	ge, death occurred at	the time, date end plece, end du	to the ceuse(e) end me	nner ee stated.							
MO	one) —			my opinion, death occured at the			ise(e) and manner ae stated.						
E C	296. SIGNATURE AND TYTLE OF CERTIFIER	0		29c. LICENSE NU	MBER	29d. DATE SIG	NED (Month, Day, Year)						
00	D39075 10/20/91												
٩	30. NAME AND ADDRESS OF PERSON WHO		H (ITEM 27) (Type, Prin		1 1 1	,							
		MITH HIW	4/87 LOUN	TH GENERAL	404/1m	low	MEIA, MID						
	31. DATE FILED (Month, Day, Year)	32. REGISTHAR'S SIGNATION	URE			,							

8 8

FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 11 1

REGISTRAR		CERTIFIC	ATE C	F DEATH	REG. NO).	
1. DECEDENT'S NAME (First, Middle, Last)	BERTHA EL	IZABETH K	CENY(N	2. DATE OF DEATH		3. TIME OF DEATH
BERTHA	BERTHA EL	VAA		221	MONTH /O	AY 22 41	1 445 Au
100.011/11							7 7 7 7
4. SOCIAL SECURITY NUMBER 089-18-1501	The second second	, , , , , , , , , , , , , , , , , , , ,	NTHS DAY		7. DATE OF BIRTH (Month, Day, Year) 01-14-1	C	IRTHPLACE (State or Foreign punitry) EW York
9a. FACILITY NAME (If not institution, give si	-Δ.	1.1	CITY TOU	VN OR LOCATION OF DE		9c. COUNTY O	
The state of the s	Commission II I I I I I I I I I I I I I I I I I				AIH	400	
Howard County G	eneral Ho	spital	Co	lumbia		Howa	rd County
10a, STATE 10b, COUNTY	1	10c. CITY, T	OWN OR LO	CATION			10d, INSIDE CITY
Maryland Prin	ce George						1 YES 2 NO
10e, STREET AND NUMBER				101, ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
12005 Towanda I	ane			2071	5	US.	A
11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED		DECENDENT OF HISPAI		a or No- 14. 1	RACE — American Indian,
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	S 27 NO DATES		, specify Cuban, Maxica YES 2 X NO Specif			Black, White, atc. Specify: White
15, DECEDENT'S EDU (Specify only highest grade	CATION Completed	18s. DECEDENT'S US	UAL OCCUP	ATION	16b. KIND OF BU	ISINESS/INDUSTI	
Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	stired.)	I most or working			
10th	College (I-4 of 5 4)	Homemak	cer		Own I	Tome	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maide	Sumame)	
John Sulzer				Mary	Siebert		
19a, INFORMANT'S NAME (Type/Print)		195. MAILING AD	DRESS (Str	set and Number or Rural	Route Number, City or To	wn. State. Zip Cod	0)
Shirley A. Gi	ldersleev						land 20715
20a. METHOD OF DISPOSITION	2	ON DI ACE DE DISPOSITI	ON (Nemo o	f cometeny cremetory or	20c 1	OCATION - City	or Town State
1 ☑ Burial 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donetion 5 ☐ Other (Specify)	ovat from State	Stamford	Ceme	etery	10/26	Stamfo	rd, New Yor
21. SIGNATORE OF FUNERAL SERVICE LIC	CENSEL		22. NAM	E AND ADDRESS OF FA	CILITY	Funera	
61.0 11	10 1		1		Hall	runera.	I Home
Copyrilleller,	Henr	M00535	1 14	12 W. Mai	in St.,S	tamfor	d, NY 12167
23. ART I. Enter the diseases, or shock, or heart failure.		ed the deeth. Do not					
disease or condition resulting in death)	SEPSIS						2 WEEKS
1	DUE TO (OR AS	A CONSEQUENCE OF):					2 WEEKS
Sequentially list conditions,	b. ASPIRATIO	N PNEUM	ONIA				ZWEEKS
If eny, laeding to immediate		A CONSEQUENCE OF):					YEARS
CAUSE (Disease or injury	· DEMENTI	S A CONSEQUENCE OF):				_	Je vire 2
that initiated events							5MONTHS
resulting in deeth) LAST	d	RCINOMA	or cc	ZON			-11/0/0/11/3
PART ii. Other significent condition		-				N AUTOPSY	24b. WERE AUTOPSY FINDINGS
VULVAR CANCER	, CORONAR	Y ARTERY	DISEA	Ser	PERFO	PAMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
		F ATRIAL		/			1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:		THER:	6. PLACE OF DEATH (C)	heck only one)		
1 TYES 2 NO	1 Inpatient 2 ER/O			Home 5 🗆 Residence	a Cother (Specify)		
27. MANNER OF DEATH	28s. DATE OF INJUR			INJURY AT	28d. DEŞCRIBE HOW	INJURY OCCURE	ED
1 Natural 5 Pending Investigation	(Month, Day, Year	r) INJUR		WORK?			
2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJU building, etc. (S	IRY — At home, farm, atre	et, fectory,	office	28f. LOCATION (Stree City or Town, Stat	t and Number or R	tural Route Number,
4 Homicide detarmined	Saliding, etc. (5				Oily or Iowin, State		
(Oneck Only	ICIAN: To the best of my kn						use(a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIE	PA	-		29c. LICENSE NU	MBER	29d. DATE SIG	GNED (Month, Day, Year)
Stations, ws	la callel exec			1382	-96	> /(0-22-91
30. MAME AND ADDRESS OF PERSON WE JOSEPH F. GIBL				VAPOLIS I	20AD, ELI	LICOTT (17Y, MD 21042
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI	GNATURE				-	
UUI 2 3 9 I	Grana Vacy	Ison-Mindett					

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

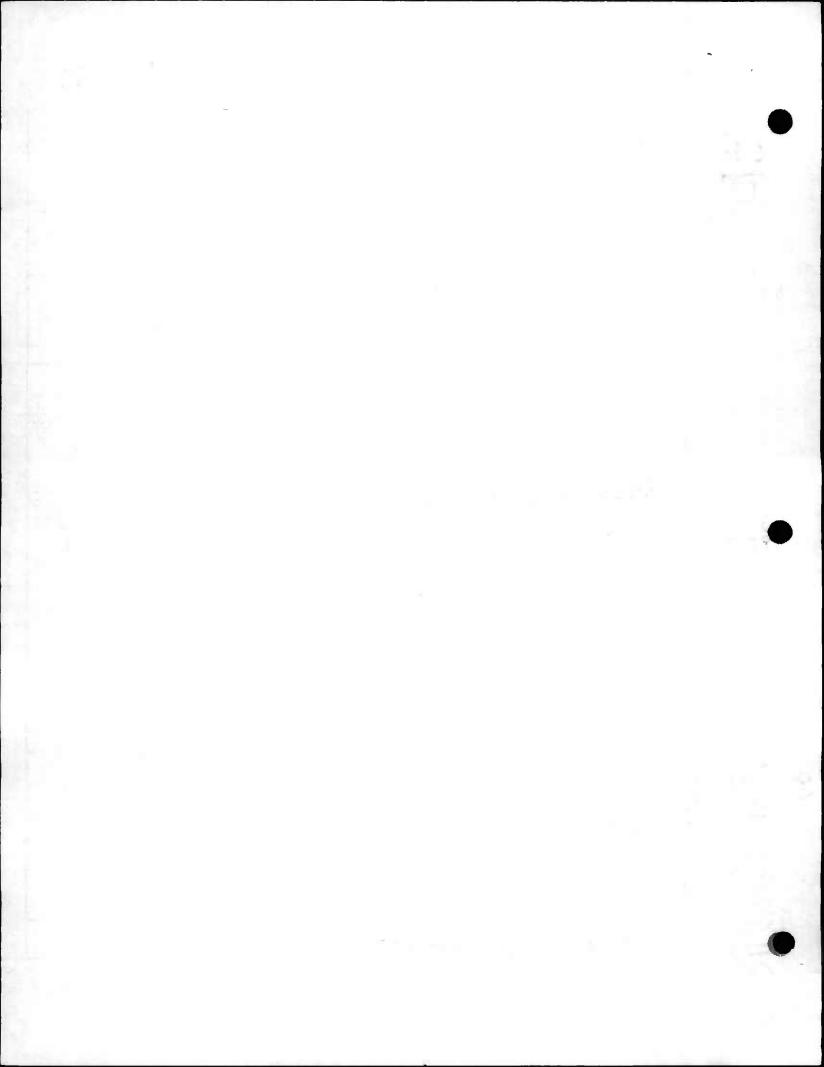
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21203-3146

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

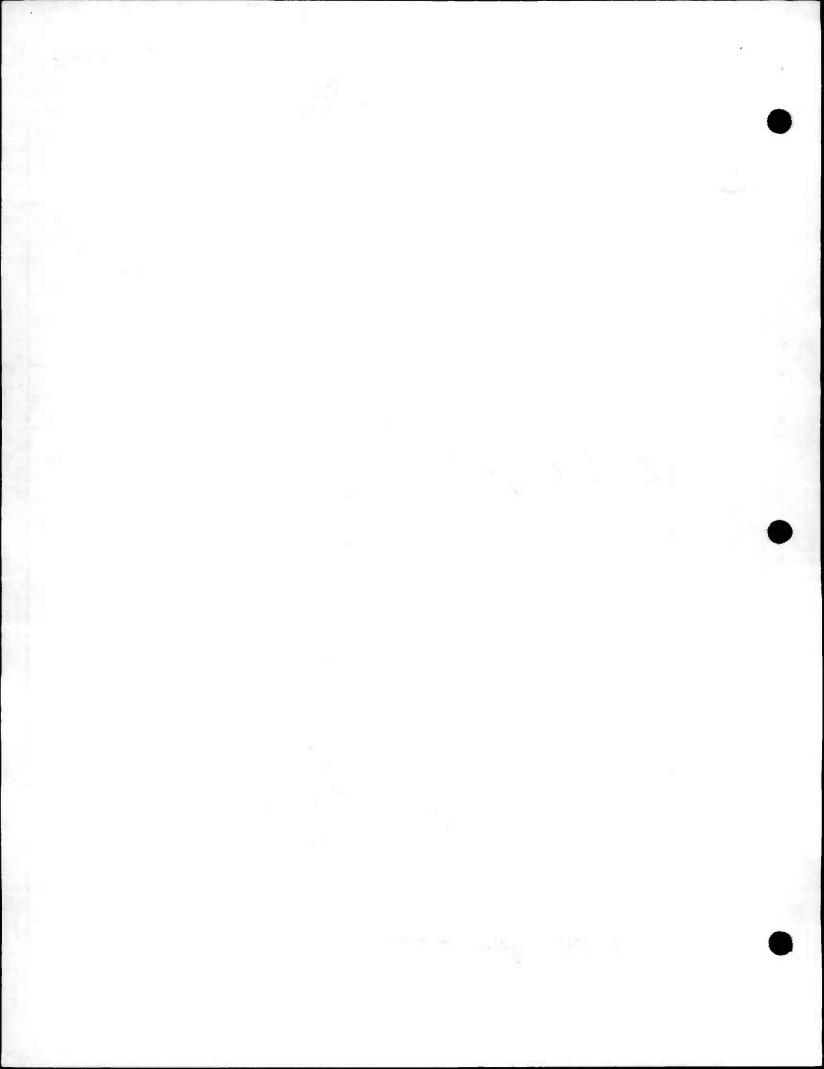
1 - STATE REGISTRAR		CERTIFIC	ATE OF	DEATH		REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last					2. DATE C		YEAR	3. TIME OF DEATH		
Henry	James	Ku	lesza		10	22	91	5:15 P M		
4. SOCIAL SECURITY NUMBER 187–26–3398	MONTHE DAYS HOURS MIN. (Month, Day, Year)					Count	HPLACE (State or Foreign hy) NSYLVANIA			
Lot 51 Bryans Road Mar Bryans Road Mar Residence of Decement	ad Traffer yland 20616	Park 1		ns Road	EATH		harles	DEATH		
10a, STATE 10b. COUN		10c. CITY,	ans Roa					10d. INSIDE CITY LIMITS? 1 YES 2 NO		
100. STREET AND NUMBER Lot 51 Bryans Ro	ad Trailer	Park	10	20616		1	U.S.A	WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	Never Married 2 Married FORCES? 1 YES 2 X NO				NIC ORIGIN? in, Puerto Ri y:	(Specify Yea or No can, atc.)	Spec	E — American Indian, ik, White, etc. ite		
15. DECEDENT'S ED (Specify only highest grad	UCATION de completed)	16a. DECEDENT'S US	SUAL OCCUPATION MICH done during me	ON ast of working	16b.	KIND OF BUSINESS	SINDUSTRY			
Elementary/Secondary (0-12)	College (1-4 or 5+)	Barten	rk done during mo retired.) der			Restaura	nt			
17. FATHER'S NAME (First, Middle, Last) Bronistou Harry	Kulesza					ode, Malden Surner breuski	ne)			
19a, INFORMANT'S NAME (Type/Print)				and Number or Rural						
Patricia Harrin	gton	Lot 51	Bryans	Road Tr			18	Road, Md.20		
20a. METHOD OF DISPOSITION 1\(\) Burial 2 Cremation 3 Ra 4 Donation 5 Other (Specify)	moval from Stata	20b. PLACE AND DATE Of competery, crematory of Chicamuxen	United	Methodi	st10/	20c. LOCATION 25 Chica	muxen			
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Williams Funeral Home, Inc. Rt. 225 & Glymont Road Indian H										
23. PART I. Enter the diseases, or complications that caused the veeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. Liet only one cause on each line. IMMEDIATE CAUSE Final disease or condition resulting in death) a. CARCINOMA DUE TO (OR AS A CONSEQUENCE OF):										
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO								24b, WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (C	heck only one	9)				
1 TYES 2 NO	1 - Inpatient 2 - E	R/Outpatient 3 DOA		ne 5 Rasidence	8 🗆 Other	(Specify)				
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF IN. (Month, Day,		RY W	JURY AT ORK? YES 2 NO	28d. DE\$	CRIBE HOW INJURY	OCCURED			
3 Suicide 8 Could not b	28e. PLACE OF II building, etc	NJURY — At home, farm, str (Specify)	reat, factory, offi		28f. LOCA City o	ATION (Street and Nu or Town, State)	ımber or Rural	Route Number,		
CONSTRUCTION OF THE STATE OF TH		knowledge, death occurred						(a) and manner as stated.		
296, SIGNATURE AND TITLE OF CERTIF	· Math	~		29c. LICENSE NU D-283	52	•	10-	10 (Month, Day, Year)		
30, NAME AND ADDRESS OF PERSON W	ur, M.D.		Prim Pemb Wald	rooke Sq orf, Mar	uare, yland	#213 HW 20603	Y 301	So.		
31, DATE FILED (Month, Day, Year) OCT 2 8 '91	32. REGISTRAR'S	SIGNATURE PONDS	22_							



B. JHAVERI, M.D.,

	1. DECEDENT'S NAME (First, Midd		VNO TO							MONTH		AY	YEAR	3. TIME OF 1	DEATH A
	JOSEPH HOW 4. SOCIAL SECURITY NUMBER	UARU	6. SEX	S ACE do	yrs. last birthday)	IF UNDER	1 4 VEAD	IF UNDER	04.1000	OCTO	BER 2	6, 19	91	3:15	A.
1			1-√2 M 2 □ F		VDS	MONTHS	DAYS	HOURS	MIN.	(Month	, Day, Year)		Count		or roreign
1	214-16-6088 A		41		86 '''	Dh. CITT	TOWN C	OR LOCATIO	ON OF D		26,	1905	MA]	RYLAND	
æ															
R L	835 MT. ZION CHURCH ROAD				M	CHAI	VICSV	Thh	<u> </u>		ST. MARY'S				
DIRECTO		Db. COUNTY			10c. CI	TY, TOWN	OR LOCAT	ION						10d. INSIDE	CITY
- 11-	MARYLAND ST. MARY'S			M	MECHANICSVILLE						1 TES 2				
FUNERAL	10e. STREET AND NUMBER					10t. ZIP CODE					10g. CITI	ZEN OF	WHAT COUNTE	177	
	835 MT. ZIO	N CH						206				U.S.A.			
	11. MARITAL STATUS 1 Never Married 2 Marr	ried	12. WAS DECEDEN FORCES? 1			13.				NIC ORIGIN In, Puarto F	? (Specify Yes lican, atc.)	a or No—	14. RAC Blac	E — American ck, White, atc.	Indian,
	3 Widowed 4 Divorced		IF YES, GIVE V	WAR OR DAT	TES		1 TYES	5 X NO	Specif	y:			Spec	WHIT	č
	15. DECEDEN			-	18a. DECEDENT'S	S USUAL O	CCUPATIO	ON		16b.	KIND OF BU	BUSINESS/INDUSTRY			_
	(Specify only high Elementary/Secondary (0-12)	hest grade	College (1-4 or 5	+)	(Give kind of life. Do NOT u	work done usa retired.)	during ma	st of workin	9						
릴	7			_	FARI	MER									
COMPLET	17. FATHER'S NAME (First, Middle,	, Last)						16. MOTH	IER'S NA	ME (First, A	liddle, Malden	Sumame)			
	UNKNOWN							UN	KNOV	JN.	1.7				
2	19a. INFORMANT'S NAME (Type/P				19b. MAJLIN	G ADDRES	S (Street a	nd Number	or Rural	Route Numb	er, City or Tow	vn, State, Zip	Code)		
	MRS. AGNES M	. KN	OTT		835 M	r. ZI	ON C	HURC	H RI)., M	ECHAN	ICSVI	LLE.	MD.	0659
	20s. METHOD OF DISPOSITION 1 ☐ Burlel 2 ☐ Cremation		oval from State	20b.	PLACE AND DATE Empetary, cremator ZION U	y or other	OSITION place)	(Name		DATE	200	OCATION —		31 335	
- 1	4 Donation 5 Other (%	Py	The second second	Det 1	ZION I	INITTE	אות חי	תחמחי	TOT	110/	24 1/13/	OTT A STT	00333	TTTT B	
	EDWARD N. B	RINS		IR. M	00052	22. BR P.	INSE	FIELD BOX 2	FUN 79,	CILITY VERAL LEON		, P.A WN, M	ARYI	LAND 20	
	EDWARD N. B	RINS	complications the List only one can	IR. Mo	00052 the death. Do	BR P.	INSE O. E	FIELD BOX 2 da of dyl	FUN 79,	CILITY VERAL LEON The as card	HOME ARDTOV	, P.A WN, M	ARYI	LAND 20	
	EDWARD N. B 23. PART I. Enter the disee ehock, or heert immediate Cause (Finsi disease or condition	BRINS eses, or ca failure.	s. COM DUE TO	IR. MC	the death. Do	P. not enter	INSE O. E	FIELD BOX 2 da of dyl	FUN 79,	CELITY NERAL LEON th as card	HOME ARDTOV	, P.A WN M	ARYI rest,	AND 20 Approx Interv Onset)650 ximate
MEDICAL CERTIFICATION	EDWARD N. B 23. PART I. Enter the disees ehock, or heert iMMEDIATE CAUSE (Finsi disease or condition resulting in deeth) Sequentielly list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	BRINS Bees, or of failure.	s. COM DUE TO DUE TO DUE TO	at ceused use on ear UCCO O (OR AS A	the death. Do ch line. CONSEQUENCE CONSEQ	P. Popi:	NAME AI AINSE O. E T the mo	ND ADDRESTIELD BOX 2 Idea of dyl	FUN 79, Ing. suc	CELITY VERAL LEON The as card	HOME ARDTOV	N ALITOPSY RIMED?	ARYI rest,	AND 20 Approx Interv Onset)650 ximate al Between and Desti and Desti sy Findings sy Findings and To OF CAUSE
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MEDICAL CERTIFICATION	EDWARD N. B 23. PART I. Enter the disease shock, or heart immediate cause (Final disease or condition resulting in deeth) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant cause.	BRINS pses, or or fallure.	s. COM DUE TO DUE TO DUE TO	at ceused use on each of the course of the c	the death. Do ch line. CONSEQUENCE CONSEQ	22. BR P. not enter	NAME AI INST	ND ADDRESS TIELD BOX 2 Ida of dyl	FUN 79, Ing. suc	VERAL LEON has card	HOME ARDTOV	N ALITOPSY RIMED?	ARYI rest,	AND 20 Approintary Onset)650 ximate al Between and Desti and Desti sy Findings sy Findings and To OF CAUSE
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PHYSICIAN: MEDICAL CERTIFICATION	EDWARD N. B 23. PART I. Enter the disees ehock, or heert iMMEDIATE CAUSE (Finsi disease or condition resulting in deeth) Sequentielly list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant cause. Was CASE REFERRED TO ME EXAMINER? 1 YES 2 PRO 27. MANNER OF DEATH Netural 5 Penc	BRINS Bees, or ci fallure.	B. DUE TO	at ceused use on early color as a loo of certain but the ceuter of certain but the ceuter of certain but the ceuter of ceuter	the death. Do ch line. CONSEQUENCE CONSEQ	22. BR P. not enter	NAME AI INST	DADDRESS TIELD BOX 2 Ida of dyl	FUN 79, Ing. suc	CILITY VERAL LEON The as card LUS Part I. Beck only on	HOME ARDTOV	N AUTOPSY	IARYI rest,	AND 20 Approintary Onset)650 ximate al Between and Dest sy Findings sy Findings and To of Cause
BI FRISICIAN: MEDICAL CENTIFICATION	EDWARD N. B 23. PART I. Enter the disees ehock, or heert iMMEDIATE CAUSE (Finsi disease or condition resulting in deeth) Sequentielly list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant cause. Examiner? 1 YES 2 PNO 27. MANNER OF DEATH 1 Netural 5 Penc invertigations of the conditions of the cause. Pencel Part Invertigation of the cause	BRINS USES, or of failure. See John State of the second s	DUE TO B. DUE TO B. DUE TO C. DUE TO C. DUE TO C. DUE TO DUE TO	at ceused use on ear of the ceuse on ear of the ceuse on ear of the ceuse on ear of the ceuse of	the death. Do ch line. CONSEQUENCE CONSEQ	22. BR P. not enter	NAME AI INST	DADDRESS TELD SOX 2 Ida of dyl	FUN 79, Ing. suc	Part I. 28d. DES	HOME ARDTON ILLER OF TRANSPORTED TO THE SECOND IN THE SECO	N AUTOPSY RIMED?	ARYI rest,	AND 20 Approintary Onset)650 ximate al Betwee and Dest sy Findings sy Findings and To OF Cause
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ED BY PHYSICIAN: MEDICAL CERTIFICATION	EDWARD N. B 23. PART I. Enter the disees ehock, or heert immediate CAUSE (Finsi disease or condition resulting in deeth) Sequentielly list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions in the condition of the examiners of the condition of the condit	RINS RESE, or ci failure. In the second sec	DUE TO B. DUE TO B. DUE TO C.	at ceused use on ear of the ceuse of the ceu	the death. Do ch line. CONSEQUENCE CONSEQ	22. BR P. not enter Por: 2 OF): 2 OF): 4 OTHE 4 Number of JURY M. street, factorized at the	NAME AI INST	g cause s	SS OF FAR FUN 79, Ing. suc	Part I. 281. LOC. City. To the case.	HOME ARDTOU Ilec or reap 24a. WAS AN PERFOI 1 YES: CRIBE HOW ATION (Street or Town, State)	N AUTOPSY PIMED? 2 NO AUTO	CURED or Rural	AND 2(Approintary Onset) No. WERE AUTOP AMILABLE P COMPLETION OF DEATH? 1 YES 2	sy Findings nor To OF CAUSE
COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	EDWARD N. B 23. PART I. Enter the disees ehock, or heert immediate CAUSE (Finsi disease or condition resulting in deeth) Sequentielly list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions in the condition of the examiners of the condition of the condit	REINS ses, or c failure.	DUE TO DUE TO	at ceused use on ear of the ceuse of the ceu	the death. Do ch line. CONSEQUENCE CONSEQ	22. BR P. not enter Por: 2 OF): 2 OF): 4 OTHE 4 Number of JURY M. street, factorized at the	NAME AI INST	g cause g	SS OF FAR FUN 79, Ing. suc	Part I. 28t. LOC. City.	HOME ARDTOU Ilec or reap 24a. WAS AN PERFOI 1 YES: CRIBE HOW ATION (Street or Town, State)	N AUTOPSY RIMED? 2 NO NINJURY OC and Number of the stand of the total standard of the standar	CURED or or Rural the Cause	AND 2(Approintary Onset) No. WERE AUTOP AMILABLE P COMPLETION OF DEATH? 1 YES 2	sy Findings No No No No No No No No No No No No No

THE SHANTI, LEONARDTOWN, MARYLAND 20650



		1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPA CERTIF	RTMENT OF HEALTH AND FICATE OF DEATH	MENTAL HYGIENE REG. NO.	
		1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH
	\	STEVEN 4. SOCIAL SECURITY NUMBER	MICHAEL	KEISTER	10 13 1	991 8:42 p M
(P		219-94-1114	5. SEX 6. AGE (in yrs. lest birthday) 1 1 N M 2 1 F 2 4 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8/13/1967	e. sirthplace (State or Foreign Country) Maryland
	B	Sa. FACILITY NAME (If not institution, give str		9b. CITY, TOWN OR LOCATION OF DI		DUNTY OF DEATH
5,	CTO	HIGHWAY ROUTE	#40 EAST	GRANTSVILLE	G.	ARRETT
permit. Pages	DIRECTOR		100.00	ty, town or location Stburg		10d. INSIDE CITY LIMITS? 1 YES 2 X NO
	FUNERAL	10e. STREET AND NUMBER		101. ZIP CODE		ITIZEN OF WHAT COUNTRY?
physician burial-transi	N	Rt. 2 Box 632:	Old Frostburg R		NIC ORIGIN? (Specify Yea or No	USA
	BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yea, specify Cuban, Maxica 1 TYES 2 X NO Specify	n, Puarto Rican, etc.)	14. RACE — American Indian, Black, Whita, etc. Specify: White
r attending use as the	TED	15. DECEDENT'S EDUC (Specify only highest grade of	completed) (Give kind of	B USUAL OCCUPATION work done during most of working	16b. KIND OF BUSINESS/I	
0 -	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	use retired.)		
the hospital detached fo once.	MO	17. FATHER'S NAME (First, Middle, Last)	Logge		ME (First, Middle, Maiden Surname	1
क दें	BE	Rae E. Keister			McKenzie	
e retained s 5 should notified	10	19a. INFORMANT'S NAME (Type/Print) Rae E. Keister		ADDRESS (Street and Number or Rural)		
leath. Page 6 may be funeral director, page xaminer must be		20a METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Ramo	201 01 100 110 0 1	OF DISPOSITION (Name of		Y I d II U Z 1 3 3 Z — City or Town, Stata
Page 6 al direct		4 Donation 5 Other (Specity) 21. SIGNATURE OF FUNERAL SERVICE LICE	St. Ann'	s Cemetery	10/16 Avilt	on, MD
B		D. Lynn	Heuman	22. NAME AND ADDRESS OF FA Newman Fur Grantsvill	neral Homes, e, MD 2153	
within 24 hours upletely filled in I cremation, or revent, the med		23. PART i. Enter the diseases, pr ct shock, or heert fellure. L iMMEDIATE CAUSE (Final disease pr condition resulting in deeth)	omplications that caused the death. Do list only one cause on each line. HEAD & NECK DUE TO (OR AS A CONSEQUENCE OF	INTURY	h as cerdiec or reepiretory e	Approximate intervel Between Onset and Deeth
te death certificate be executed the attending physician and com Mental Hygiene prior to bunal, ijury, or other traumatic et	CERTIFICATION	Sequentisity list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE O			
The death I by the atternal and Mental		PART ii. Other significant conditions	contributing to deeth but not resulting			
requires that the signed by the signed by the shows any in	: MEDICAL	Og Wood Control of	Commoding to deeth but fibt resulting	in the underlying cause given in	Part i. 24a. WAS AN AUTOPS! PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
he law e has t e Dept	PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Che	ack only one)	
cian: The strificate he state (YSIC		HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA	OTHER:	6 Nother (Specify) PUB	LIC ROADWAY
DING PHYSICIA After this certil death with the s marked, or	ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation		JURY WORK?	284. DESCRIBE HOW INJURY OF	CCURED
TTENDING PHYS TDR: After this of after death with 28 is marked,	- 16	3 Suicide 8 Could not be detarmined	28a. PLACE OF INJURY — At home, term, building, atc. (Specify) PUBL	atreet, factory, office	261. LOCATION (Street and Numb City or Town, State)	HWATY POUR TE #40
AL DR ATTEN L DIRECTOR: 2 hours after f item 28 h	COMPLETED			ed at the time, dete and place, and due		ER NEW GERMANY
HOSPITA UNERA VITHIN 7	SON		On the Basis of axamination and/or investigation	on, in my opinion, death occured at the	time, data and place, and dua to	the cause(a) and manner as stated.
TO THE HOSPITAL I TO THE FUNERAL E DE filed within 72 h IMPORTANT: If it	O BE	296/SIONATURE AND TITLE OF CERTIFIER	HOLA M	O.C.M		TE SIGNED (Month, Day, Year)
	2	MARIO TO GOLD	COMPLETED CAUSE OF DEATH (ITEM 27) (Type			
	10	31. DATE FILED (Month Day, Year) 1991		ENN STREET B.	ALTIMORE, MA	ARYLAND 21201
	′	001 1 / 1981	32 REGISTRAR'S SIGNATURE Gruha Davidson Rondolle			

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The invitation of the state of	s been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use		
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	3	pt, of Health and Mental Hygiene prior to burial, cremation, or removal.	
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Dr.

Michael

31. OATE FILEO (MOTORY, Year)

Bienefeld

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Medical

Bldg.

Chestertown.

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	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND /	DEPAR	RTMENT OF	HEALTH AND		GIENE S. NO.		
	1. DECEOENT'S NAME (First, Middle, Last)						2. DATE OF DE	ATH		3. TIME OF DEATH
	John Henry Link						Septem	ber 28,	1991	10:45A
		5. SEX	8. AGE (In yrs. lest	birtnday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BUT	TAL	6. BIRTHI	PLACE (State or Foreign
1		1 □XM 2 □ F	66	YRS.	MONTHS DAYS	HOURS MIN.	Jan.	23,192	5 Ma	aryland
1	9a. FACILITY NAME (If not institution, give stre					OR LOCATION OF D	EATH		ITY OF OE	ATH
ò	Kent & Queen Anne's Hospital Inc. Chestertown, MD Kent									
DIRECTOR	10a. STATE 10b. COUNTY			10c. CI1	Y, TOWN OR LOCA	TION				444 110/05 6/11/
DIB	Maryland Quee	n Anne	S		sterto					10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER					of, ZIP CODE		10c CITI		1 YES 2 NO
BY FUNERAL	Rt. 1 Box 277					21620				HAI COUNTRY?
S	11. MARITAL STATUS	12. WAS DECEOEN	T EVER IN U.S. ARI	MED	13. WAS OE	CENDENT OF HISPAI	NIC ORIGIN? (Spec		SA 14 BACE	- American Indian,
7	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1:	YES 2 N	0	If yes, a	pecify Cuban, Mexica S 2 NO Specif	an, Puarto Rican, a	Ic.)	Black, Specify	White, atc.
			WWII			X	,		Specify	White
H	15. DECEDENT'S EDUCA (Specify only highest grade of	TION Impleted)	(G/s	re kind of	USUAL OCCUPATE	ION ost of working	16b. KINO (OF BUSINESS/INO	USTRY	
Ä	41	College (1-4 or 5 +	,		se retired.)					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Pol	lice	Offic			w Enfo	rcen	nent
	John Link						ME (First, Middle, A			
H	19a. INFORMANT'S NAME (Type/Print)					XXXX	XEXXXXXXXXXX	axixw i	<u>}eul</u>	ah Houlse
6	Jeanette Link					and Number or Rural				4.0.0
	20a, METHOO OF DISPOSITION 1 Dispuriel 2 Cremetion 3 Ramovi		20h BI ACE AI	ND DATE	DOX Z	77, Che	Sterto	Wn, Md	. 21	1620
	1 Seurtal 2 Cremation 3 Ramov	al from Stata	cemetery, cren	natory or o	ther place) Cemet	0 237				
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE	o z din c	7011		ND ADDRESS OF FA	CILITY	rumpto	n MC	
	1 th. 1.	11			Fel1	ows Fun	eral H	ome		21651
_	23 PAPT I Enter the decease of the	uons			1370	W. Cypr	ess Mi	11inate	on,	Md.
	23. PART i. Entar tha diseasas, or con ahock, or haart failura. Lie	at only one caus	sa on each line.	ith. Do r	not antar tha mo	oda of dying, auc	h as cardiac or	reapiratory arre	eat,	Approximata Interval Between
	IMMEDIATE CAUSE (Final disease or condition		1	0	ı					Onsat and Daath
	resulting in death) a.	PESDI	OR AS A CONSECU	-ai	use					
7				I OENCE O	r): {	1	1	1.		
CERTIFICATION	Sequantially list conditions, if any, leading to immediate	End St	OR AS A CONSECU	UENCE OF	11 C 0 0 S	tructiv	e lung	desare	-	
S	cause. Entar UNDERLYING CAUSE (Disease or Injury						`	•		İ
E	that initiated events	DUE TO	OR AS A CONSECU	JENCE O	F):					
E	resulting in death) LAST									
	PART II. Other significant conditions	contributing to	death but not re	suiting i	in the underlyin	a course share la	Boot I as an			
PHYSICIAN: MEDICAL	Los pulmona	le		outing .	iii iiia oiideiiyiii	g cause givan in	PI	AS AN AUTOPSY ERFORMEO?	1	WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO
							1 🗆 Y	ES 2 NO		COMPLETION OF CAUSE OF DEATH?
<u></u>							- 1			YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL				26 P	LACE OF DEATH (Che	anh anti anni			
SIC	EXAMINER?	IOSPITAL:	ER/Outpetient 3	DOA	OTHER:					
Ξ	27. MANNER OF DEATH	28a. OATE OF	NJURY	26b. TIM	E OF 28c. IN.	IURY AT		OW INJURY OCCU	IRED	
BY F	1 Natural 5 Pending 2 Accident Investigation	(Month, Da	y, Year)	INJ	URY	YES 2 NO			,,,,,,	
	3 Suicide 6 Could not be	26e. PLACE OF	INJURY — At hom	e, Jarm, s	treat, lectory, offic	:4	28I, LOCATION (S	treet end Number o	or Rural Ro	ute Number.
2	4 Homicide determined	bullottig, a	нь (эрвску)				City or Town,	State)		
2	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	N: To the best of r	ny knowledge, dest	th occurre	d at the time. det-	and place, and due	to the cause(a) an	d manner en etc	4	
COMPLETED	one) 2 MEDICAL EXAMINER:	On the basis of axe	mination and/or in	veatigatio	n, in my opinion, o	leath occured at the	time, data and pla	ca, and due to the	cause(s)	and mannar as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER		^	54.072		29c. LICENSE NUM				
) BE		-11				033				Month, Day, Year) O - 9
٩	30. NAME AND ADDRESS OF PERSON WHO	OMPLETEO CAUSI	OF OEATH (ITEM	27) (Type,	Print)	000	- /	1	20	7

21620

Md.

Make of the state of the

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECT

LAMOON, MARY FOCOUSSIPO FREILICH, LINDA 91-30378

1850378 9

1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AND ATE OF DEATH	Tile State	GIENE G. NO.	01/04/25 [
1. DECEDENT'S NAME (First, Middle, Lest)	Lamoon	len Lamo	on	2. DATE OF DE MONTH	DAY Z6 9	3. TIME OF DEATH 2:20 PM
4. SOCIAL SECORITY NUMBER 218-14-3868	5. SEX 8. AGE	66 YRS. MOI	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIR (Month, Day.	775 i	BIRTHPLACE (State or Foreign Country) Maryland
PALSTON GENERAL RESIDENCE OF DECEDENT	all Hospita	1 2	COMITO AVE	Foulst	PAP /	OF DEATH PANFOID
10a. STATE 10b. COUNT Maryland	Harford		Oppa Oppa			10d. INSIDE CITY LIMITS? 1 YES 2 NO
1707 Philadelphia	a Road	·	101. ZIP CODE 21085			OF WHAT COUNTRY? JSA
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D		13. WAS DECENDENT OF HISP/ If yes, specify Cuban, Mexic 1 YES 2 X NO Spec	an, Puerto Rican,	etc.)	RACE — American Indian, Black, White, etc. Specify: Lite
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5 +)	16e. DECEDENT'S USU (Give kind of work life. Do NOT use re	UAL OCCUPATION clone during most of working stred.)	16b. KINO	OF BUSINESS/INOUS	TRY
9	Conege (14 til 3 ti)	Housev			Home	<u> </u>
17. FATHER'S NAME (First, Middle, Last) Gordon Leonard	d Lewis		18. MOTHER'S N ALICE	AME (First Middle,	Holden Sumame) FORO	
190. INFORMANT'S NAME (Type/Print) Benjamin H. Lamox	on, Sr.	196. MAILING AD 1707 P	noness (Street and Number or Aura hiladelphia Ro	ad, Jop	y or Town, State, Zip Co pa, Md. 21	1085
29a. METHOD OF DISPOSITION 1 □ Durial 2 □ Cremation 3 □ Rer 4 □ Donation 5 □ Other (Specify)		b. PLACE AND DATE OF		9-91	Bel Air,	
21. SIGNATURE OF FUNERAL SERVICE L	CENSEE VM a Page		22. NAME AND ADDRESS OF P Howard K. Mc	Comas I		
	1 1 121 1 (27) 1/	MAX	I 1317 Cokesbu	rv Road	 Abingdor 	n. Md. 21009
	complications that cause. List only one cause on e			_		Approximate interval Between Onset and Death
	e. List only one cause on e	each line.		_		Approximate interval Between
shock, or heert feliure iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially liet conditions,	e. Due to (or as			_		Approximate interval Between
shock, or heert feilure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially liet conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	e. DUE TO (OR AS OUE TO (OR A	A CONSEQUENCE OF		_		Approximate interval Between
shock, or heert feilure iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING	e. DUE TO (OR AS OUE TO (OR A	A CONSEQUENCE OF		_		Approximate interval Between
shock, or heert feilure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially liet conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	e. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF:	enter the mode of dying, su	in Part i. 24a.	WAS AN AUTOPSY PERFORMED?	Approximate interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
shock, or heert feilure iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially liet conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF:	enter the mode of dying, su	in Part i. 24a.	r reapiratory arreat	Approximate interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
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shock, or heert feilure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly liet conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events reaulting in death) LAST PART II. Other eignificant condition	e. Diffe TO (OR AS DUE TO (OR AS DUE TO (OR AS d. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in (the underlying cause given in the underlying cause given in the underlying cause given in the underlying dome to the underlying dome to the underlying dome to the underlying dome to the underlying dome to the underlying dome to the underlying dome to the underlying dome to the underlying dome to the underlying dome to the underlying dome to the underlying dome to the underlying dome to the underlying dome to the underlying domestic	in Part i. 24a. Check only one)	WAS AN AUTOPSY PERFORMED? YES 2 NO	Approximate interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
shock, or heert feilure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly liet conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events reaulting in death) LAST PART II. Other eignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YO	e. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS d DUE TO (OR AS d DUE TO (OR AS d DUE TO (OR AS d Place TO (OR AS d DUE TO (OR AS	A CONSEQUENCE OF: A CONSEQUENCE OF: Dut not resulting in (the underlying cause given in the un	in Part i. 24a. Check only one)	WAS AN AUTOPSY PERFORMED?	Approximate interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
shock, or heert feilure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly liet conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other eignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YO 27. MANNER OF DEATH Natural 5 Pending	e. DUE TO (OR AS DUE TO (OR	A CONSEQUENCE OF: A CONSEQUENCE OF): Dut not resulting in the consequence of the conseq	the underlying cause given in the un	in Part i. 24a. 1 Check only one) 6 Other (Spe 28d. DESCRIBI	WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
shock, or heert feilure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other eignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 HO 27. MANNER OF DEATH Netural 5 Pending	DUE TO (OR AS. DUE TO (OR AS.	A CONSEQUENCE OF: A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in the consequence of the conse	the underlying cause given in the un	in Part i. 24e. 1 Check only one) 6 Check Chec	WAS AN AUTOPSY PERFORMED? YES 2 NO City) E HOW INJURY OCCUP (Street and Number or m, State)	2.4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
shock, or heert feilure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other eignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 HO 27. MANNER OF DEATH Netural 5 Pending	e. Due to (or as b. Oue to (or as d. Oue	A CONSEQUENCE OF: A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in the consequence of the conse	the underlying cause given in the un	in Part I. 24a. 1 Check only one) 6 Other (Specarion Chy or Row 28f. LOCATION Chy or Row ue to the cause(a) the lime, data and part of the cause(a) the lime, data and part of the cause(b) the lime, data and part of the cause(b) the lime, data and part of the cause(b) the lime, data and part of the cause(b) the lime, data and part of the cause(b) the lime, data and part of the cause(b) the lime, data and part of the cause(b) the lime, data and part of the cause(b) the lime of the cause(b) the lime of t	WAS AN AUTOPSY PERFORMED? YES 2 NO I (Street and Number or m, State) and manner as stated.	2.4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

32. REGISTRAR'S SIGNATURE
Grilla Davidson-Randoll

000°2°8°91

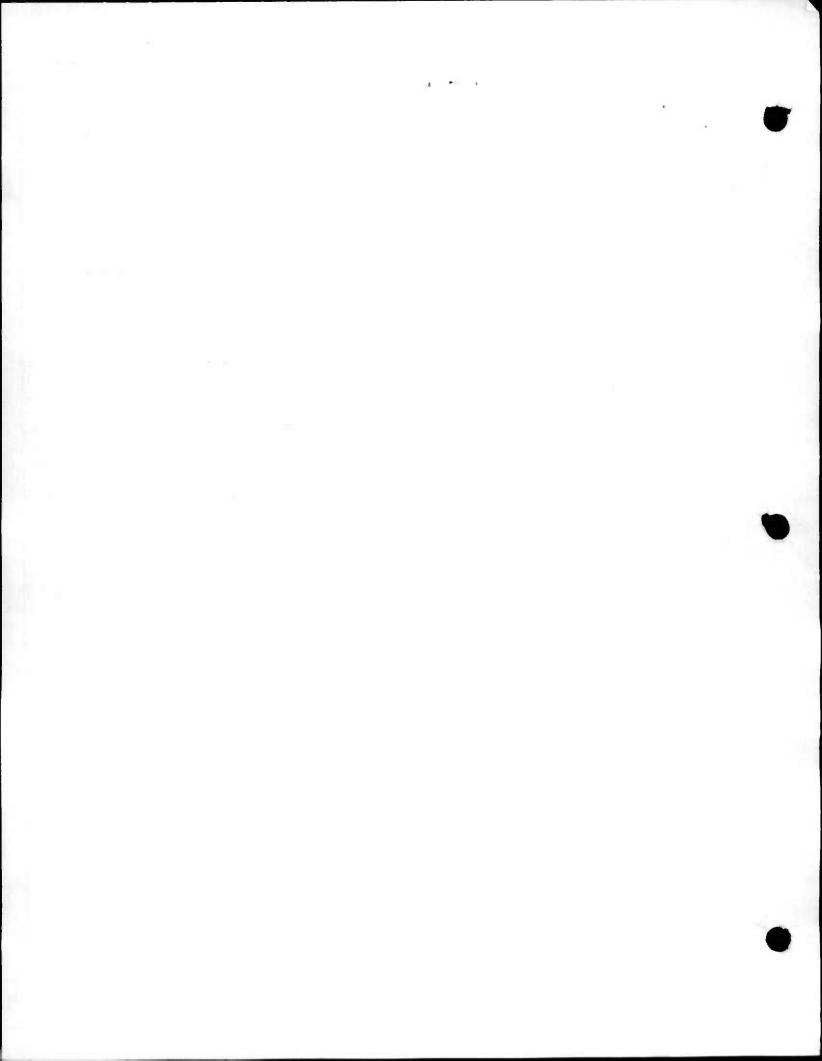
TANY 1222 TANESTON COLORS

0 4 1

1 - FOR STATE REGISTRAL

	REGISTRAN		CE	RHER	CAIL	JF DEA	IH	REG. NO.			
٠	1. DECEDENT'S NAME (First, Middle, Lest) Hester May	MILI	ER				Q	2. DATE OF DEATH CONTINUE CONT	, 1991	YEAR	04:35 A M
	4. SOCIAL SECURITY NUMBER 577-60-7470	5. SEX 6.	AGE (In yrs. last		IF UNDER 1 YE		R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) Dec 21,		8. BIRTHE	PLACE (State or Foreign
	9e. FACILITY NAME (If not institution, give s	71	1	9b, CITY, TO	WN OR LOCAT	ION OF DE			VACC		
DIRECTOR	DOCTORS COMMUNITY		96. COUNTY OF LANHAM PRINCE OF								
- M	10e. STATE 10b. COUNTY				TOWN OR L	OCATION.					10d. INSIDE CITY
L DIF	Maryland Pri	nce George		Gree	nbelt						LIMITS?
FUNERAL	7010 Greenbelt Ro	pad				20770			10g. CITI		S.A.
5	11. MARITAL STATUS	12. WAS DECEDENT EV FORCES? 1	ER IN U.S. ARK	MED	13. WAS	DECENDENT	OF HISPAN	IC ORIGIN? (Specify Year), Puerto Rican, etc.)	or No-	14. BACE	- American Indian, White, etc.
B	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR				YES 2 X NO				Specify	
E	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Giv	re kind of wo	SUAL OCCUI	ATION most of worki	na	16b. KIND OF BUS	SINESS/IND	USTRY	
COMPLETED	Elementery/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT use	retired.)	miner		u.s. Go	NO FINI	mont	
ő	17. FATHER'S NAME (First, Middle, Last)				70, 0700		HER'S NAI	ME (First, Middle, Malden		nerve	
BEC	William B. Slack							ı Brown			
10	19a, INFORMANT'S NAME (Type/Print)		19b.	MAILING A	DDRESS (Str	et and Numbe	r or Rural R	loute Number, City or Town	n, State, Zip	Code)	27949
-	Daniel O'Connor		4	815 L	indbe	rg Ave	2. Ki	tty Hawk,	North	h Car	iolina
	20s. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify)	oval trom State	20h PLACE AL	NO DATE OF	DISPOSITIO	I (Alama of		10/30 Bre	CATION	City on Tou	
1	21. SIGNATURE OF PUNERAL SERVICE UK	ENSEE) 11		_ 0,000	22. NAM	e and addre	SS OF FAC	CILITY			wigianu
	* XWill Jay	Chaldy F.			31	3 Talk	ott	neral Home Ave. Laure	e. Mo	arula	ind 20707
		DUE TO (OR	AS A CONSEO	UENCE OF):	-						
CERTIFICATION	Sequentially ilst conditiona,	DUE TO (OR	AS A CONSECU	HENCE OF							
S	if any, leeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	Elia	AS A CONSECU	i m	15 Lo	سعم					İ
E	that initieted events			UENCE OF):							
H	resulting in death) LAST	d. pelne	かナー								
	PART il. Other eignificent condition	a contributing to dee	th but not re	sulting in	tha under	ying ceuse	given in i	Part I. 24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
MEDICAL	Demontia			1997				PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME										- 1	DF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:			THER:	PLACE OF D	EATH (Che	ck only one)			
IYS	1 YES 2 NO	1 mpatient 2 ER		DOA 4	☐ Nursing		sidence (5 ☐ Other (Specify)			
ВУ РН	1 Natural 5 Pending	28e. DATE OF INJU (Month, Day, Ye		28b. TIME (TY .	INJURY AT WORK? YES 2	□ NO	28d. DEŞCRIBE HOW IN	NJURY OCC	URED	
	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — All home, ferm, atreet, factory, office building, atc. (Specify) 28e. PLACE OF INJURY — All home, ferm, atreet, factory, office City or Town, State)							ute Number,			
۳	290. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the heat of our			uprož.		-3.00				
COMPLETE	(Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my I R: On the best of exemin	nowledge, deal	veatigation,	st line time, In my opinio	lete end place n, death occu	, end due t red at the t	to the cause(e) end men time, date end piece, end	ner ee etate d due lo the	ed. e ceuse(e)	end manner ee stated.
띪	296. SIGNATURE AND TITLE OF CERTIFIES	~D				29c. LICI	ENSE NUM		29d. DATE	SIGNED (Month, Day, Year)
٤	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	F DEATH (ITEM	27) (Type, Pr	rint)	טרוט	,,	• /		- /	
	31. DATE FILED (Month, Day, Year)				1 6	0 / 1 0					
	OFT 2 5 101	Julia Try									
	001 / 0 31	7600000000	11-1-11-11-11-11-11-11-11-11-11-11-11-1	JO COLLEGE							





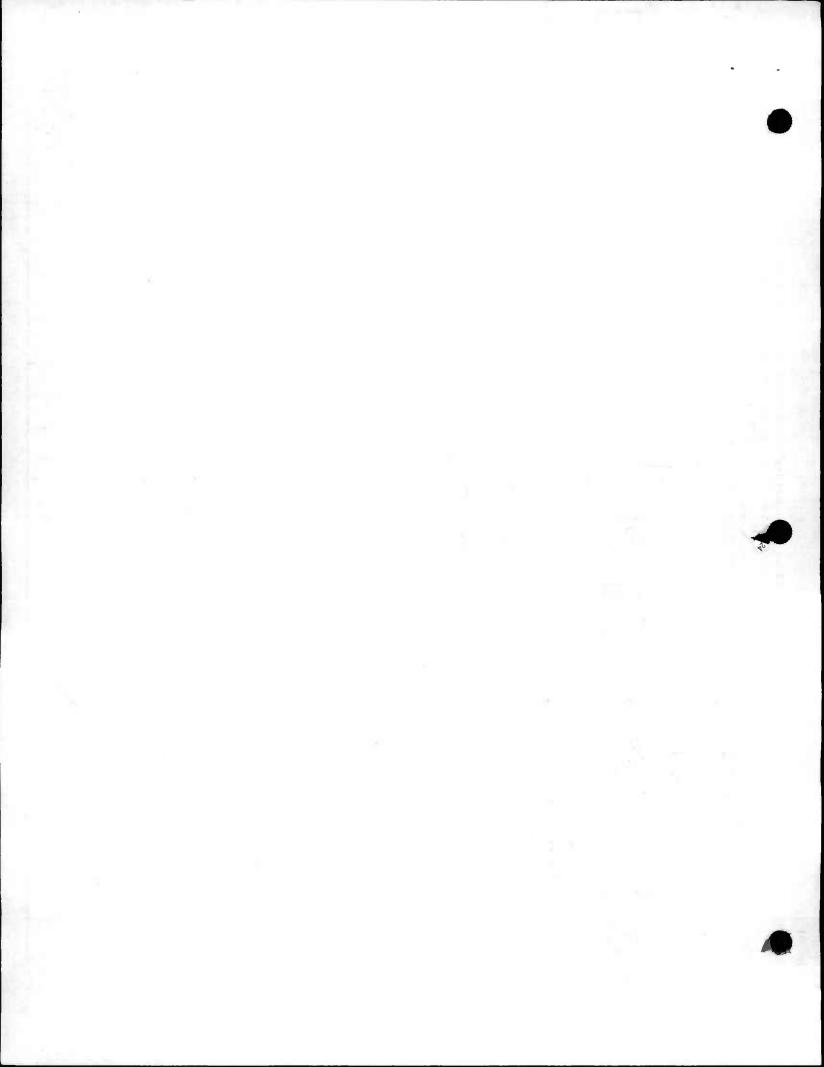
3. TIME OF DEATH

BEG. NO.

2. DATE OF DEATH

1991 OCTOBER 31, 8:30 DELORIS SOPHIA GUTMANN MAIER 7. DATE OF BIRTH (Month, Day, Year)
JAN. 12, 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. e. BIRTHPLACE (State or Foreign NEW YORK 073-07-2634 80 DAYS 1 M 2 F YRS 1911 3. should Se. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY. TOWN OR LOCATION OF DEATH DIRECTOR ST. MARY'S BAYSIDE NURSING CENTER LEXINGTON PARK Pages 1, 2, RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? 10a. STATE VES 2 NO MARYLAND ST. MARY'S LEXINGTON PARK permit. I 10e. STREET AND NUMBER 10f. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL lified in by the funeral director, page 5 should be detached for use as the bundal-transit in, or removal. 20653 U.S.A. 280 KING DRIVE 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 24 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuben, Mexican, Puerto Ri

1 YES 2 NO Specify: FORCES? 1 YES 24
IF YES, GIVE WAR OR DATES 1 Never Merried 2 Merried B 3 🛛 Widowed 4 🔲 Divorced WHITE COMPLETED 18a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) HOMEMAKER 12 once. 18. MOTHER'S NAME (First, Middle, Maiden Surname) 17, FATHER'S NAME (First, Middle, Last LOUIS GUTMANN ANNA M. OEHLER notified at 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a, INFORMANT'S NAME (Type/Print) 2 MR. ROY M. MAIER 280 KING DRIVE, LEXINGTON PARK, MARYLAND 20653 must be 20g, METHOD OF DISPOSITION
1 A Burlel 2 Cremation 3 Ren 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name OATE RESTEANN MEMORIAL GARDENS PORT CHARLOTTE, FLORIDA 11/4 4 Donation 5 Other (Specify) 21. SIGNATURE OF FLINERAL SERVICE 22. NAME AND ADDRESS OF FACILITY examiner BRINSFIELD FUNERAL HOME, EDWARD N. P.O. BOX 279, LEONARDTOWN, MARYLAND 20650 BRINSFIELD the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, ehock, or heert feliure. List only one ceuse on each line. Interval Between certificate has been signed by the attending physician and completely filled in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or , or item 23 shows any injury, or other traumatic event, the me Onset and Death IMMEDIATE CAUSE (Finel disease or condition resulting in death) TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be esecuted within. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremat IMPORTANT: If Item 28 is marked, or item 23 shows any Injury. or other traumatic event CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other eignificent conditions contributing to deeth but not regulting in the underlying 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS ceuse given in Part I. PHYSICIAN: MEDICAL AVAILABLE PRIOR TO PLETION OF CAUSE 1 | YES 2 NO DF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? 1 TES 2 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 🗆 Residence 8 🗆 Other (Specify) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28e. DATE OF INJURY 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 201, LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 29a, CERTIFIER 1 PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. Ingation, in my opinion, death occured at the time, date and place, end due to the ceuse(e) end menner ee stated. 29h. SIGNATURE AND TITLE CERT 29c. LICENSE NUMBER 29d, OATE SHIGHED (Month, Day, Year) BE 9 D19917 2 TED CAMSE OF DEATH (ITEM 27) (Type, Print) JAMES C. (BOYD 17 JEFFERSON STREET, LEONARDTOWN, MARYLAND 20650 M.D 32. REGISTRAR'S SIGNATURE Pandalle al. DATE FILED (Month, Day, Year) 9 -4



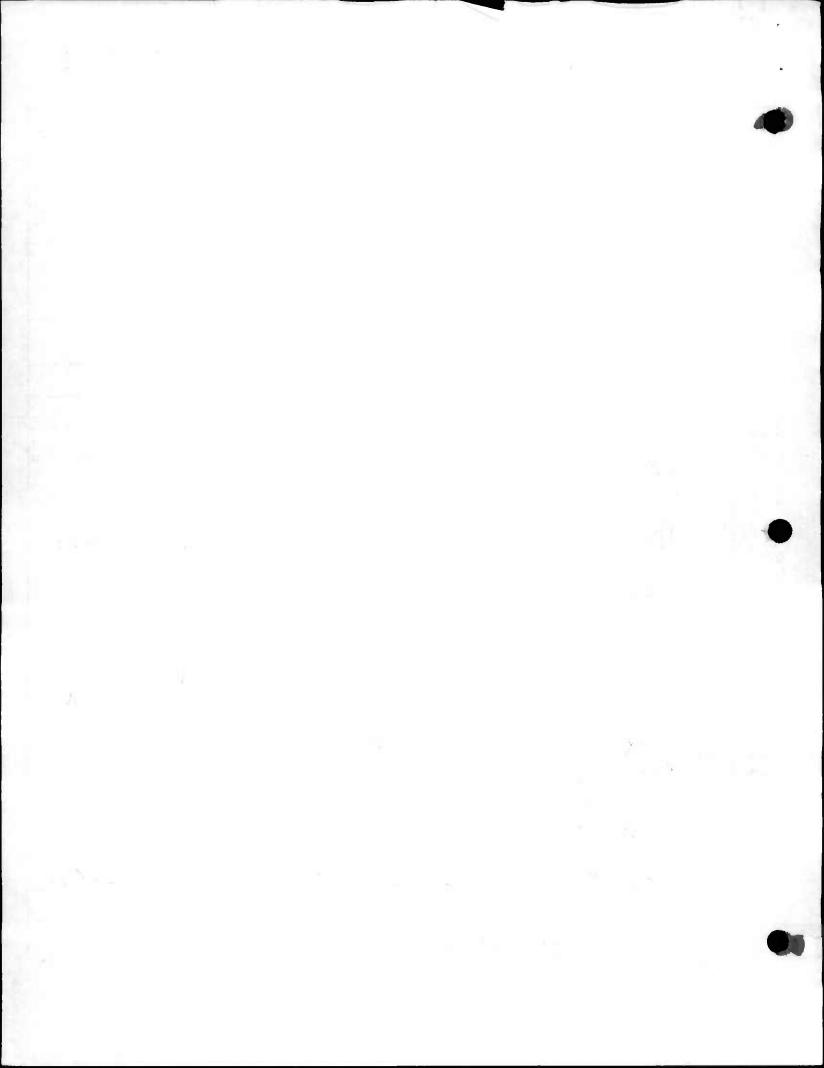
OHMH-18 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	mours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fille	ther this ceptificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 31, 2, 3 s,
be filed within 72 hours after death with the State Dept. of Health and Memal Hyglene prior to burial, cremation, or removal.	or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.

FOR

1. OECEDENT'S NAME (First, Midd LESLIE 4. SOCIAL SECURITY NUMBER 577-18-8842				CATE OF		REG. NO				
4. SOCIAL SECURITY NUMBER 577-18-8842						2. DATE OF DEATH	MY YEAR	3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 577–18–8842	ANDREW	MAJ	ORS			OCTOBER 2		5:00		
	5. SEX	6. AGE (In yrs. last		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIF	RTHPLACE (State or Foreign		
	1 □ M 2 □ F	86	YRS.	ONTHS DAYS	HOURS MIN.		.904 OF	HIO		
9a. FACILITY NAME (If not instituti BAYSIDE NURSI			GTON PARK		9c. COUNTY OF DEATH ST. MARY'S					
	COUNTY MARY'S			TLAND	ATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
10a. STREET AND NUMBER	· PART D		5001		Of, ZIP CODE		100 CITIZEN O			
GENERAL DELIVE	RY, CORNFIEL	D HARBOR	ROAD		20687		U.S.	·A.		
11. MARITAL STATUS 1 Never Married 2 Wherr 3 Wildowed 4 Divorced	CODOCOO 4	TEVER IN U.S. ARN 17 YES 2 NO 18 OR DATES		If yes, s		NIC ORIGIN? (Specify Yes, Puerto Ricen, etc.) fy:	S	ACE — American Indian, lack, White, stc. pecify: WHITE		
15. OECEDE! (Specify only high Elementary/Secondary (0-12)	nt's EDUCATION rest grade completed) College (1-4 or 5 +	(Gh	ve kind of wor Do NOT use i		TION TOOK of Working ECHNICIAN		JSINESS/INOUSTR	Y		
17. FATHER'S NAME (First, Middle,		CIT	Er A-	WAI II		AME (First, Middle, Maide		-		
		ŒC.					ANI	NIA		
JOSEPH 190. INFORMANT'S NAME (Type/F	MAJOR	· ·	MAILING A	DORESS /Street	JULI	A Route Number, City or To				
DOROTHY GRAY	MAJORS						OCATION — City o	LAND, MD. 2		
20e. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3	☐ Removal from State	of cemetary,	crematory or	of DISPOSITION other place)		1				
4 Donation 5 Other (Spe		- ST. M	IICHAE				RIDGE, M	ARYLAND		
Michael	la Har	dine		MATT		RDINER FUN LEONARDIO				
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions	b. OHE TO	(OR AS A CONSEC	DUENCE OF):		ulan	dere	cire	Onset end De		
If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):										
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events		d.								
cause. Enter UNDERLYING CAUSE (Disease or Injury	d		-							
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	d	death but not n	esulting in	the underly	ing ceuse given li		IN AUTOPSY ORMED? 2 1 NO	24b. WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO		
cause. Enter UNDERLYING CAUSE (Dissous or Injury that initiated events resulting in deeth) LAST PART II. Other algnificant of	d	death but not n	esulting in			PERF	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?		
cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST PART II. Other aignificant of 25. WAS CASE REFERRED TO ME EXAMINER?	dconditions contributing to			26. OFHER:	PLACE OF DEATH (C	PERF	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?		
cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST PART II. Other algnificant of the control of	dconditions contributing to	□ ER/Outpatient 3	□ DOA	26. OF HER: 4 Mursing H	PLACE OF DEATH (Come 5 - Residence	PERFormance 1 YES Check only one) 5 Other (Specify)	DRMED? 2 1 NO	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO		
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other aignificant of 25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pen	eolCAL HOSPITAL: 1 Inputert 2 28e. DATE OF (Month, E)	□ ER/Outpatient 3		26. OF HER: 4 Mursing H OF 28c.	PLACE OF DEATH (C	PERF	DRMED? 2 1 NO	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO		
cause. Enter UNDERLYING CAUSE (Dissease or Injury that initiated events resulting in deeth) LAST PART II. Other aignificant of EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pen 2 Accident Inve 3 Suicide 8 Cou	EOICAL HOSPITAL: 1 Inpetient 2 28e. DATE Of (Month, D) atigation 28e. PLACE O	□ ER/Outpatient 3	DOA 28b. TIME INJU	26. OF HER: 4 K Nursing H OF 28c.	PLACE OF DEATH (Come 5 Residence INJURY AT WORK?	PERFormance 1 YES Check only one) 5 Other (Specify)	ORMED? 2 NO VINJURY OCCURE In end Number or Rich	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO		
cause. Enter UNDERLYING CAUSE (Dissource or Injury that initiated events resulting in deeth) LAST PART II. Other aignificant of 25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pen 2 Accident 1 Netural 5 Pen 2 Accident Inve 3 Suicide 8 Cou 4 Homicide 8 Cou 6 Deeth Only 29e. CERTIFIER (Check only)	d	ER/Outpatient 3 F INJURY Day, Year) OF INJURY — At ho, etc. (Specify) If my knowledge, de	DOA 28b. TIME INJU	26. OF HER: 4 Mursing H OF 28c. M 1 [reet, factory, of	PLACE OF DEATH (Come 5 Residence INJURY AT WORK? YES 2 NO ffice	PERFORMAN STANDARD PROPERTY OF TOWN, Standard Property of Town, Standard Pr	ORMED? 2 NO VINJURY OCCURE of end Number or Re	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO		
cause. Enter UNDERLYING CAUSE (Dissesse or Injury that initiated events resulting in deeth) LAST PART II. Other aignificant of 25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pen 1 Netural 5 Pen 1 Netural 5 Pen 2 Accident Inve 3 Suicide 8 Cou 4 Homicide 8 Cou 4 Homicide 1 CERTIFY (Check only)	d	ER/Outpatient 3 F INJURY Day, Year) OF INJURY — At ho, etc. (Specify) If my knowledge, de	DOA 28b. TIME INJU	26. OF HER: 4 Mursing H OF 28c. M 1 [reet, factory, of	PLACE OF DEATH (Come 5 Residence INJURY AT WORK? YES 2 NO ffice	PERFI 1 YES Theck only one) S Other (Specify) 28d. OESCRIBE HOW 28f. LOCATION (Stree City or Town, Ste	or INJURY OCCURE of end Number or Re tend due to the cel	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO		
cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST PART II. Other algnificant of 25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pen 1 Accident 3 Suicide 8 Cou 4 Homicide deta 29e. CERTIFIER (Check only one) 2 MEDICAL	d	ER/Outpatient 3 F INJURY Day, Year) OF INJURY — At ho, etc. (Specify) If my knowledge, de	DOA 28b. TIME INJU	26. OF HER: 4 Mursing H OF 28c. M 1 [reet, factory, of	PLACE OF DEATH (Come 5 Residence INJURY AT WORK? YES 2 NO ffica Interest and place, and do n, death occured at the	PERFIT 1 YES Theck only one) S Other (Specify) 28d. OESCRIBE HOW 28f. LOCATION (Street City or Town, Steller to the ceuse(e) end in the time, date end place, UMBER	or INJURY OCCURE of end Number or Re tend due to the cel	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO D unal Route Number,		
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other aignificant of 25. WAS CASE REFERRED TO ME EXAMINER? 1	eoical Hospital: Hospital: I patient 2	ER/Outpatient 3 F INJURY Dey, Year) OF INJURY — At ho, etc. (Specify) If my knowledge, de examination end/or	28b. TIME INJU	26. OF HER: 4 Nursing H OF 28c. I	PLACE OF DEATH (Come 5 Residence INJURY AT WORK? YES 2 NO Iffica Interest of place, and do In, death occured at the	PERFIT 1 YES Theck only one) S Other (Specify) 28d. OESCRIBE HOW 28f. LOCATION (Street City or Town, Steller to the ceuse(e) end in the time, date end place, UMBER	or INJURY OCCURE of end Number or Re tend due to the cel	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO D unal Route Number,		





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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, P	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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YOUNGSIK MOON

31. DATE FILED (Month, Day, Year)
OCT 25

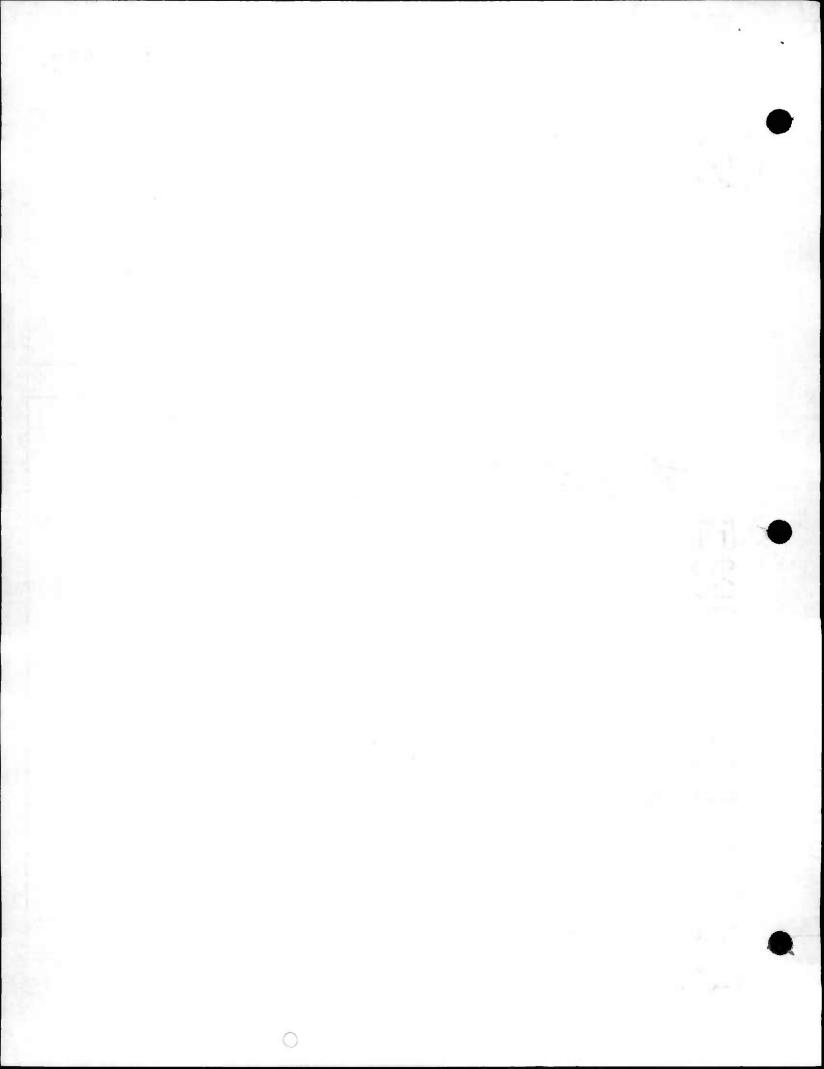
M.D

HOLLYWOOD

MARYLAND 20636

REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CE	eri II	ICATE	Ur	DEA	1	REG. NO		-	3. TIME OF DEATH
OLGA P		MILLER						OCTOBER 2		YEAR 991	1900 M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	t birthday)	IF UNDER 1		IF UNDE	_	7. DATE OF BIRTH		8. BIRTI	HPLACE (State or Foreign
338-28-6488A	1 🗌 M 2 💢 F	98	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) MAY 2, 18	393	GE	RMANY
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, 1	TOWN C	R LOCAT	ON OF DI	EATH	9c. COU	NTY OF D	DEATH
BAYSIDE NURSING	CENTER			LEX	ING:	ron :	PARK		ST	. MAI	RY'S
	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			Y, TOWN OR	LOCAT	tON					10d. INSIDE CITY
MARYLAND ST.	MARY'S		C.	ALIFO	RNI	A					10d. INSIDE CITY LIMITS? 1 TYES 2 TO NO
10e. STREET AND NUMBER						. ZIP COD	E		10g. CIT	IZEN OF	WHAT COUNTRY?
RT. #2, BOX 107	-48A					20	619		1	U.S.	Α.
11. MARITAL STATUS		NT EVER IN U.S. ARI						NIC ORIGIN? (Specify Ye	or No-	14. RAC	E — American Indian, ik, White, etc.
1 Never Married 2 Married 3 Widowed 4 Divorced		1 ☐ YES 2 ∭ N WAR OR DATES	io .				Specif	an, Puerto Rican, atc.) by:		Spec	://v:
CT TREES TO STORY	1										WHITE
15. DECEDENT'S ED (Specify only highest grad	le completed)	(GI	ve kind of Do NOT u	Work done du se retired.)	uring mo	st of worki	ing	16b. KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	OMEM								
17. FATHER'S NAME (First, Middle, Last)		110	4241 1/			18. MOT	HER'S NA	AME (First, Middle, Maiden	Sumame)		
AUGUST MEYER								JERGENS	,		
19a. INFORMANT'S NAME (Type/Print)		196	. MAILING	ADDRESS	(Street a			Route Number, City or Tow	n, State, Zi	p Code)	
WILLIAM JAMES MI	LLER	R.	r. #:	2, BO	X 1	07-4	8A,	CALIFORNIA	, MD	. 20	619
20s. METHOO OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name OATE OF DISPOSITION OATE OF DISPOSITION OATE OF DISPOSITION OATE OF DISPOSITION OATE OF DISPOSITION OATE OF DISPOSITION OATE OF DISPOSITION OATE OF DISPOSITION OATE OF DISPOSITION OATE OATE OATE OATE OATE OATE OATE OATE											
4 Donation 5 Donation 5 Other (Specify)		of cometary,	CRE	MATOR	Y Y			10/23 WA	LDOR	F, M	ARYLAND
22. NAME AND ADDRESS OF FACILITY											
EDWARD N. BRINS	PIRITY TI	MOOOO	5.2					UNERAL HOM			20650
EDWARD N. BRINSFIELD, JR., M000052 P.O. BOX 279, LEONARDTOWN, MD, 20650 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest. Approximate											
ahock, or heert fellure. List only one ceuse on each line.								Interval Between			
IMMEDIATE CAUSE (Finel disease or condition Onset and Deeth											
resulting in deeth)											
Sequentially list conditions. a. A. Jew Sule & See Cerebro Cerebro Cerebro Cardio Van Confe											
Sequentially list conditions, If any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF):											
CAUSE (Disease or Injury											
CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):											
resolving in deetily Exst	d										
PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS											
(inan	- Trans	Tank	el	3				PERFO	PMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
				, -				_ ' ' '	110		DF DEATH?
1 UYES 2 246											
25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)											
EXAMINER? HOSPITAL: OTMER: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Anuraing Home 5 Residence 8 Other (Specify)											
27. MANNER OF DEATH		28s. DATE OF INJURY 28b. TIME OF 28c. INJURY						28d. DESCRIBE HOW	INJURY O	CCURED	
1 Retural 5 Pending (Month, Day, Year) 2 Accident Investigation				м		YES 2	□ NO				
3 Suicide 8 Could not b	28e. PLACE	OF INJURY — At he	me, ferm,	street, facto	ory, offic			281. LOCATION (Street and Number or Rural Route Number,			Route Number,
4 Homicide detarmined building, etc. (Specify)											
29a. CERTIFIER (Check only	SICIAN: To the best	of my knowledge, de	ath occur	red at the tis	me, data	end plac	e, and du	a to the cause(a) and ma	nner aa st	ated.	
ana)	NER: On the beals of	exemination and/or	Investigati	lon, in my ap	pinton, e	death occ	ured at the	e time, data and place, a	nd dua to	the cause	(a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIF	IER					29c. LK	CENSE NU	IMBER	29d. DA	TE SIGNE	(Month, Day, Year)
700	m h					DO	9178		-	inl	22/9/
30 NAME AND ADDRESS OF PERSON V	WHO COMPLETED OF	HEE OF DEATH ATE	M 27) /Em	a (Delect)						10/	

DHMH-16 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	5-0020	m
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 isours after death. Page 6 may be retained by the hospital or attending physician.	ding physiclan.	v
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, he find within 72 hours after death with the State Debt, of Health and Merital Hydiene prior to burial, cremation, or removal.	the burial-transit permit.	Pages 1, 2
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.		in the state of

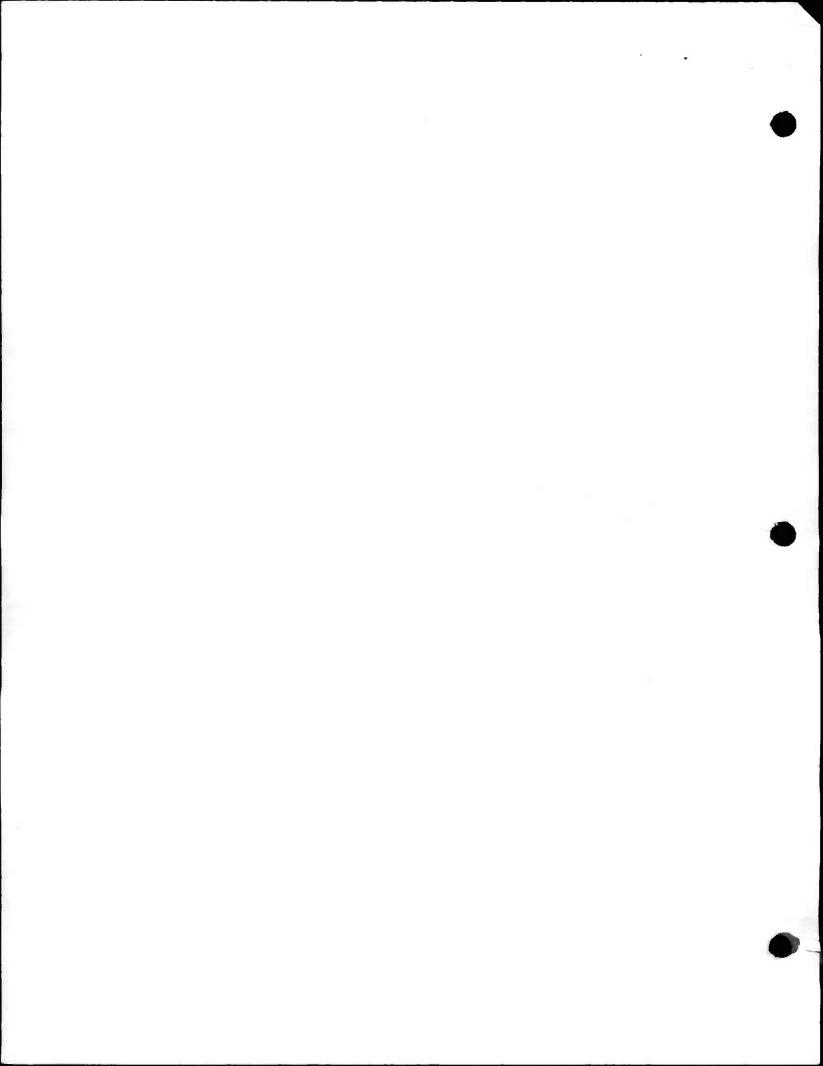
	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF CEATH		3. TIME OF DEATH	
		fford N	elson			October 1	AV YEAR 1991	1:15 P M	
1	4. SOCIAL SECURITY NUMBER 213 24 2023	1 M 2 D F 61	M 2 F 61 YRS. MONTHS DAYS HOURS				Cou	THPLACE (State or Foreign intry) aryland	
1	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, T				WN OR LOCATION OF DEATH 9c. COUNTY OF DEATH				
DIRECTOR	Kent & Queen Ann			Chester			Kent		
DIRE	Maryland Kent			town on Locat tertown	ION	10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	RFD Tolchester	r Estate RTE	E # 2	101	ZIP CODE 2162	F WHAT COUNTRY?			
ВУ	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 _ YES IF YES, GIVE WAR OR DA	2 NO	If yea, spi	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify:			- 14. RACE — American Indian, Black, White, etc. Specify: White	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use) Electric	rk done during mo. retired.)	N st of working		SINESS/INDUSTRY Mainten		
	12 17. FATHER'S NAME (First, Middle, Last)	James W. Nels		Tan	16. MOTHER'S NA	ME (First, Middle, Maiden Sterling		me nosp.	
TO BE	190. INFORMANT'S NAME (Type/Print) Joyce L. Nelson		RTe # 2	DORESS (Street a	nd Number or Rumi	Route Number, City or Tow estertown,	m, State, Zip Code) Md. 216	520	
	20a. METHOD OF DISPOSITION 1	oval from Stata	PLACE AND DATE OF Detery, Commatory of other Paul S	Cem Od	sposition/Name of DATE 20c. LOCATION — City or Town, State Appel October 14, 199 Chestertown, Md.				
	21. SIGNATURE OF FUNERAL SERVICE LIC	Fellow	15	Fellov	d address of fa vs - We1	COLUTY 413 Hig 1s Funeral	h St. Home Ch	nestertown. M	
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrespi						iratory arrest,	Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST								
PHYSICIAN: MEDICAL CI	PART ii. Other significant condition	s contributing to death b	ut not resulting in	the underlying	; cause given in	Part i. 24a. WAS AN PERFOI	RMED?	4b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
A I	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one)			
SIC	EXAMINER?	HOSPITAL: 1 Inputient 2 - ER/Outp		OTHER:	5 Residence	6 Other (Specify)			
/ PHY	27. MANNER OF DEATH 1 Matural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c. INJ		28d. DESCRIBE HOW	NJURY OCCURED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined City or Town, State) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)						il Route Number,		
COMPLETED		CIAN: To the best of my knowl R: On the basis of examination						e(a) and manner as stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	100			29c. LICENSE NUI			ED (Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WHO					-			
	Michael Bienen		ertown, M	id. 2162	.0				
10	31. DATE FILED (Month, Day, Year) OCT 14 '91	32. REGISTRAR'S SIGN	ature don-Randal	2					

DHMH-16 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)		<i>a</i>			2. DATE OF DEATH	YEAR	3. TIME OF DEATH
William Nowl	and Nicker	son. Sr.			October		10:00 am
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6. BIRT	THPLACE (State or Foreign
215-14-3906	1 🗶 M 2 🗆 F	74 YRS. MO	THE DAYS	HOURS MIN.	Nov.1,191	16	MD
9a. FACILITY NAME (If not institution, give st	reet and number)	96	CITY, TOWN O	R LOCATION OF D		9c. COUNTY OF	DEATH
Buckingham Far	ms, Rt 291		Chest	ertown		Ken	t
RESIDENCE OF DECEDENT		Tail and					
10a. STATE 10b. COUNTY			OWN OR LOCAT				10d, INSIDE CITY LIMITS?
	ent	C	<u>heste:</u>				1 🗌 YES 2 🔀 NO
10e. STREET AND NUMBER	_ "-		101.	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
Buckingham Far				21620		USA	
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 NO	If yes, spe		NIC ORIGIN? (Specify Yea an, Puarto Rican, etc.) fv:	Bia	CE — American Indian, ick, White, etc.
3 Wildowed 4 Divorced	75 92.0000 101-35						White
15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	16a. DECEDENT'S USI (Give kind of work			16b. KIND OF BUS	NESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use re	tired.)				
8		Farmer			Farmi		
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maiden S	lurname)	
Augustio Nicke	rson				Mable Has		
19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Town	, State, Zip Code)	
Robert Nicker				2167			
20a. METHOD OF DISPOSITION 145 Burial 2 Cremation 3 Remo	oval from State	b. PLACE OF DISPOSITION Other place)				ATION — City or	
4 Donation 5 Other (Specify)	FNSEE	Kennedyv	22 NAME AN	O ADDRESS OF E	Cem. Kei		
1. South of the service de	1.11		Fe1	lows-We	ells Funer	cal Hor	nes
X/ary 10.	Tellows		413	High S	St.,Cheste	ertown	MD 21620
23. PART i. Entar the diseases, or of shock, or haart failure.	omplications that cause	ed the death. Do not	anter tha mo	da of dying, au	ch as cardiac or reapir	atory arrest,	Approximata interval Batween
iMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS		dinf	Trefa	retim		Onset and Daath
reauting in death)	DUE TO (OR AS	A CONSEQUENCE OF):					
	bah	iter N	ulle	tur			
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):					
COURS Enter LINDEDI VING		recion					
that initiated eventa	DUE TO OR AS	A CONSEQUENCE OF):					
resulting in death) LAST	d						
PART II. Other algnificant condition	s contributing to death	but not requiting in t	he underiving	ceuse given in	Part i. 24e, WAS AN	AUTOPSV 2	4b. WERE AUTOPSY FINDINGS
profeter N						MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
			in p	sepera	1 TYES 2	□ NO	OF DEATH?
Gabeter,	Costrafor	ieser					1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE OF OEATH (C	7.639 11		
1 ☐ YES 2 ☑ NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Ou 28a. DATE OF INJURY		-		6 Other (Specify)	LHIPV COCURED	
1 Natural 5 Pending	(Month, Day, Year)	INJUR	Y WC	PRK?	28d. DESCRIBE HOW II	JUNY OCCORED	
2 Accident investigation 3 Suicide 6 Could not be	28e. PLACE OF INJUF	RY — At home, farm, stre	et, factory, offic	•	261. LOCATION (Street a	nd Number or Run	al Route Number,
4 Homicide determined	Building, etc. (Sp	өсігу)			City or Town, State)		
29a. CERTIFIER 1 CERTIFYING PHYS	CIAN: To the best of my kno	wledge, death occurred :	it the time, date	and place, and du	is to the cause(s) and man	ner as stated.	
(Crock Dilly	R: On the basis of examinat						e(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIES	2 mi)_		29c. LICENSE NO	JMBER ES-9	29d. DATE SIGN	ED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE C	SEATU STEEL OF ST.	Leads	りとう	00/	- /	18/71
TO GO C. ARRA		47) + 0-107L	Well	, Chesi	bestown V	ud 21	620
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	INALURE:		-			
OCT 09 '91	Julia Di	widson-Randa	2				



BALTIMORE, MARYLAND 21215-0020	ins after death, Page 6 may be retained by the hospital or attending phy	or removal,
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	DR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within any after death. Page 6 may be retained by the hospital or attending physicians.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

3 Suicide

4 Homicide

COMPLETED

BE

2

TO THE HOSPITAL DR ATT TO THE FUNERAL DIRECTY DE filed within 72 hours at IMPORTANT: If item 2:

20

6 Could not be determined

2 MEDICAL EXAMINER: On the beat

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 2 3. TIME OF DEATH FLSIE NUGENT 2 PAY 9 / 8 A 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) | | F UNDER 1 YEAR | | F UNDER 24 HRS. 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 6. BIRTHPLACE (State or Foreign 1 | M 2 | F 212 - 09 - 9399 Maryland 9e. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 1003 Phair PLACE DIRECTOR Prince George LAUREL RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD PRINCE GEORGE LAUREL permit. 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY Phair PLACE 1003 al-transit 20707 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MNO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE - American Indien, Black. White, atc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puarto Rican, etc.)

1 YES 2 NO Specify: ΒY 3 X Widowed 4 Divorced specify te COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Grade 10 Housewife Home. once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) William F. Gabrio notified at BE Frieda Alma Muller 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Floute Number, City or Town, State, Zip Code) Mary Jo Closs 6895 Garland Lane, Columbia, Maryland 21045 pe 20e. METHOD OF DISPOSITION
1 X Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must union Cemetery 4 ☐ Donation 5 ☐ Other (Specify) 10/28 Burtonsville, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEL 22. NAME AND ADDRESS OF FACILITY Donalds on Funeral Home, P.A. Lewitt 313 Talbott Ave. Laurel, Maryland 20707 medical 23. PART i. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. Approximate **IMMEDIATE CAUSE (Final** the state **Onset and Death** disease or condition DUE TO (OR AS A CONSEQUENCE OF): event, resulting in death) - removedorope Cardiovascular Disease traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, lesding to immediate cause. Enter UNDERLYING other CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST 6 injury, PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24a, WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO any COMPLETION OF CAUSE 1 TES 2 NO thas been signe e Dept. of Health m 23 shows a OF DEATHS 1 - YES 2 - NO HOSPITAL DR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL EXAMINER? this certificate his with the State C 26. PLACE OF DEATH (Check only one) OTHER: 1 X YES 2 | NO 1 | Inpatiant 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 26b. TIME OF 26c. INJURY AT WORK? marked, 26d. DESCRIBE HOW INJURY OCCURED th, Day, Year 1 Natural L DIRECTOR: After the 2 hours after death w 1 YES 2 NO ΒY 2 Accident

296. SIGNATURE AND TITLE OF CERTIFIER Deputy Medical 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 110-24-91 101852 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, 32. REGISTRAR'S SIGNATURE 19 X 1_Randace

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(s) and manner es stated.

28a. PLACE OF INJURY — At home, farm, atreet, lactory, office building, atc. (Specify)



261. LOCATION (Street and Number or Rural Route Number, City or Town, State)

estigation, in my opinion, death occured at the time, data and placa, and dua to the cause(s) and manner as stated.

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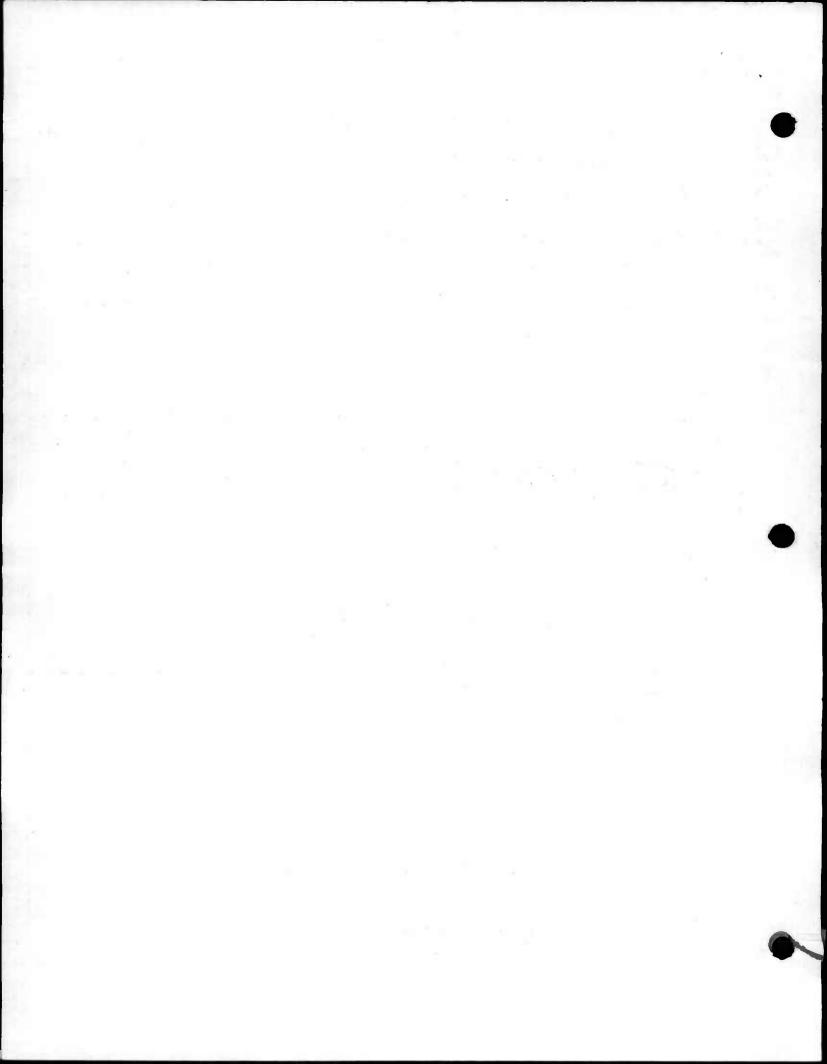
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or A, well	ages	D19.2	production of the state of the
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within it mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1,	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

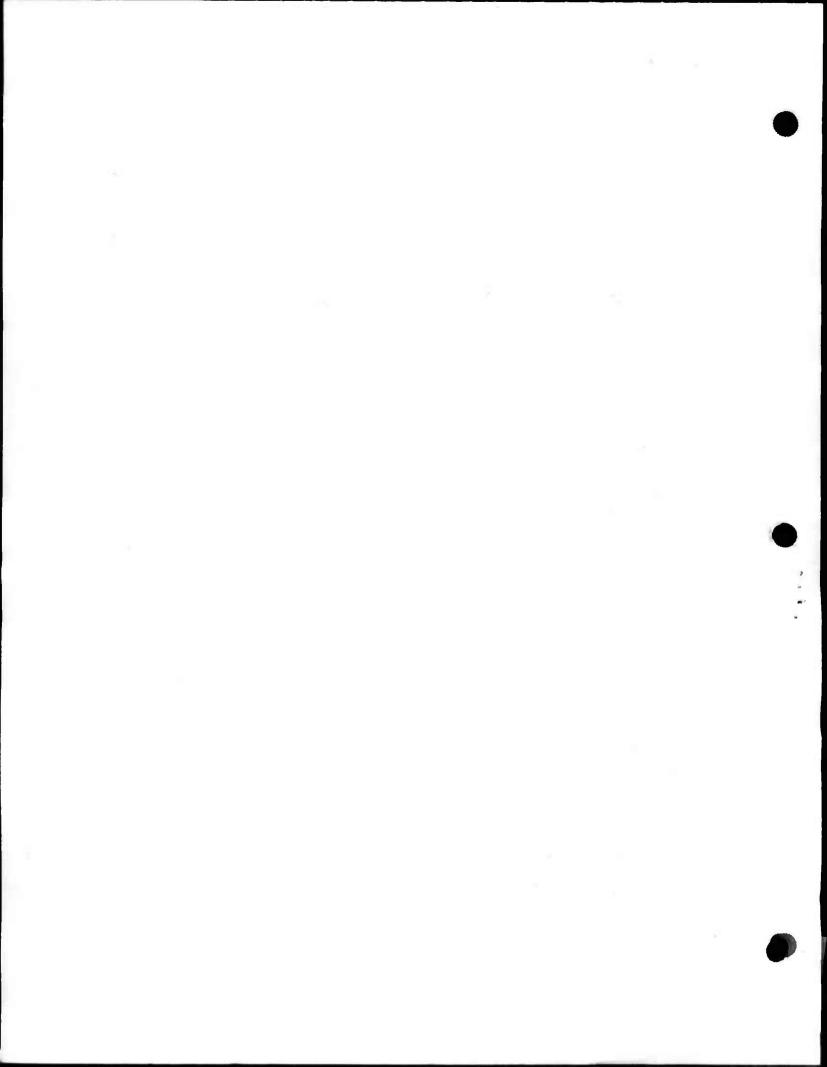
							9	11 30386	
	FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTMI CERTIFICA			ENTAL HYGIENI REG. NO.	E	. 00000	
	1. DECEDENT'S NAME (First, Middle, Last)	BERNICE EL	IZABETH	NOLAN	1	DATE OF DEATH DA	Y YEAR	3. TIME OF DEATH	
		1	3. last birthday) IF U		F UNDER 24 HRS.	7. DATE OF BIRTH (Month Day, Year)	Co	RTNPLACE (State or Foreign unity) RYLAND	
OR	90. FACILITY NAME (If not institution, give street and number) 90. CITY, TOWN OR LOCATION OF DEATH Dealers Medical earlie 6018 Chants treet Partitions NA								
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. STATE	ST PMARY'S		WN OR LOCATION	LEXINGT	on rack		10d. INSIDE CITY LIMITS? 1 YES 2 NO	
	10a. STREET AND NUMBER	LKOL RT. 1	1, BOX 1		IP COOE	- 20653	,	F WHAT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS	. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	R. ARMED	13. WAS DECEN	DENT OF HISPANIC ty Cuben, Mexican,	ORIGIN? (Specify Yes	or No- 14. R	ACE — American Indian, lack, Whita, etc.	
COMPLETED	1 1		(Give kind of work of life. Do NOT use retin	lone during most (red.)	of working	16b. KIND OF BUS	SERVIC		
E COMI	8 17. FATHER'S NAME (First, Middle, Last) BLAKE GAMPBELL		LADUKE	-		E (First, Middle, Maiden	Sumeme)		
10 B	19a. INFORMANT'S NAME (Type/Print)					ute Number, City or Tow		D, MD. 20636	
	PAULA REED 20e. METHOD OF DISPOSITION 1X Burlel 2 Cremetion 3 Removel	from State 0th	ACE OF OISPOSITION OF PLACE H	N (Name of cemet	ery, crematory or	20c. LO	CATION — City o		
	21. SIGNATOR 5 Other (Specify) 21. SIGNATOR FUNCTION EDWARD N. BRINSFIEL	Emyl X	7	22. NAME AND BRINSFI	ACCRESS OF FACIL	CRAL HOME,	P.A.		
	23. PART i. Enter the dieeeees, or com shock, or heert fellure. Liet	plications thet ceused th	e deeth. Do not e					Approximate Interval Between Onset and Death	
	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Due to (or as a consequence of):							Onest and Death	
NO	Sequentielly list conditions, b	Card DUE TO (OR AS A CO	LOMY D	pati	hy				
CERTIFICATION	if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	OUE TO (OR AS A CO	A FOTY	fai	lure	•			
CERI	resulting in deeth) LAST	intes	tina/	005	tructi	01			
PHYSICIAN: MEDICAL	PART II. Other significent conditions of Steomy C	ontributing to death but	bilate	cilla	pause given in P	art I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
AN:	25. WAS CASE REFERENCE TO MEDICAL	of pacer	naker	1/9 C	CE OF DEATH (Chec	ok only one)			
YSICI	1 VES 2 (NO 1	OSPITAL:		HER:	5 - Residence 6				
	27. MANNEY OF DEATH 1 Netural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	WOR		28d. DESCRIBE HOW	INJURY OCCURE	D	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office 5 City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office 5 City or Town, State)								
COMPLETED	anal and	N: To the best of my knowleds						se(a) and manner as stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	anello	1 MM		29c. LICENSE NUME	874	29d. DATE SIG	NED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO C	Kallan	337	SK	Paul K	t. Ba	Himor	OM \$ 21202	
	31. DATE FILEO (Month, Day, Year) OCT > 0 '91	32. REGISTRAR'S SIGNATU	pandelle						



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eath. Page 6 may be retained by the hospital or attending physician.	funeral director, page 5 should be detached for use as the burial-transit permit		xaminer must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mous after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1,	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	TATE OF MARYLA	ND / DEPARTM CERTIFIC			MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) ROB	ERT	PAI	JTZ		OCT. 12, T		3. TIME OF DEATH 4:15 P M		
	097 01 4790	xm 2 □ F 82	YRS.	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURII MIN.	7. DATE OF BIRTH (Month, Day, Year) 8/30/1909	New	HPLACE (State or Foreign try) York State		
TOR	9e. FACILITY NAME (If not institution, give street a At Home Kent Crossi RESIDENCE OF DECEDENT	-	221	Chester	TOWN	ATH	9c. COUNTY OF Ken			
DIRECTOR	10e. STATE 10b. COUNTY Maryland Kent			own on Locat			10d. INSIDE CITY LIMITS? 1 V YES 2 \(\square\) NO			
ERAL	Apt. I 204 Kent C	rossing		101.	ZIP CODE 21620		10g. CITIZEN OF USA	WHAT COUNTRY?		
BY FUNERAL	Married	WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DATE YES WW	2 NO	If yes, apo		IIC ORIGIN? (Specify Yee n, Puerto Ricen, etc.)	or No- 14. RACE — American Indian, Black, Whita, atc. Specify: White			
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade complete in the complete i		16a. DECEDENT'S US (Give kind of work life. Do NOT use no House Pa:	done during mo- etired.)	N st of working	Contract		other		
BE COM	17. FATHER'S NAME (First, Middle, Last)	tave Pautz	1100000 100	111001		ME (First, Middle, Maiden Seibert	Surname)			
TO B	19a. INFORMANT'S NAME (Type/Print) Marie Pautz (Wife		Kent Cr	ossing	Apt. I		stertown	,Md. 21620		
	20e. METHOD OF DISPOSITION CTO 1 Suriel 2 Cremetion 3 Removal 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIGENS	from State Ca	other place) apitol Cr	ematory	(10/14/	/1991) Dove	er Del.	Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	ellows			WS - WEL	413 Hi		Chestertown Md. 21620		
CERTIFICATION	23. PART I. Enter the diseases, or compensor, or heart fellure. List IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly liet conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	METASTA DUE TO (OR AS A	CONSEQUENCE OF):	NG CAI	VCER /	Rodiosa	phioD	Approximate interval Between Onset and Death		
PHYSICIAN: MEDICAL CERT	PART II. Other significant conditions co						AUTOPSY 2	4b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 PRO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	I	26. PI	ACE OF DEATH (CH	eck only one)				
HYSI		☐ Inpetient 2 ☐ ER/Outpo	etlant 3 DOA 4	Nursing Hon	URY AT	6 Other (Specify) 26d, DESCRIBE HOW II	NJURY OCCURED			
BY	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	(Month, Day, Year) 28e. PLACE OF INJURY	— Al home, farm, str	M 1 🗆	PRK? YES 2 NO	26f. LOCATION (Street a	and Number or Ruri	al Route Number,		
ETEO	4 Homicide determined	building, etc. (Spec	lfy)			City or Town, State)	10.72.00			
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSICIAN (Check only one) 2 MEDICAL EXAMINER: 0	N: To the best of my knowled the basis of examination						e(s) end menner as stated.		
TO BE	266. SIGNATURE ON OF CHRISTER	he 1	N.O		29c. LICENSE NU D 360		29d. DATE SIGN	ED (Month, Day, Year)		
-	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEL VE CHEST 32. REGISTRAR'S SIGN. Julia Davidson—			2112	0				
8	OCT 14 '91 4	Julia Davidson-	Randall.							



BALTIMORE, MARYLAND 21203-3146

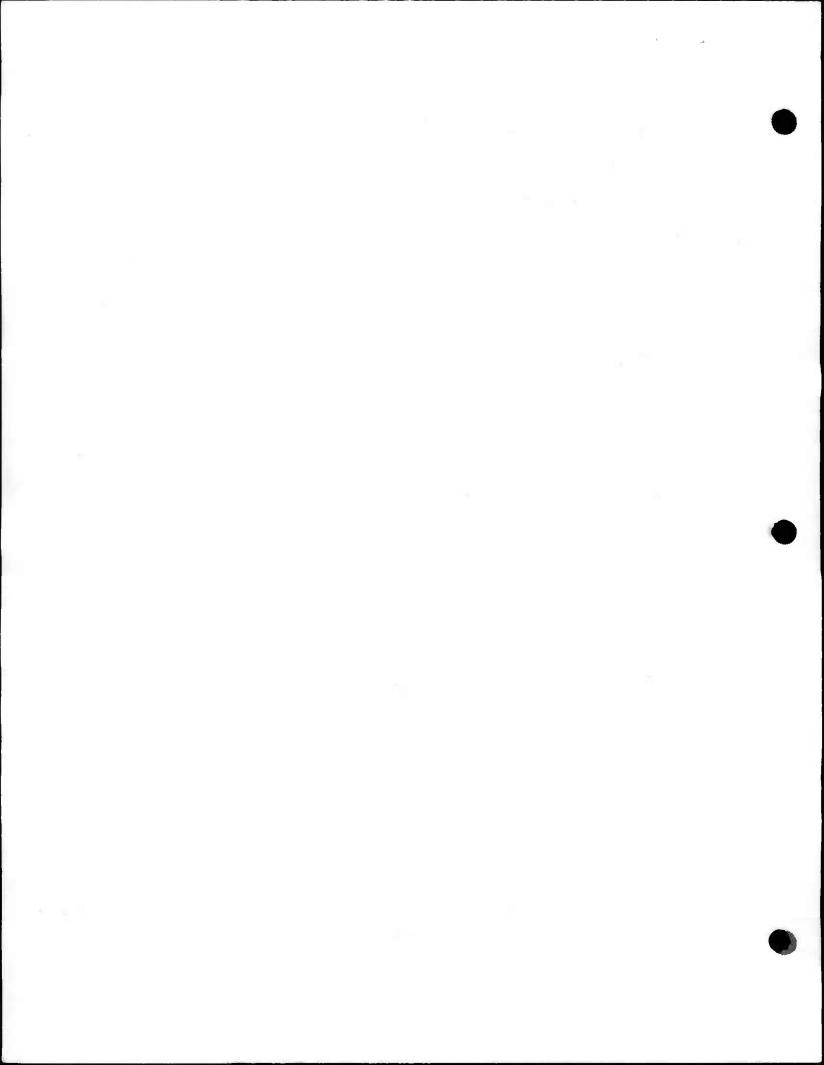
TO BE COMPLETED BY FUNERAL BIRECTOF

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age 5		De n
TO THE FLIMERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 show		IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifie
eral di		miner
e fur	<u>e</u>	еха
in by th	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	edical
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After	death	B m3
TOR:	after	28
TO THE FUNERAL DIRECTOR: After	SUDOL	tem
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101	De f	M

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 - STATE REGISTRAR		SIAIE OF IV	IANT LAND	CERTIF			DEATH	MICHIAL	REG. NO.				
1. DECEDENT'S NAME (First	, Middle, Last)			1				2. DATE O	F DEATH		YEAR	3. TIME OF DEA	TH.
Berti	ce S	v1veste	r Per	kins				1 O		8	91	8:50	A. M
4. SOCIAL SECURITY NUMBER		5. SEX	S. AGE (In yrs.		IF UNDE	R 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH		0. BIRTI	HPLACE (State or I	
212-18-68	06	1-√2 M 2 □ F	74	YRS.	MONTHS	DAYS	HOURS MIN.		Day, Year)	6	M > v	w cvland	
9a. FACILITY NAME (If not in		41.	7 - 3		9b, CIT	Y, TOWN	OR LOCATION OF D		10/1		INTY OF D		-
Kent & Q	ueen	Anne's	Hospi	ta1	Cr	nest	ertown	Md.		K	ent		
RESIDENCE OF DEC	10b. CDUNT					OR LOCA						10d, INSIDE CIT	_
Maryland		Kent				с На						LIMITS?	
10e. STREET AND NUMBER		*				10	H. ZIP CODE	*		10g. CI	TIZEN OF	WHAT COUNTRY?	
	iney	Neck Rd		x 229			2166				U.S.		
11. MARITAL STATUS 1 Never Married 2 3 XWidowed 4 Dive		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	NO	13.	If yes, s	CENDENT OF HISPA pecify Cuban, Mexico S 2 NO Speci	an, Puarto Ric		or No—	Blac	E — American Inc k, Whita, atc.	
15. DEC (Specify on	EDENT'S EDU	CATION completed)	16a.	DECEDENT'S	work done	during m	ION lost of working	16b, I	UND DF BU	SINESS/IN	DUSTRY		
Elementary/Secondary (College (1-4 or 5 a	-)	ille. Do NOT u	se retired.))							
7th gr	ade			Labo	orer	:			Cons	tru	ctic	on	
17. FATHER'S NAME (First, A	Middle, Last)						16. MOTHER'S NA	AME (First, Mi	ddle, Maiden	Surname)	_		
Samuel 19a, INFORMANT'S NAME (ns						nvalr	-				
Skirven	Perk	inc		Rt.			387 Ch					21620	- 1
20a. METHOD OF DISPOSIT		1113	200 DI A				emetery, crematory or	_	-v		- City or T		
1X Burial 2 Crematic	on 3 🗆 Ram	oval from State	othe	r place)			emetery					L, Md.	
21, SIGNATURE OF FUNER/		CENSEE		nacs (AND ADDRESS OF F		INU	CA.	nall	L, MO.	
> Jame	Da.	Perki	nh		J	Jame	Box 14	erkin				Service	
23. PART I. Enter the d	iseeses, pr			death. Do	_							Approxi	
shock, or h IMMEDIATE CAUSE (Fi diseese or condition resulting in death) Sequentially list condi- if eny, leading to imme	nei	b. PN.	OF AS A CON	SEQUENCE O	NF):								Between nd Death
cause. Enter UNDERLY CAUSE (Disease or inject that initiated events resulting in death) LAS	rING ury	c. DUE TO	OR AS A CON	BON SEQUENCE O	rel Fi:	0	BStruck	ern					
PART II. Other signific	ASCI	T 1	rel I				The second secon	PD	24a. WAS AN PERFO 1 TYES	RMED?	24	b. WERE AUTOPSY AVAILABLE PRIO COMPLETION DI OF DEATH? 1 YES 2	F CAUSE
25. WAS CASE REFERRED ' EXAMINER?	TO MEDICAL	HOSPITAL:			ОТНЕ		PLACE OF DEATH (C	heck only one)				-
1 ☐ YES 2 ☑ NO		1 Impetient 2			4 🗆 N	ursing Ho	me 5 🗆 Residence	_	*** **				
27. MANNER DF DEATH 1 Netural 5	Pending	28a. DATE Of (Month, L		28b. TH	ME OF JURY M	W	JURY AT ORK?	28d. DE\$0	CRIBE HOW	INJURY O	CCURED		
2 Accident 3 Suicide 6	Could not be determined	28e. PLACE (building,	OF INJURY — A etc. (Specify)	t home, farm,	street, fa			261. LOCA City o	TION (Street r Town, State	and Numb	er or Rural	Route Number,	
cond only		ICIAN: To the best of e										(a) and manner a	a stated.
29b. SIGNATURE AND TITL	E OF CERTIFIE	R					29c. LICENSE NU	JMBER		29d. D/	ATE SIGNE	D (Month, Day, Yes	ır)
(luca	ens	M.D.					023	889	7		10	19/9	/
30. NAME AND ADDRESS O	-	PABAC	SE OF DEATH	(TEM 27) (Typ		ובטי	May	, cl	ies Les	for	(بدل	Mel 21	620
31. DATE FILED (Month, Dey	91	32. DEGISTRA	ABJE ŞIGNATUF Dawydson-	Pandel	2								



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

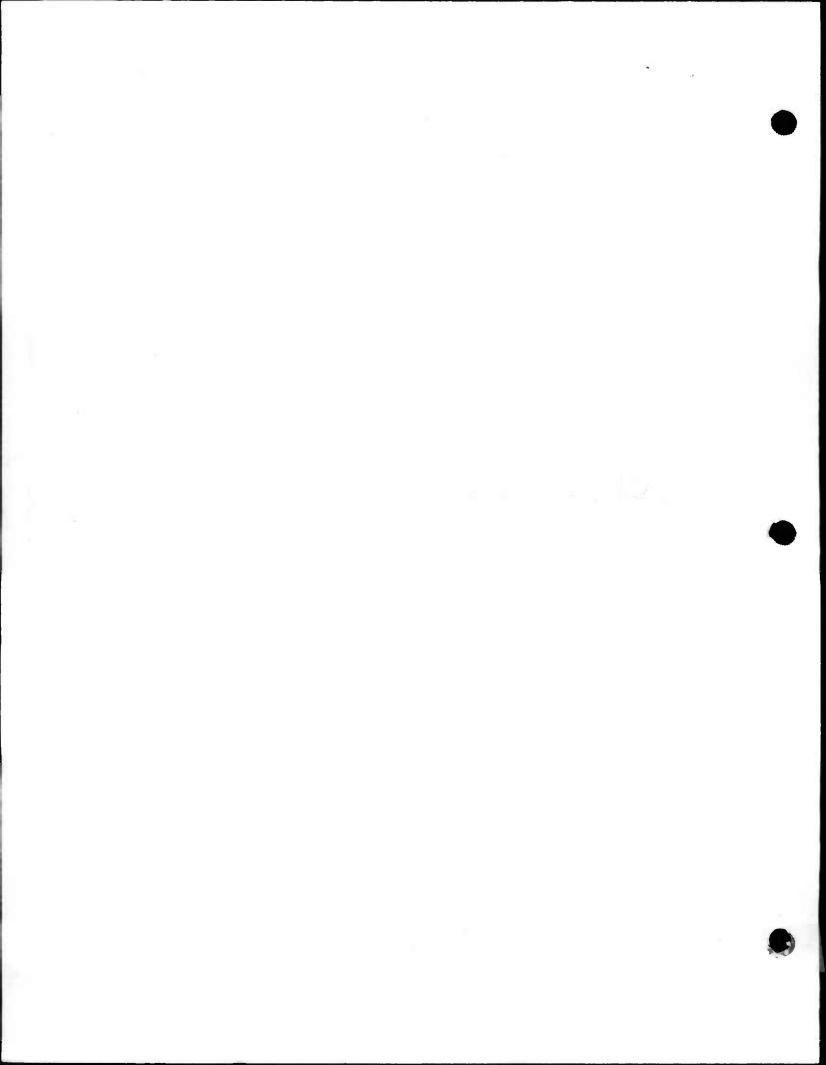
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unce.	O BE COMPLETED BY FLINER
CAMILITIES INVISE DE MULTIEU A	TO BE
deamone event, the medical	CATION
shows any mixty, or other	: MEDICAL CERTIF
to is illaived, or itell to	TED BY PHYSICIAN
THE CHINAL IS HOSTILY	TO BE COMPLET

STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE	OF DEATH	REG NO

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	RTMENT OF H	EALTH AND		E	30389
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	William		Power	s, Sr.		October 16	, 199 ¹	10:49 A M
(T)	4. SOCIAL SECURITY NUMBER 5	Male 6. AGE		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)	a. BIRT	NPLACE (State or Foreign
			YRS.			12/6/1918		
æ	9a. FACILITY NAME (If not institution, give street		1 Tmc			EATN		
RECTOR	RESIDENCE OF DECEDENT	e s Hospita	r, inc.	Cites	rerrown		Kent	Journey
护	10a. STATE 10b. COUNTY				TION			10d. INSIDE CITY
5		t	Roc	k Hall				1 XXYES 2 □ NO
FUNERAL	100. STREET AND NUMBER	Box # 21/		10				
NE		" 417						A
	11. MARITAL STATUS Divorced 12 Married 14	FORCES? 1 YES	2 (NO)	It yes, ap	ecify Cuban, Maxico	in, Puerto Rican, atc.)	or No — 14. RAC Bla	CE — American Indian, ck, White, atc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	No	1 TYES	2 (NO) Specif	No No	Spe	white
COMPLETED	1s. DECEDENT'S EDUCAT (Specify only highest grade con	ION noieted)	18a. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BUS	INESS/INDUSTRY	
Ē				se retired.)	st or working			
MP	10		werder					
	17. FATHER'S NAME (First, Middle, Last)	iv Powers					•	
BE	19a. INFORMANT'S NAME (Type/Print)	TA TOWELS	I see sees ou	Or a section for the section of the				
욘	01	iond)						
	20e. METHOD OF DISPOSITION CTEMS							Charles Charles
	1 □ Burtal 2 □ Cremation 3 □ Removal 4 □ Donation 5 □ Other (Specify)		etery, crematory or o	ther place)				
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE / /	PICOL O	22. NAME AN	ID ADDRESS OF FA			
	· Sam B.	FILLME		F0110	W W. 1	1 - T1	gn st. (hestertown
	23. PART I. Enter the/d/seasea, or com	plicationa that caused	the death. Do i	Int enter the mo	de of dving aug	h se cerdiec or respir	Service	
	shock, or heart failure. Liai IMMEDIATE CAUSE (Final	t only Dne cause Dn ea	ich iine.	are the the	do or dying, add	ir as cardiac or respir	awry arrest,	interval Between
	disease or condition	Respirato	dilla	208	an Come	c (100		Onset and Death
	reaulting in death) a	DUE TO (OR AS A	CONSEQUENCE O	F):	113 3 0 130	201102		
Z	Consentially that any distance (b	Post of f	om sug	un for	perf	ntel co	1/1~	į į
CERTIFICATION		DUE TO (OR AS A	CONSEQUENCE O	F): V				
5	CAUSE (Disease or injury	D- 1 To	001050111105					
E	that initiated events resulting in death) LAST	DOE TO (OH AS A	CONSEQUENCE OF	r):				
S	d							
¥	PART II. Other significant conditions c	ontributing to death be	it not resulting	in the underlying	g cause given in			
음	Mal New front	,						COMPLETION OF CAUSE
ME	Mr Nu frita							1 TES 2 NO
Ä								
PHYSICIAN: MEDIC					ACE OF DEATN (Ch	eck only one)		
¥	1 YES 2 NO 1			4 - Nursing Hom				
	1 Natural S Pending	(Month, Day, Year)		URY WO	RK?	26d. DEŞCRIBE HOW IN	JURY OCCURED	
BY	2 Accident investigation 3 Suicida & Could not be	26s. PLACE OF INJURY	- At home, farm,			28t LOCATION (Steel or	od Alumbas as Ossal	0
Ä	4 Nomicide 6 Could not be	building, atc. (Speci	fy)		·	City or Town, State)	to Number of Hurer	noute Number,
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIAN	Y: To the best of my knowle	dos desth occur	ad at the time dat	and alone and d	to the country of		
N N	one) 2 MEDICAL EXAMINER: O	n the basis of examination	and/or investigation	n, in my opinion, d	eath occured at the	time, data and place, and	her as stated.	e) and manner as stated
CC	290/SIGNATURE AND THE OF CENTIFIER	7						
ω	- CAL	11.4 POWERS, Sr. See Section						
2		LETED CAUSE OF DEA	TH (ITEM 27) (Type,	Print)		Oct !		
, 1		9VE CHES	TEPTO	my m	d 2162	O SHA	VAHAM	m.n.
6	31. DATE FILED (Honth, Day, Year)	32. REMISTRAR'S SIGNA	TURE Y			0 3201	-17 10 10-1	7,143
	001 10 91	guna vand	ion-Handel	X.				

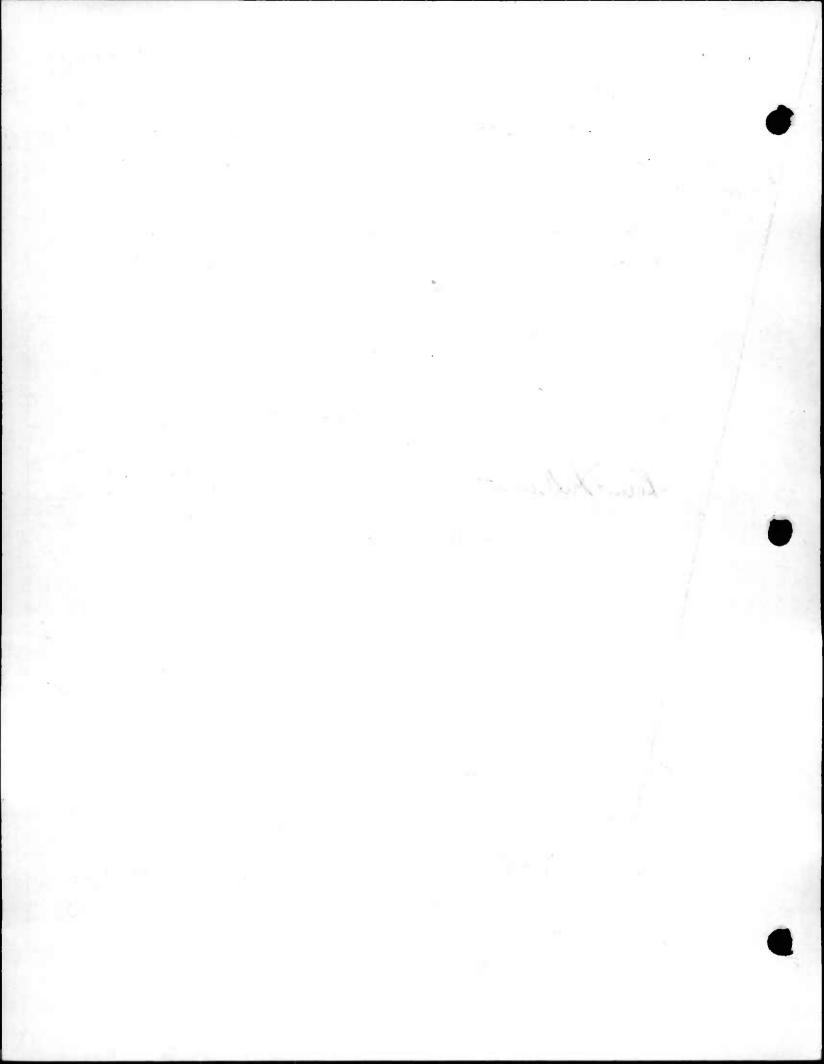
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	FOR STATE REGISTRAR	ATE OF MARYLAND		TMENT OF H			GIENE	9	30390		
	1. DECEDENT'S NAME (First, Middle, Last)		7			2. DATE OF DE	DAY	YEA	3. TIME OF DEATH		
	MARGAI		MMER			Oct. 9	, 19	91	6:00 A. M		
		Fem 6. AGE (in yrs.		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BII (Month, Dey,	Year)	0	IRTHPLACE (State or Foreign Jountry)		
	417 20 3900	M 2XXF 7	7 YRS.				29,1		MD		
)	9a. FACILITY NAME (If not institution, give atreet and At Home	I number)		% Cheste	R LOCATION OF DE	9c. COUNTY OF DEATH Kent					
2	RESIDENCE OF DECEDENT		10c. CIT	Y, TOWN OR LOCAT	ION				10d. INSIDE CITY		
DIREC	Maryland Ker	nt	Cl	hestertor	ZIP CODE			IA OFFICE	LIMITS? XXX YES 2 NO OF WHAT COUNTRY?		
FUNERAL	Rivers Edge Apt				21620			-	SA		
B≼	1 Never Merried 2 Married FC	AS DECEDENT EVER IN U.S., DRCES? 1 1 YES 2 1 YES, GIVE WAR OR DATES	ARMEO Xno No	If yes, spe	ENDENT OF HISPAN polity Cuban, Mexica 2 X NO Specify	n, Puerto Rican,	ecify Yea or etc.)	- 12	RACE — American Indien, Black, Whita, etc. SpecifyWhite		
ED	15. OECEOENT'S EOUCATION (Specify only highest grade complete		DECEDENT'S	USUAL OCCUPATIO	IN et of working	16b. KIND	OF BUSIN	IESS/INDUST	RY		
ᄪ		ege (1-4 or 5+)	itte. Do NOT us	se retired.)	at or working						
MP	11	Ho	omema	ker			H	ome			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle,	Maiden Su	rname)			
8	Benjamin H. Cosc		es illustration	500000 A 10000		etta l					
2	19a. INFORMANT'S NAME (Type/Print)			ADDRESS (Street a		,	,,		7		
	Francis Plummer	20h Pl A(SITION (Name of cen					or Town, State		
	1) Buriel 2 Cremation 3 Removal fro 4 Donation 5 Other (Specify)	om Stata other	place)	ester (
	21. SIGNATURE OF FUNCTIAL SERVICE LICENSEE	/	U1.		ID ADDRESS OF FA	CILITY			Funeral		
	Varu B. F.	ellows		413 H	igh St.	FEI Chester	LLOWS	, WE	LLS Home 21620		
2 2 2 2	23. PART i. Enter the discusses, or compli- ehock, or heart feliure. Liet or										
	IMMEDIATE CAUSE (Final			1		0			Onset and Death		
	disease or condition resulting in death)	100	e His	ele c	ruje	Com	a		1+ year		
!		DUE TO (OR AS A CONS	SEQUENCE O	NF):	,						
CERTIFICATION	Sequenticity list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONS	SEQUENCE O	HF):							
FIC.	CAUSE (Diseese or injury that initiated events	OUE TO (OR AS A CONS	AS A CONSEQUENCE OF):								
E	resulting in death) LAST	,		•							
S	d										
PHYSICIAN: MEDICAL	PART II. Other aignificant conditions conf	Irlbuting to death but no	t resulting	in tha underlying	g ceuse given in		PERFORM YES 2	E0?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
MED						_			1 YES 2 NO		
ä											
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:		26. PL OTHER;	ACE OF OEATH (Ch	eck only one)					
YSI	1 YES 2 NO 1 1	Inpatient 2 - ER/Outpatient		4 - Nursing Hom	no 5 PResidence	6 Other (Spe	ecify)				
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIII	JURY WO	URY AT ORK? YES 2 NO	28d. DESCRIE	E HOW IN.	IURY OCCUR	ED		
		28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm,	street, factory, offic	•	26f. LOCATION City or Tox		d Number or F	Rural Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: 1	To the best of my knowledge, the basis of axamination and							ause(a) and menner as stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Cum-			29c. LICENSE NUI D-0035				GNEO (Month, Dey, Year) 9/1991		
5	30. NAME AND ADDRESS OF PERSON WHO COM C.Gottfried Bauman:			tertown,	Md. 216	20					
6		32. REGISTRAR'S SIGNATURE Julia Davids	E			-					



35	L DIRECTOR
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1 - STATE REGISTRAR	SI	ATE OF M	ARYLAND /		ICATE				MENTAL	REG. NO.	E			
	ZABETH	POLLO							Octo	ber 19	, 199	1	1:30 A	
4. SOCIAL SECURITY NUMBE 160-30-2663 9a. FACILITY NAME (If not inst	1 🗆	M 2 🔀 F	8. AGE (In yrs. les	YRS.	MONTHS OF CITY	DAYS	HOURS	MIN.	Sept	Dey, Year)		Ma1	yland	
Cuppett-Week	s Nursin	A TOTAL CO.	9			klar						rret		
	Garret	t			ry, town o	R LOCAT	ION					- 1	10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
100. STREET AND NUMBER 423 E. Alder							ZIP CODE				IAT COUNTRY?			
11. MARITAL STATUS 1 Never Married 2 A 3 Wildowed 4 Divort	larried F		EVER IN U.S. AF YES 2 X			f yea, sp			n, Puarto F	? (Specify Yea lican, atc.)	or No- 1	4. RACE - Black, Specify	American Indian, White, atc.	
	DENT'S EOUCATION highest grade comple (2) Coll		(G life	CEDENT'S live kind of L Do NOT L OMEMA	work done is retired.)	CCUPATIO	IN st of workin	g	18b.	Own	Home	STRY		
17. FATHER'S NAME (First, Mic William Ar		nder						ers na		Alddle, Malden Mo	Surname) Orriso	n		
19a. INFORMANT'S NAME (Ty) Mrs. Nancy I					a ADDRESS					er, City or Tow		080		
20a, METHOD OF DISPOSITION 1 Section 2 Cremetter 4 Donetton 5 Other	Specify)		20b. PLACE other of Oak I	of Dispo	Cemet	ery					land,			
21. SIGNATURE OF FUNERAL	Yell	net	M001	67			Fun				0. Boaklnad		3 1. 21550	
23. PART I. Enter the dis shock, or he IMMEDIATE CAUSE (Find disease or condition resulting in death)	art failure. List o	MW		Mys	don								Approximate interval Betwee Onset and De	
Sequentielly list condition is my, leading to immed cause. Enter UNDERLYIF CAUSE (Disease or injurthat initiated events resulting in death) LAST	Ide IG y c		OR AS A CONSE											
PART II. Other significer	t conditions cor	tributing to	deeth but not	resulting	in the u	nderlyln	g cause	given in	Pert I.	24a. WAS AN PERFOI 1 VES	PMED?		WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?	
25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	но	SPITAL:	ER/Outpatient	3 🗆 DOA	OTHE 4 Mul	PC:	ACE OF D	-						
	ending	26a. DATE OF (Month, D.	INJURY sy, Year)	28b. Tr	ME OF IJURY M	26c. IN. W0	FURY AT PRICE 2 [] NO	28d. OES	CRIBE HOW	INJURY OCCI	JRED		
3 Suicide 6 0	Could not be etermined	28s. PLACE O building,	F INJURY — At h etc. (Specify)	ome, farm.	, street, fac	tory, offic	•		261. LOC City	ATION (Street or Town, State	and Number o	r Rural Ad	oute Number,	
anal anny	FYING PHYSICIAN: CAL EXAMINER: On												and menner as stated	
296. SIGNAFURE AND TITLE	OF CENTRIES	w	S)			29c. LIC	39	MBER 314		29d. DATE	SIGNED	(Month, Dey, Year)	
30. NAME AND ADDRESS OF	Truten	APLETED CAUS	SE OF OEATH (ITI	EM 27) (7)7	ne, Print)	51.	0	ak	la	21	ber	2	1550	
31. DATE FILED (Month, Day,	1 1991	32. REGISTRA	R'S SIGNATURE	1.00						Y				

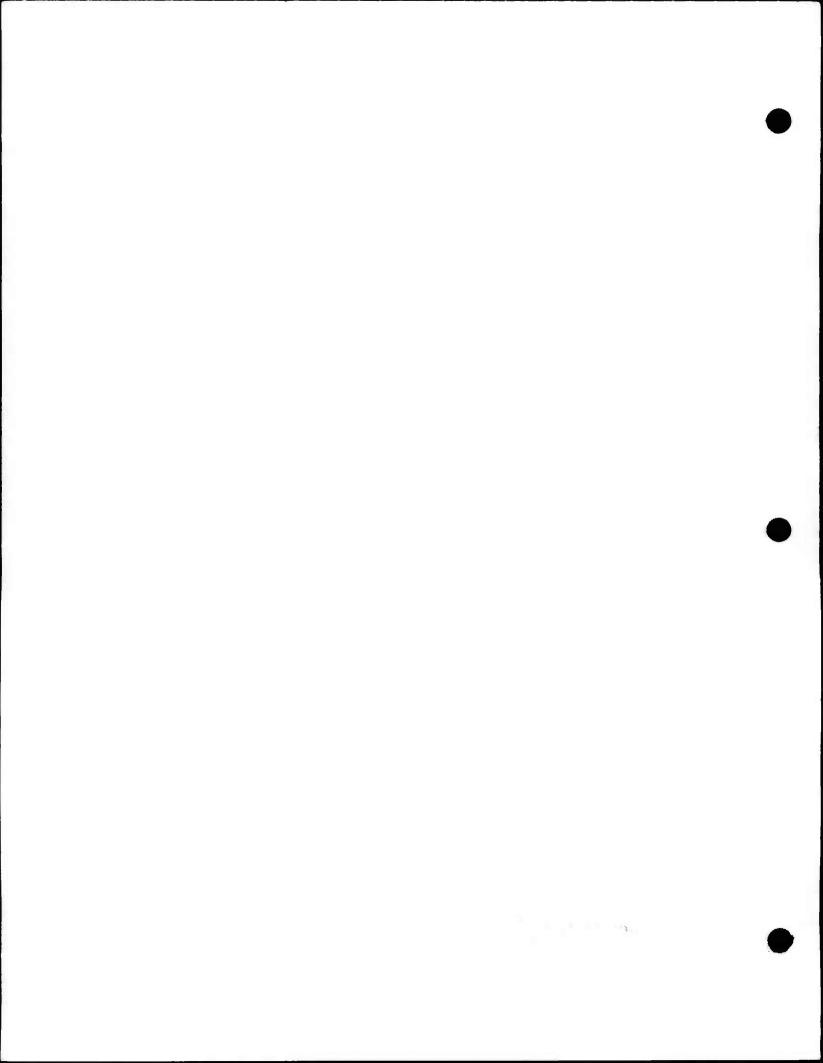


IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.												
	1. DECEDENT'S NAME (First, Middle, Last BLANCHE M.	PRY	AL				2. DATE OF DEATH DATE OF DEATH MONTH POR DEATH 1231						
	4. SOCIAL SECURITY NUMBER 167 16 3166 9a. FACILITY NAME (If not institution, give	5. SEX 1 M 2 F 91 YRS. 6. AGE (In yrs. last birthday) 91 YRS. 91 YRS. 92 YRS. 93 YRS. 94 F UNDER 1 YEAR F UNDER 24 HRS. 10 DAYS HOURS MIN. 4/19/1900 Phil 95. COUNTY OF DEATH 96. COUNTY OF DEATH											
DIRECTOR	NORTH ARUNDEI	HOSPITAL		GLE	N BUR				E ARUNDEL				
DIRE	MD . 106. COUN	ARUNDEL		NAPOI					10d, INSIDE CITY LIMITS? 1 YES 2 NO				
ERAL	100. STREET AND NUMBER	RIDGE COURT			10f. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?				
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT EVER IN FORCES? 1 YES	2 NO	If ye	274(DECENDENT O , specify Cubai YES 2 NO	F HISPANIC n, Maxican, P	ORIGIN? (Specify Yes Puerlo Rican, atc.)		14. RACE — American Indian, Black, White, atc.				
COMPLETED	15. DECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12)	(e completed) College (1-4 or 5+)	18a. DECEDENT'S I (Give kind of w life. Do NOT use HOMEMAI	ork done durin e retired.)	ATION most of workin	g	18b. KIND OF BUSINESS/INDUSTRY						
CO	17. FATHER'S NAME (First, Middle, Last) GEORGE	WILL	S		18. MOTHER'S NAME (First, Middle, Meiden Surneme)								
TO BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
	Marie B. Hampton 1005 Cedar Ridge Ct. Annapolis Md. 21401 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City of Town, State												
	Commetten 3 Ramoval from State Commetten 3 Ramoval from State Commetten of other place) Crematory of other place) Metropolitan Crematory 10/19 Alex. Va.												
	tourld S. J	y fr		Tay	lor F	unera	1 Chape						
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, ahock, or heart failure List only one cause on each lina. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):												
CATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING												
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A C											
CAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? ANAILA ANAILA												
PHYSICIAN: MEDI	- Chris	ni /lem	e fai	lux)			^	DF DEATH?				
SICIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	PLACE OF DE								
	27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED											
TED BY	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office 28s. PLACE OF INJURY — At home, farm, street, factory, office 28s. LOCATION (Street and Number or Rural Route City or Town, State)												
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	SICIAN: To the best of my knowled	dge, death occurred	f at the time,	lete and place, n, death occure	and due to I	he cause(a) and mann	ner sa stated.	uee(a) and manner as stated,				
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	Sahor	20Z										
	30. NAME AND ADDRESS OF PERSON WI	OCOMPLETED CAUSE OF DEAT	H (ITEM 27) (Type, I	1 0	often	Con	ter Co.	04400	mD 21114				
	OCT 2 2 1991	July Devistran's Show	11.02 ·	-	1011		<u> </u>	2 3 300					

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		FOR STATE REGISTRAR	STATE OF MARY		RTMENT (MENTAL	REG. NO.						
	į	1. DECEDENT'S NAME (First, Middle, Last)	DEFED C					MONTH	OF DEATH		EAR 3.	TIME OF DEATH			
	1	GEORGIANNA I. I	7. DATE (10-18-91 7. DATE OF BIRTH			ACE (State or Foreign								
7 1	ا د	215-12-2956	□ M 2 1 F 9	1 YRS.	MONTHS E	DAYS	HOURS MIN.		27-00						
3 should	1	9a. FACILITY NAME (If not institution, give street	and number)		9b. CITY, T	OWN OR	LOCATION OF DE	EATH		9c. COUNT	DC. COUNTY OF DEATH				
, N	ECTOR	ANNAPOLIS CONV.	CENTER		ANNA	APO	LIS			AA C	0.				
Se Carried	E.	10s. STATE 10b. COUNTY		10c. C	TY, TOWN OR	LOCATIO	ON				10	d. INSIDE CITY			
ξ. 28	BI	MD AA CO.	·	A1	NAPOI	LIS						YES 2 NO			
t peri	FUNERAL	10e. STREET AND NUMBER				10f. 3	ZIP CODE			N OF WHA	T COUNTRY?				
ian. transi	NE	245 ADMIRAL DE	RIVE 2. WAS DECEDENT EVER	IN II S ADMED	12 9/4	_	1401	NIC OBIGIN	US IC ORIGIN? (Specify Yea or No			American Indian,			
fing physic the burial	B⊀	1 Never Married 2 Married 3 Wildowed 4 Otvorced	FORCES? 1 YES	S 2 NO	H y	es, spec	city Cubsn, Maxica	in, Puarto F	rto Rican, atc.) Black, \			BLACK			
be retained by the hospital or attending physician. Spould be detached for use as the burial-transit permit. Pages be notified at once.	COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elamentary/Secondary (0-12)	ION npleted) College (1-4 or 5 +)	16a. DECEDENT (Give kind of life. Do NOT) DOMES.	f work done dui usa retired.)			16b.	KIND OF BUS	INESS/INDUS	TRY				
d by the hos	BE CON	17. FATHER'S NAME (First, Middle, Last) GEORGE EVANS				18. MOTHER'S NAME (First, Middle, Maiden Surmame) ALICE SELLMAN									
e 5 should notified	10	19a. INFORMANT'S NAME (Type/Print) ELEANOR WESTON					AVE.,					401			
6 may ctor, pa	1 1 3-Burisi 2 Cremation 3 Removal from State other place)											NAPOLIS, MD			
after death. Page y the funeral dire noval.		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY REESE AND SONS MORTUARY, P.A.													
death e fune al.		REESE AND SONS MORITARY, P.A. 821 WEST ST., ANNAPOLIS, MD 21401													
filled in by on. or remo		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory strest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a													
8 9 = e	N.	Sequentially list conditions (b.	DUE TO (OR AS	A CONSEQUENCE	OF):				100						
a cian	CATIC	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury	DUE TO (OR AS												
death certificate be e attending physician ental Hygiene prior to	CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE	OF):			-							
Me Me		PART ii. Other significant conditions	contributing to death	but not resultin	g in the und	ariying	cause givan In	Part i.	24a. WAS AN	AUTOPSY	24b, W	ERE AUTOPSY FINDINGS			
and and	MEDICAL	Torko	- FAIL	DOFNI	0-			_	PERFORMED?		WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?				
been signer. T. of Healt	. M	- 1													
V: The law r cate has be State Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOODIT:			26. PL/	ACE OF DEATH (C)	heck only or	16)						
ICIAN: The sertificate of the State	YSIC		IOSPITAL:	utpatient 3 🗆 DOA	4 DeMursin	ng Home	5 Residence	8 🗆 Othe	r (Specify)						
NG PHYSICIAN: The law requires the this certificate has been signed acts with the State Dept. of Health marked, or Item 23 shows an	ву РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Year		IME OF 2 NJURY M	86. INJU WOF 1 Y	RK?	28d. DES	CRIBE HOW I	NJURY OCCU	RED				
TOR: A after d after d s		3 Suicide 8 Could not be datermined	28e. PLACE OF INJUI building, etc. (Sp	RY — At home, farm pecify)	n, street, fector	y, office		28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
OR OUR	COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:										and menner as stated.			
TO THE HOSPITAL OF THE FUNERAL COMPANIENT TO THE FUNERAL COMPORTANT: If IN	BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Room, of 290 LICENSE								SIGNED (M	fonth, Dayl, Yaar)			
0=	욘	30. NAME AND ADDRESS OF PERSON WHO	O ONE	DEATH (ITEM 27) (7)	pe, Bright) 16	Fo	nest	de	ILE	21	403	,			
		31. DATE FILED (MOTE 2"2 199	32 FEMETRATES SH	NATURE	2										

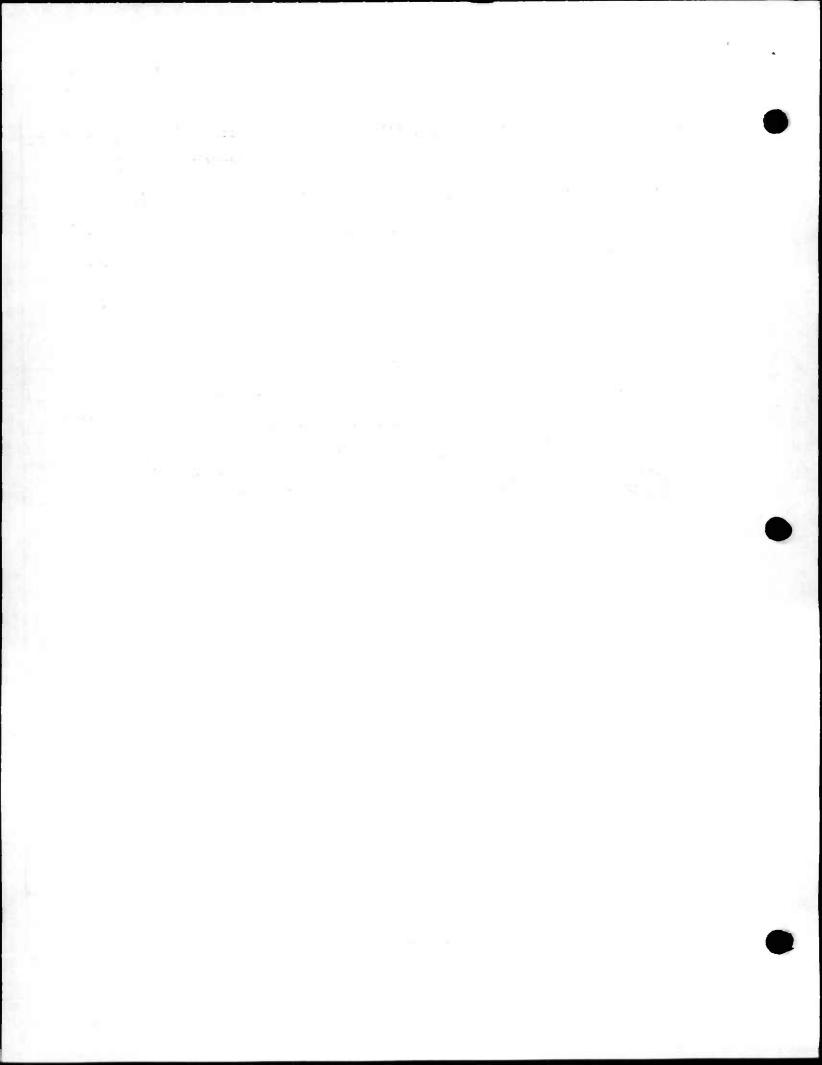


er death. Page 6 may be retained by the hospital or attending physician. the funeral director, page 5 should be detached for use as the burial-transit permit, Page val.	TO BE COMPLETED BY FUNERAL DIRE	11. MARITA 1 Neve 3 Wido Element 17. FATHER CLAUI 19a. INFOR ROXAN 20a. METH 1 Burla 4 Dona 21. SIGNAI
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART IMMEDIA disease t resulting Sequentl if any, le cause. E. CAUSE (I that initial resulting PART II. 25. WAS CA EXAMII 1
TO THE F TO THE F De filed w	TO BE	29b. SIGNAL

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR 1 - STATE REGISTRAR		STATE OF MA	RYLAND	/ DEPAR	TMENT O	F H	EALTH AND	MENT	AL HYGIEN	91	30	0394		
	1. DECEDENT'S NAME (First	MAEL	IZABETHICK				JF.	DEATH		REG. NO		YEAR	3. TIME OF GEATH 973DAM A-M		
1	4. SOCIAL SECURITY NUMBER 218-05-5182	BER	5. SEX 6.	AGE (In yrs. 1	last birthday)	IF UNDER 1 YE	EAR NYS	IF UNDER 24 HRS. HOURS MIN.	7. DAT	E OF BIRTH		8. BIRTH	PLACE (State or Foreign		
0	BALTIMORE CO				R LOCATION OF D LSTOWN	DEATH			NTY OF DI						
	MD STATE	10ь. соунт CAR	ŘOLL		ÜNT	SN"BRI						10d. INSIDE CITY			
	207 PENROSE	AVE					101.	ZIP CODE 179	91		10g. CITI	ZEN OF W	CHAT COUNTRY?		
	1 Never Married 2 3 Divo	11. MARITAL STATUS 1 Never Married 2 Married 3 WildowedW 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES GIVE WAR OR DATES							NIC ORIG an, Puarto lly:	IN? (Specify Yes Rican, etc.)	or No-	14. RACE Black Space WH I	— American Indian, , While, atc.		
	15. DEC (Specify only Elementary/Secondary (0	EDENT'S EDU y highest grade I-12)	CATION completed) College (1-4 or 5+)	GECEDENT'S IGNOBILITY OF WIND OF WIND WAS USEWIF		PATIO g mos	N it of working	16	OWN						
	17. FATHER'S NAME (First, M CLAUDE S. BC	OHN						CARR	IE M	ME (First, Middle, Melden Surneme) IE MAY GRABILL					
	ROXANN MCCAF	RLEY	LAL		710 KE	LING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) KEYSVILLE RD . KEYMAR MD ATE OF DISPOSITION (Name of DATE 20c, LOCATION — City or Town, State)							21757		
	1 Burial 2 Crematio 4 Donation 8 Other 21. SIGNATURE OF FUNERAL	JANORE	E"CEMETERY				UNIONVILLE, MD ACILITY D. D. HARTZLER & SONS								
	23 PART I Enter the di	ie (). Harse	er				UNION	BRID	GE, MD					
	23. PART I. Enter the di shock, pr he iMMEDIATE CAUSE (Fin disease pr condition resulting in death)	ai	List Dilly Dille Cause	on escn m	10,								Approximate interval Between Onset and Death		
disease or condition resulting in death) a. Now Shart CELL CANCER of Lung DUE TO (OR AS A CONSEQUENCE OF): METASTAS IS TO BR MIN DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):															
	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 MO 24b. WERE AUTOPSY FINDINGS OF DEATH? 1 YES 2 NO											AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	MEDICAL	HOSPITAL:	Outpatient		OTHER:		S Residence							
		Pending riveatigation	28a. DATE OF INJU (Month, Day, Ye	JRY	28b. TIME INJU	OF 28c.	INJU	RY AT		\$CRIBE HOW IP	JURY OCC	URED			
	3 Suicida 8 0	Could not be letermined	28e. PLACE OF IN- building, atc.	JURY — At h (Specify)	ome, farm, st	reet, factory, e	offica		281. LOC City	CATION (Street a or Town, State)	nd Number	or Aural Ro	outa Number,		
	29a. CERTIFIER (Check only one) 1 CERTI	CAL EXAMINE	CIAN: To the best of my in R: On the bests of axemin	knowledge, d	aath occurred	f at the time,	deta a	ind place, and due	Io the ce	use(a) and men a and placa, and	ner aa atate	d. cause(a)	and mannar as stated.		
	29b. SIGNATURE AND TITLE	And	where	4				29c, LICENSE NUI	SO	2	29d. DATE	SIGNEO (Month, Day, Year)		
	SYED S	. H	DSMIN in	1.3			Ē	WUN	74	GEN.	Papi	PITA	2		
	OCT 29 1	6ar)	32. REGISTRAR'S S						-		1,000				



	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.												
	DECEOENT'S NAME (First, Middle, Last,	Benjamin	м. 179	dderfo	thorth	2. DATE OF DEATH MONTH		year 3. TIME OF DEATH					
	4, SOCIAL SECURITY NUMBER 5.78-09-0266	5. SEX 6. AGE (//	3	BIRTHPLACE (State or Foreign Country). Washington, D									
TOR	96. FACILITY NAME (If not institution, give 1232 Johnson RESIDENCE OF DECEMENT	e Arundel											
FUNERAL DIRECTOR	10e. STATE 10b. COUNT	e Arundel		y, town on Loca				10d. INSIDE CITY LIMITS? 1 YES XXNO					
ERAL	100. STREET AND NUMBER 1232 Johnson	Drive		10	20764		10g. CITIZEN OF WHAT COUNTRY? USA						
B	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS OECEDENT EVER IN FORCES? 1 YES	2 NO	If yee, sp	ENDENT OF HISPAN ecity Cuben, Mexical Specify	IC ORIGIN? (Specify Yen, Puerto Ricen, atc.)		4. RACE — American Indian, Black, White, etc. Specify: White					
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elamentery/Secondary (0-12)		18e. DECEDENT'S (Give kind of viite. Do NOT us Engine	vork done during ma se retired.)	ON est of working			SINESS/INOUSTRY Co. Schools					
	17. FATHER'S NAME (First, Middle, Last)	ME (First, Middle, Meider	Surname)										
BE	Thomas Rudder 190. INFORMANT'S NAME (Type/Print)	forth	105 MAII ING	ACCRES (Street	Lillia	oute Number, City or Tox							
2	Benjamin W. R	udderforth	1232	Kpjmsp	m drive	Shad	y Side	e, MD					
	20e. METHOD OF DISPOSITION 1 N Burlai 2 Cremation 3 Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other place) 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State												
	21. SIGNATURE OF EUROPIAL SERVICE U	CENSEE		Hard 12 F	esty Fu	neral Ho	ome, I	P.A.					
NO	23. PART i. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initisted events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.												
PHYSICIAN: MEDICAL	PART II. Other algnificent condition	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO											
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI OTHER:	ACE OF DEATH (Che	ck only one)							
HXS	1 VES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpar 26e. DATE OF INJURY	Raeldence 6	Other (Specify)									
BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJI	JRY WO	RK? 'ES 2 NO	28d. OEŞCRIBE HOW INJURY OCCURED							
	3 Suicida 6 Could not be 4 Homicide determined	26s. PLACE OF INJURY - building, etc. (Specif	At home, ferm, a	treet, factory, offic	'	281. LOCATION (Street City or Town, State)	and Number or	Rural Route Number,					
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS	SICIAN: To the beat of my knowle ER: On the basis of examination	dge, daath occurre and/or investigation	d at the time, date	end place, and dua t	to the ceuse(e) end me	nner es stated.	euse(s) and manner se stated,					
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE OLIVERA 30. NAME AND ADDRESS OF PERSON WITH	Mora	unc		29c, LICENSE NUME D334	SER SS	29d, DATE SI						
	6131 Shady Si	de Road, Sh	ady Si		rvland	20764							
	OCT 25 1991	g the Salata No.	angle ble		7								

The same of the sa

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 • STATE REGISTRAR	S	TATE OF N								MENTA	L HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)												3. TIME OF DEATH			
	Thomas Fran		ons							MON1	TH 04	3, 1	997	8 no to		
	4 SOCIAL SECURITY NUMBER	- T	SEX	6. AGE (In yr	rs lest hirth	day)	IF UNDER 1 YEA	8 JE	UNDER 24	A HIRS		OF BIRTH	, 1		HPLACE (State or Foreign	
\	215-16-8784	10	X M 2 □ F	in the state of		- ''	MONTHS DAY	-	-	MIN.	De	th, Day, Year) C 7,1	907	Count		
2	90. FACILITY NAME (# not institution Hurtt Avenu	e)			9ь. сіту, том Мі1						111111111111111111111111111111111111111	nty of t	DEATH			
DIRECT	RESIDENCE OF DECEDE	COUNTY			100	CITY.	TOWN OR LO	CATION						_	10d. INSIDE CITY	
E	MD	Ken	+			M	illin	a+ a							LIMITS?	
	10e. STREET AND NUMBER	кеп	L			PIJ	<u> </u>		CODE				100 CIT	IZEN OF	WHAT COUNTRY?	
FUNERAL	Hurtt Avenu	ıe						216					log. Cit	US		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merrie 3 Divorced	4	WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES			If yes	13. WAS DECENDENT OF HISPANIC ORIGIF yes, specify Cuban, Mexican, Puerto 1 YES 2 NO Specify:							E — American Indian, ck, White, etc.		
<u>n</u>	15. DECEDENT	'S EDUCATIO	ON	184	18e. DECEDENT'S USUAL OCCUPATION				18	b. KIND OF BUS	SINESS/INI	DUSTRY				
	(Specify only highe: Elementary/Secondary (0-12)			(Give kind of work done during most of working life. Do NOT use retired.)												
7	g	"	College (1-4 or 5+)		School		R119	Bus Contrac			t dr	Ken	t Co	unty Schools		
COMPLETED	17, FATHER'S NAME (First, Middle, L	ast)			DCII	003	L Dub					Middle, Maiden			, , , , , , , , , , , , , , , , , , , ,	
	Charles S.		one					"				lliso:				
BE	190. INFORMANT'S NAME (Type/Prin		ens		T 405 444	u INC /	DDDEEC (O)	-1					-	- Code)		
٩	196. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Florence Stevens Hurtt Ave, Millington, MD 21651															
													own, State			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE / 22. NAME AND ADDRESS OF FAI												<u></u>			
	> Should	8 +	2001	MAC								al Ho			21651 gton.MD	
	23. PART i. Enter the disesse	es, or com	plications the	t caused th	ne deeth.	Do no									Approximate	
	IMMEDIATE CAUSE (Finel And Destination of the Company of the Compa											interval Between Onset and Desth				
	disesse or condition resulting in death)	19 V	hom	a	/								tee			
_		_	DUE TO	DUE TO (OF AS A CONSEQUENCE OF):											чоол	
CERTIFICATION	Sequentielly list conditions,	b	DUE TO (OR AS/A CONSEQUENCE,OF):													
ΕI	Sequentially list conditions, if any, leeding to immediate course. Enter UNDERLYING DUE TO (OR AS A CONSCOUENCE OF): AT LOVE OF LAST A CONSCOUENCE OF): The course. Enter UNDERLYING									Sea	N 4Pore					
윤	CAUSE (Disesse or injury that initieted events	c. —	DUE TO	IUE TO (OR AS A CONSEQUENCE OF):												
Ē	reaulting in deeth) LAST			•••											1	
当		d												-	+	
PHYSICIAN: MEDICAL	DATE II Other standilland and distance and the standilland and the											b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 1 NO				
Z																
SICI	25. WAS CASE REFERRED TO MED EXAMINER? 1 YES 2 NO	н	OSPITAL:	ER/Outpatie	ent 3 🗆 D		OTHER:			-	eck only o			-		
<u></u>	27. MANNER-OF DEATH		□ Inpatient 2 □ ER/Outpetient 3 □ DOA 4 □ Nursing Home 5 ₺ Residence 8 □ Othe 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DES									INJURY O	CURED			
ВУ Р	1 Natural 5 Pendir	ng Igation	(Month, Day, Year) 295, Time Of 296, Time Of						NO	28d. DEȘCRIBE HOW INJURY OCCURED						
	2 Accident investi 3 Suicide 8 Could 4 Homicide determ	not be	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)									CATION (Street by or Town, State		er or Rural	Route Number,	
COMPLETED	29e. CERTIFER (Check only one) 1 CERTIFYING 2 MEDICAL E														(s) end menner ee stated.	
BEC	29b. SIGNATURE AND TITLE OF C	ERTIFIER	3	7 01	10	1	,	29	Oc. LICEN	NSE NUI	MBER	7	29d. DA	TE SIGNE	(Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERS	SON WHO CO	OMPLETED CAL	SE OF DEATH	1 (ITEM 27)	(Time	Acint)	4	0 3	/ >	V	/	1	9//	1/5/	

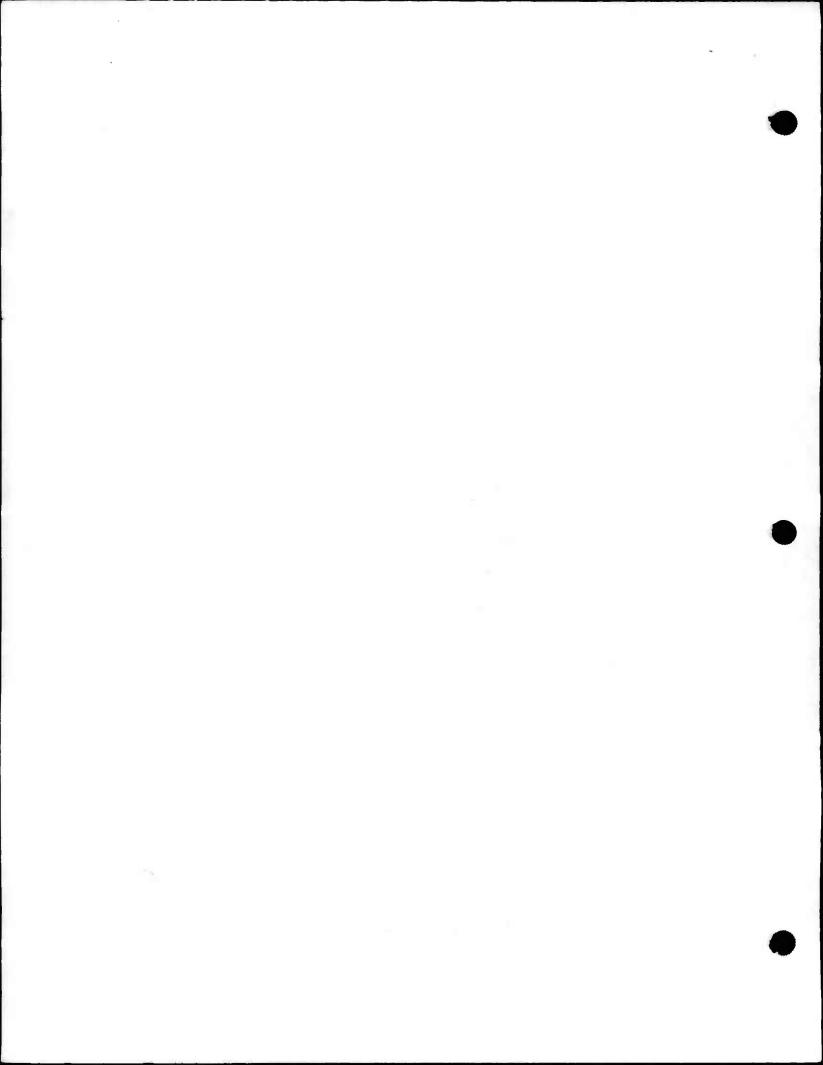
GATH (ITEM 27) (Type, April)
nicorn Medical

Ctr.,

Millington.

Sasek, Unico

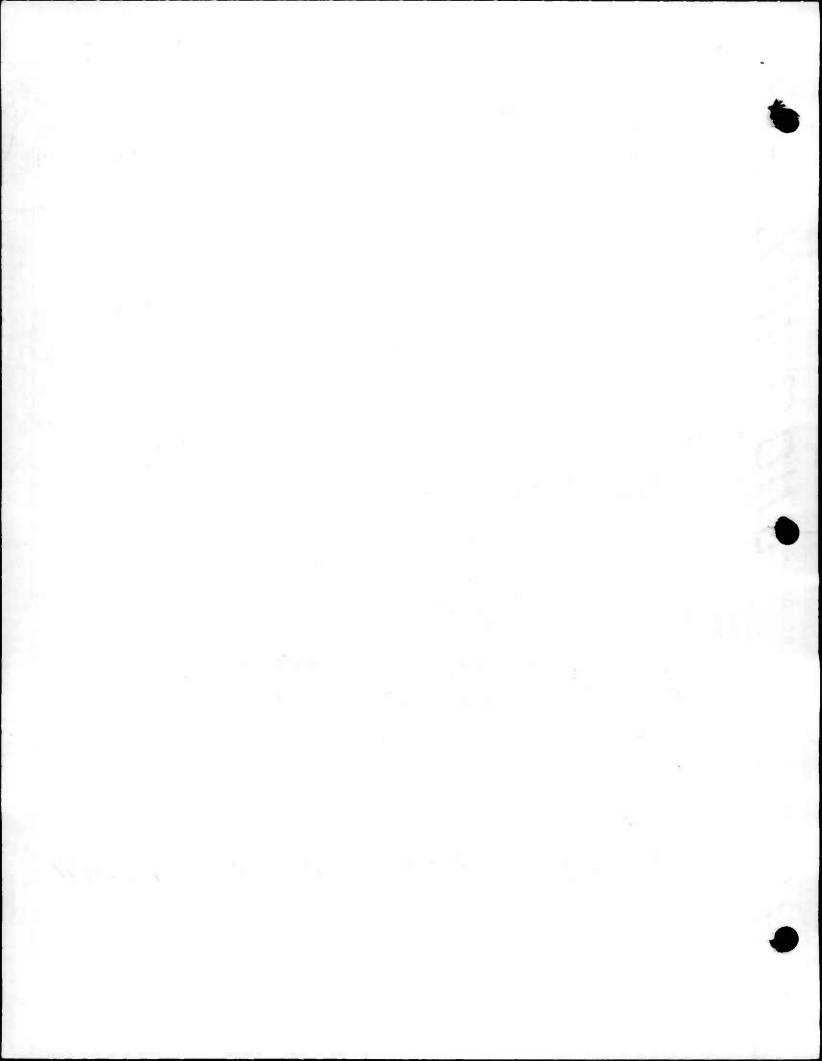
Milan



DHMH-16 Rev 1/89

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	E OF MARYLAND C	DEPART				ENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) LORE LOPENE F.	Shanne	n				2. DATE OF GEATH DAY	+ 9 YEAR	3. TIME OF DEATH 530 PM		
	4. SOCIAL SECURITY NUMBER 2.15 - $48-7.146$ 1 \square M	8. AGE (in yrs. i		IF UNDER 1 YEAR	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 5 17 0	5 A. BIR	THPLACE (State or Foreign arry) ary land			
OR	96. FACILITY NAME (If not Institution, give street and nu Meridian NWS			La La	Pla-	ta	тн	sc. county of	ries		
DIRECTOR	100. STATE 10b. COUNTY	3	10c. CITY,	TOWN OR LO	CATION				10d. INSIDE CITY		
H	Maryland Charles		We1	come					1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER Route 6				10f. ZIP COOE			10g. CITIZEN OF	WHAT COUNTRY?		
¥	11. MARITAL STATUS 12. WAS	DECEDENT EVER IN U.S.	RMED	13. WAS (206 DECENDENT O		C ORIGIN? (Specify Year		CE — American Indien,		
B	1 Never Married 2 Merried FORG	CES? 1 TYES 2 X S, GIVE WAR OR DATES]NO	if yes,	specify Cuber ES 2 NO	n, Mexican	, Puerto Rican, etc.)	Spe	ock, White, atc. ocily: 11te		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elemantary/Secondary (0-12) College	(1-4 or 5+)	DECEDENT'S U (Give kind of wo life, Do NOT use	rk done during retired.)	NTION most of workin	g	16b. KIND OF BUS	INESS/INDUSTRY			
MP	8	Н	omemak	er			N/A				
BE CO	17. FATHER'S NAME (First, Middle, Lest) Charles J. Gilroy						NE (First, Middle, Meiden S Bastain	Surname)			
2	190. INFORMANT'S NAME (Type/Print) Mrs. Wanda Sellers	1					oute Number, City or Town Plata, Mar		0646		
	20s. METHOD OF DISPOSITION	20b. PLAC	E OF DISPOSI		-			ATION — City or			
	1 Buriel 2 Cremation 3 Removal from 4 Donation 5 Other (Specify)	State Nanj	emoy B	aptist	Churc	ch Ce	metery Nan	ijemoy,	Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1.00		22, NAMI Wi 11	iams I	uner	al Home	Rt. 225	& Glymont Ro		
	Wester 11/1	Mum	~				aryland 20				
TION	23. PART I. Enter the diseases, or complicate ahock, of heary failure. List only immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A COME	SEQUENCE OF		ecti				Approximate Interval Between Onset and Death		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	or Injury ts DUE TO (09 AS A CAMSEQUENCE OF):									
PHYSICIAN: MEDICAL C	chibri disturbi	feelare,	card card card in b	disco	rep	Comp ento	Coli	MED?	40. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO		
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 NO			OTHER:	L PLACE OF D	-	re-resident the	-/			
r PHYS	27. MANNER OF DEATH 28s 1 Haturel 5 Pending	etlent 2 - ER/Outpetient DATE OF INJURY (Month, Day, Wer)	286. TIME	OF 26c	SNJURY AT WORK?		8 Other (Specify) 28d. DESCRIBE HOW IF	NJURY OCCURED			
тер ву	a C Processes	28s. PLACE OF INJURY At home, famil, street, factory, office faultding, etc. (Specify)						281. LOCATION (Street and Mumber or Rural Route Mumber, City or Them, State)			
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To to the one) 2 MEDICAL EXAMINER: On the								e(a) and manner as stated.		
TO BE (296 BIGHTODHE AND TITLE OF CENTRUIP	Letto	t m		29c. MCI	O S	370	29d. DATE SIGN	ED (Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WHO COMPLI				T 70.0			2616			
	Paul E. PRITCHETT SR. 31. DATE FILED (Month, Day, Your) 32.	REGISTRAR'S SIGNATURE			LaPlat	a,Ma	ryland 20	0646			
	10-25-96T2 8 '91	Lucia Savido	~ Randa	22							



TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	be filed within 72 hours after death with the State Dept. of Health and Mertal Hyghene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL OR ATTENDING PH	THE FUNERAL OIRECTOR: After the	led within 72 hours after death w	ORTANT: If item 28 is mark

JAMES C. BOYD

M.D

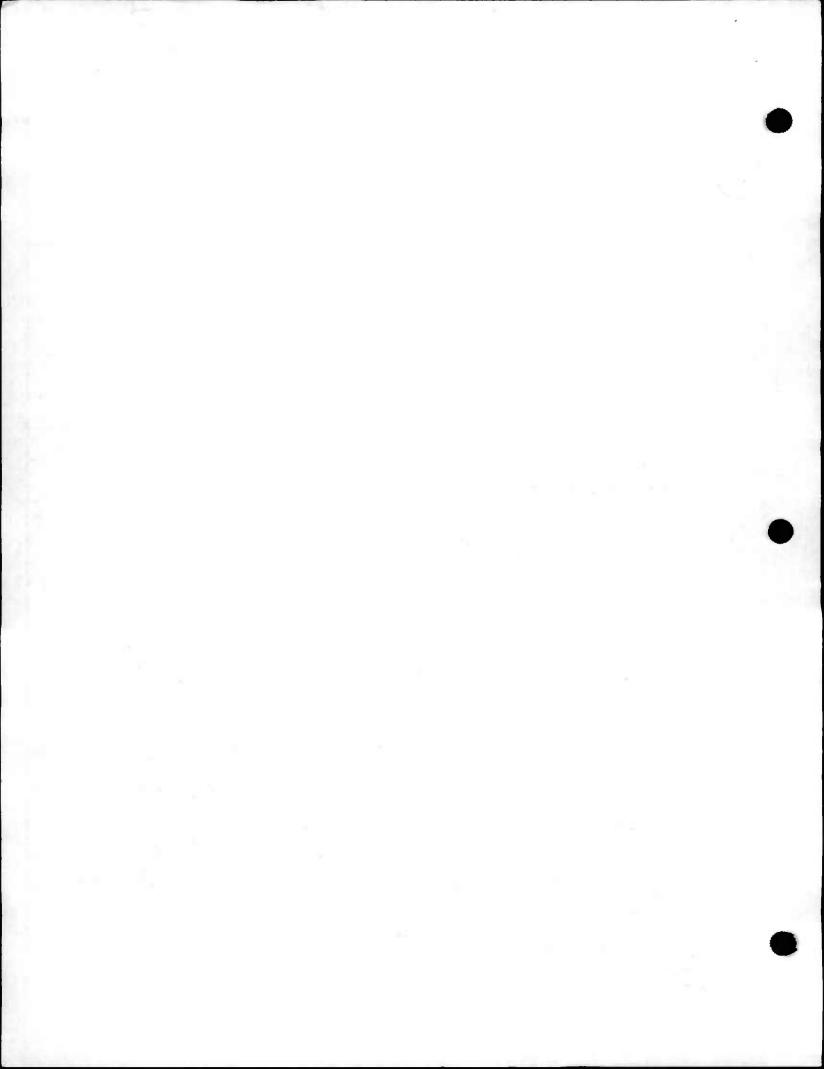
	500							0398				
	1 - STATE REGISTRAR	STATE OF MARYLAI			F HEALTH AND I OF DEATH	MENTAL HYGIEN REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)	_				2. DATE OF DEATH		3. TIME OF DEATH				
	DOROTHY LUCTLLE		SPRIN	GER		OCT. 22,	1991 YEA	17:50 PM				
		SEX 6. AGE (In	yrs. last birthday)	IF UNDER 1 YE	EAR IF UNDER 24 HRS.	7. DATE OF BIRTH	0. B	IRTHPLACE (State or Foreign				
\	577-18-5123	□ M 2 √2 F 72	YRS.	MONTHS DA	YS HOURS MIN.	MAR. 17,	1919 N	ountry) IARYLAND				
)	9a. FACILITY NAME (If not institution, give street			9b. CITY, TO	WN OR LOCATION OF DE		9c. COUNTY C	OF DEATH				
LOR	BAYSIDE NURSING CEN	RSING CENTER LEXINGTON PARK ST. MA										
DIRECTOR	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR L	OCATION			10d. INSIDE CITY LIMITS?				
ā	MARYLAND ST.MAR	Y'S	V	ALLEY	LEE			1 TES 2 NO				
AL	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?				
FUNERAL	STAR ROUTE BOX 1	64			20692		U.S.	Α.				
5		P. WAS DECEDENT EVER IN U FORCES? 1 1 YES	J.S. ARMED		DECENDENT OF HISPAN s, specify Cuban, Maxica		s or No— 14. I	RACE — American Indian, Black, White, atc.				
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE	ES		YES 2 NO Specifi			Specify:				
								HITE				
TEL	15. DECEDENT'S EDUCATI (Specify only highest grade con	ION 1	(Give kind of	work done durin	PATION ng most of working	16b. KIND OF BU	SINESS/INDUST!	ay .				
E		College (1-4 or 5+)	ille. Do NOT u			HOME						
MP	12TH GRADE		HOUSE	ATEC		no.						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Meiden						
BE	WILLIAM P.	FARR			MARTH	A E.	DA	AVIS				
70 E	198. INF-DHMANT S NAME (Typer-nint)											
Ε.	EDWARD LEO SPRINGER, SR. STAR RT. BOX 164, VALLEY LEE, MARYLAND 20692											
	20a, METHOD OF DISPOSITION 20b, PLACE AND DATE OF DISPOSITION (Name DATE Of Comments) 20c, METHOD OF DISPOSITION (Name DATE Of Comments) 20c, METHOD OF DISPOSITION (Name DATE OF COMMENT) 20c, METHOD OF COMMENT (Name DATE OF COMMENT) 20c, METHOD OF COMMENT (Name DATE OF COMMENT) 20c, METHOD OF COMMENT (Name DATE OF COMMENT) 20c, METHOD OF COMMENT (Name DATE OF COMMENT) 20c, METHOD OF COMMENT (Name DATE OF COMMENT) 20c, METHOD OF COMMENT (Name DATE OF COMMENT) 20c, METHOD OF COMMENT (Name DATE OF COMMENT) 20c, METHOD OF COMMENT (Name DATE OF COMMENT) 20c, METHOD OF COMMENT (Name DATE OF COMMENT) 20c, METHOD OF COMMENT (Name DATE OF COMMENT) 20c, METHOD OF COMMENT (Name DATE OF COMMENT) 20c, METHOD OF COMMENT (Name DATE OF COMMENT) 20c, METHOD OF COMMENT (Name DATE OF COMMENT) 20c, METHOD OF COMMENT (Name DATE OF COMMENT) 20c, METHOD OF COMMENT (Name DATE OF COMMENT) 20c, METHOD OF COMMENT (Name											
	4 Donation 5 Other (Specify) ST. GEORGE CATHOLIC CEM. VALLEY LEE, MARYLAND											
	21. SIGNATURE OF FUNERAL SERVICE LICENS	Gardine	,)	MAT	ME AND ADDRESS OF FA TINGLEY—GA	ARDINER FUI		OME, P.A. RYLAND 20650				
	23. PART I. Enter the diseases, or con											
	ahock, or heart failure. List only one cause on each line.											
	IMMEDIATE CAUSE (Final disease or condition	1 1	-0		4			Onsot and Board				
	reaulting in death) a. Apriation Framework Due to (or as a consequence of):											
_#	# DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, b	DUE TO (OR AS A C	CONSEQUENCE C	PF:				1				
AT	If any, leading to immediate cause. Enter UNDERLYING			,								
은	CAUSE (Disease or Injury CAUSE)											
E	that initiated events resulting in death) LAST											
E	d							+				
7	PART II. Other significant conditions of	contributing to deeth bu	t not reaulting	In the unde	rlying cause given in	Part I. 24a. WAS AI	N AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
5	Algheemers	disease	with	car	hehra	1 _ YES		COMPLETION OF CAUSE OF DEATH?				
ᇤ	0							1 YES 2 NO.				
2	/					74.74						
A	25. WAS CASE REFERRED TO MEDICAL	<u> </u>			26. PLACE OF DEATH (C)	heck only one)						
PHYSICIAN: MEDICAL	EXAMINER?	IOSPITAL:	tlant 3 🗆 DOA	OTHER:	Home & Decidence	e - Other Charles						
¥	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. Til	1	g Home 5 Rasidence	28d. DESCRIBE HOW	INJURY OCCUR	ED				
	1 Natural 5 Pending	(Month, Day, Year)	IN	JURY	WORK?							
B	2 Accident Investigation	28e. PLACE OF INJURY -	At home form			281. LOCATION (Street	and Number or F	Rural Route Number				
ED	3 Suicide 8 Could not be determined	building, atc. (Specif	(y)		, onto	City or Town, State	9)	intel Flouro Ptalitzer,				
Ħ	an orazina											
#PL	contact only 4	AN: To the best of my knowle										
COMPLETED	2 MEDICAL EXAMINER:	On the basis of mation	and/or investigat	lon, in my opir	nion, death occured at the	e time, date and placa, a	and due to the ca	suse(a) and manner as stated.				
ш	290. SIGNATURE AND TITLE OF CERTIFIER	1			29c. LICENSE NU	IMBER	29d. DATE SI	GNED (Month, Day, Year)				
TO B	A	7	4		1)/99	7/7	10	123/9/				
E	TO NAME-END-ENDRESS AS PERSON WHO I	COMPLEXABLE PROPERTY	TH /ITEM 273 /See	o Delett			7	/				

MARYLAND

20650

LEONARDTOWN

DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21215-0020

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or rem	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medic

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	TIEGIOTIVAT			SHIIF	CALL	UF	UEA	П	REC	3. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH												
	EDITH P.	R					Oct. 21, 1991 //60			1160 P.M			
	4. SOCIAL SECURITY NUMBER	6. AGE (In yrs. last birthday) F UNDER											
	and the second s		MONTHS	F UNDER 1 YEAR						HPLACE (State or Foreign			
1)	212-42-7409	YRS.			nouna.	wite.	July			laryland			
.	9a. FACILITY NAME (If not institution, give	street and number)			9h CITY	TOWN	OR LOCATION	ON OF DE			COUNTY OF		
Œ									SIII				
DIRECTOR	2601 GreenBri	ar Lane				Anr	napo	lis			Anne	Arundel	
5	RESIDENCE OF DECEDENT												
분	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN C	OR LOCAT	ION					10d. INSIDE CITY	
1 7	Maryland An	ne Arun	3 3		Α .							LIMITS?	
15	10e. STREET AND NUMBER		Anna							1 TES 2 NO			
1	ION. STREET AND NOMBER					101	ZIP CODE	E		10g	. CITIZEN OF	WNAT COUNTRY?	
li li	2601 Green B	riar La	ne				2.7	401			U.S	A	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN		MED	40	WW 0 050							
Ī	1 Never Married 2 Merried	FORCES? 1	YES 2 X	10	13.	If yes, spi	ecify Cuba	n. Maxican	C UNIGIN? (Spec	offy Yea or No	14. RAC	E — American Indian, k, White, atc.	
B	3 X Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1 3	T YES	2 NO	Specify:	,	,	Spec		
											Wh	ite	
	15. DECEDENT'S EDI	CATION	16a. DE	CEDENT'S	USUAL O	CCUPATIO	N		18b. KIND	OF BUSINES		100	
<u> </u>	(Specify only highest grad		(G	ive kind of v Do NOT us	work done i	during mo.	st of working	g			o, incognin		
7	Elementary/Secondary (0-12)	College (1-4 or 5 +)		,	_							
2	8		Sec	reta	ry-	Tre	asui	rer	Fue	el Oi	1 Con	pany	
COMPLETED	17. FATNER'S NAME (First, Middle, Last)								IE (First, Middle, I				
0	Alfred Cole										110)		
BE									Harris				
5	19a. INFORMANT'S NAME (Type/Print)		19	. MAILING	ADDRESS	(Street a	nd Number	or Rural R	oute Number, City	or Town, Stat	e, Zip Code)		
F	Peggy S. Gall	oway	р	0	Bo	~ 7	2 0	had	maida	Man		20764	
	20a METHOD OF DISPOSITION	COWAY	-	. 0.	20	A /	ے وی	mau					
	20a. METNOD OF DISPOSITION 1-S Buriel 2 Cremation 3 Ren	noval from State	20b. PLACE	metory or of	har placel		7.7		1.		N — City or To	own, Stata	
	Dunation 5 Other (Specify)		Hill	res	t Ce	emet	erv	10	/24	Anna	apoli	g MD	
	SIGNATURE OF FUNERAL SERVICE LI	CENSEE /	1 /				D ADDRES				posts	3 3	
	11	1 4	· U	/	Ta	vlc	rF	iner	al Ch	fore	2	1401	
	I KAMA VAV	XI. Ju	1700										
	22 DART I February	V	110		114	17 6	Ton	cest	er St	, Ani	napol.	is, MD	
	23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory arrest, abock, or heert failure. List only one cause on each line. Approximate												
	IMMEDIATE CAUSE (Finel												
	disease or condition		7		1/	T	T.	1	_			Onset end Death	
	resulting in death)	a. (0)	1ges/1	~	1/00	17	161	100				715.	
		DUE TO	OR/AS A CONSE	DUENCE OF):		1.						
z		. To	rain are		Ter	W	di	conc	20			Yre	
CERTIFICATION	disease or condition resulting in death) a. Congestive Heart Pailure Oue to (OB)AS A CONSEQUENCE OF: Sequentially list conditions, if any, leading to immediate Due to (OB AS A CONSEQUENCE OF): Due to (OB AS A CONSEQUENCE OF):										113		
	If any, leading to immediate cause. Enter UNDERLYING		on no n comagn	IOLINOL OI	,.								
0	CAUSE (Disease or Injury	c											
4	that initiated evente	DUE TO	OR AS A CONSE	DUENCE OF):								
듄	requiting in death) LAST												
B		d											
	PART II. Other eignificant condition	as contributing to	death but not -	anultina i	- Ab	ela els das a		haran tarah					
AEDICAL	4	- contributing to	deeth but not i	eauting i	n the un	deriying	ceuse g	iven in P		AS AN AUTOI ERFORMED?		. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
8	Hypertens	(04)								ES 2 N		COMPLETION OF CAUSE	
	GOST								— '⊔'	ES S MIN	°	DF DEATN?	
-									_		1	1 YES 2 NO	
PHYSICIAN:									- 1		1		
≤	25. WAS CASE REFERRED TO MEDICAL EVANUE OF DEATH (Check only one)												
2	EXAMINER?	HOSPITAL:			OTHER		.or or ot		n oray one)				
ΥS	1 TES 2 AIG	1 Inpatient 2 I	ER/Outpatient 3	□ DOA			5 D-116	aldenca 8	☐ Other (Specifi	y)			
포	27. MANNER OF DEATN	28e. DATE OF		28b. TIME		28c. INJL			28d. DESCRIBE	HOW INJURY	OCCURED		
	1 Natural 5 Pending	(Month, De	ly, 1687)	INJU	JRY M	WOF	RK? ES 2	1					
B	2 Accident Investigation							NO					
	3 Suicide 28. PLACE OF INJURY — At home, farm, street, factory, office 281 DCATION (Street and Mumber or Sural Boute Mumber)									Street and Nu	mber or Rural I	Route Number,	
۵	Could Not be	4 Homicide determined building, etc. (Specify) 8 Could not be building, etc. (Specify) 28T. LOCATION (Street and Number or Rural Route Number, City or Town, State)											
田田	Could Not be												
ETED.	4 Homicide determined			29s. CERTIFIER (Check only (Ch									
PLETED	4 Homicide datarmined 29a, CERTIFIER (Check only	ICIAN: To the best of	my knowledge, de	ith occurre	d at the ti	me, data	and placa,	and dua t	the cause(a) ar	nd manner as	stated.		
OMPLETED	4 Homicide datarmined 29a, CERTIFIER (Check only	ICIAN: To the beat of	my knowledge, de	nth occurre	d at the ti	me, data : pinion. de	and placa, oath occurs	and dua to	o the cause(a) ar	id manner as	stated.	and manner as elected	
COMPLETED	29a. CERTIFIER (Check only one) 29 MEDICAL EXAMINI	R: On the besis of ax	my knowledge, de amination and/or i	nth occurre	d at the ti	me, data i	and placa, eath occure	and dua to	o the cause(a) ar me, data and pla	nd manner as	stated. to the cause(a) and manner as stated.	
ш	4 Homicide datarmined 29a, CERTIFIER (Check only	R: On the besis of ax	my knowledge, de	nth occurre	d at the ti	me, data i	ath occure	and dua to	me, deta and pis	ca, and dua	to the cause(a) and manner as stated. (Month, Day, Year)	
8	29a. CERTIFIER (Check only one) 29 MEDICAL EXAMINI	R: On the besis of ax	my knowledge, decamination and/or i	nth occurre	d at the ti	me, data i	ath occure	ed at the ti	me, deta and pis	ca, and dua	to the cause(a		
ш	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINIC	R Not the beside of ax	M-D	nveatigation	ı, in my o	me, data	ath occure	ed at the ti	me, deta and pis	ca, and dua	to the cause(a		
8	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINIC	R: On the besis of ax	M-D	nveatigation	n, In my o	pinion, de	29c. LICE	ed at the ti	me, deta and pis	ca, and dua	to the cause(a		
8	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINIC	R Not the beside of ax	M-D	nveatigation	n, In my o	pinion, de	29c. LICE	ed at the ti	me, deta and pis	ca, and dua	to the cause(a		
8	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINIC	R: On the besia of ax	M-D E OF DEATN (ITER	nveatigation	n, In my o	pinion, de	29c. LICE	ed at the ti	me, deta and pis	ca, and dua	to the cause(a		
8	4 Homicide datarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI 29b. SECNATURE AND THE OF CERTIFIE 30, MARKE AND ADDRESS OF PERSON WIN	R: On the besia of ax	M-D	nveatigation	n, In my o	pinion, de	29c. LICE	ed at the ti	me, deta and pis	ca, and dua	to the cause(a		

and the same of the same of the

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d.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Schie Twidson Broken

Jean

Ban in J 31. DATE FILED (MOTHER, Day, Year) OCT 2 8 '91

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a size after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached hir use as the burnal-brand permit. Pages 1, 2, 3 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

										91	3	0400
FOR 1 - STATE		STATE OF MARY					HEALTH AND	MENTA		E		
1. DECEDENT'S NAME (First	t, Middle, Last)	,	•	4	CATI	UF	DEATH	2. DATE	OF DEATH	NY.	YEAR	3. TIME OF DEATH
Helen		aric	7.	te	ir	e		10	1 - 27	7-/	991	7:50 AM
4. SOCIAL SECURITY NUM 216-44-99	35		GE (In yrs. las		IF UNDER	DAYS	IF UNDER 24 HRS. HOURE MIN.		of BIRTH	190	Country	PLACE (State or Foreign
Sa. FACILITY NAME (If not in					9b. CITY	. TOWN	OR LOCATION OF D		5.20,		INTY OF DE	
Charles Co	unty N		ome			Pla:					arle	
RESIDENCE OF DE	10b. COUNTY			10c. CITY	TOWAL (OB LOCA	TION					10d. INSIDE CITY
Md.	Char	les			Pla		HON					LIMITS?
10e. STREET AND NUMBER							1. ZIP COOE			10g. CIT	IZEN OF W	HAT COUNTRY?
Charles C	ounty	Nursing	Home				20646			U.	S.A.	
11. MARITAL STATUS 1 Never Married 2		12. WAS DECEDENT EVE FORCES? 1 Y	ES 2 📉	MED NO		li yes, sp	CENDENT OF HISPA Hecity Cuban, Maxico	ın, Puarto		or No-	Black	— American Indian, , White, atc.
Widowed 4 Div	proed	IF YES, GIVE WAR OF	R DATES			1 TYES	2 NO Specif	ly:			Specif	White
15. DEC (Specify on	CEDENT'S EOUCA by highest grade of	ATION ompleted)	(G	CEDENT'S L	ork done	CCUPATION DE	ON ost of working	188	. KIND OF BUS	SINESS/IN		
Elementary/Secondary (Collega (1-4 or 5+)		. Do NOT use					G .			
12			Cai	ctogi	.apı	let			Gove		lent	
17. FATHER'S NAME (First, A							Kathry			Sumame)		
Andrew .I.			10	- MAII INC	ADDRES	P /Ctm at	and Number or Rural			- 0 7	- 0-4-5	
Kathryn I							od P1.					20640
DOMESTICO OF DISPOSIT		val from Stata					metery, crematory or				f, M	
21. SIGNATURE OF FUNERA			1			_		CILITY				iu.
1 Day	uten	C. Ech	R	III			no Accoress of Fu nart Fu Lata, M			ne I	nc.	
23. PART I. Enter the	Seasea, or co	omplications that cau	sed tha da	ath. Do n						iratory a	rrest,	Approximeta
IMMEDIATE CAUSE (FI		ist only one ceuse of	,					1				Onset and Deeth
disease or condition resulting in deeth)	→	Athers	_			end	10 Vas cu	lar	dist	7225	Ł	
	_	DUE TO (OR A	S A CONSE	OUENCE OF):							
Sequentially list condit if any, leading to imme cause. Enter UNDERLY	diate	DUE TO (OR A	AS A CONSE	OUENCE OF):							
CAUSE (Disease or injuthat initiated events resulting in death) LAS		DUE TO (OR A	S A CONSE	OUENCE OF):							
	d.											
PART II. Other signific	ant conditions	contributing to daet	h but not i	resulting in	the u	nderlyin	g cause given in	Part i.	24a. WAS AN PERFOR	RMED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
									i			1 NES 2 NO
25. WAS CASE REFERRED TEXAMINER?		HOSPITAL:			OTHE		LACE OF DEATH (C/	neck only o	10)			
1 NES 2 N NO		1 Inpatient 2 ER/C		28b. TIME	_	_	ne 5 Rasidanca	_	1-777	AL MERNY O	2011252	
14	Pending Investigation	(Month, Day, Yea	ar)	INJ	JRY M	W	YES 2 NO	280. UE	SCRIBE HOW I	NJUHT O	COMED	
a D subtte	Could not be determined	28e. PLACE OF INJU building, atc. (5	uRY — Al ho Specify)	ome, farm, a	treet, fac	tory, offic	Ca .	28i. LOC	ATION (Street or Town, State)	and Numbe	er or Rural R	noute Number,
29a. CERTIFIER 1 CFR	TIEVING DUVERO	IAN: To the heat of any liv	nowled 4	ath accord	al ask str.	4				A DESCRI	na a	
0001		IAN: To the best of my ki) and manner as stated.
29b. SIGNATURE AND TITL	E OF CERTIFIE	4		^			29c. LICENSE NU	MBER		29d, OA	TE SIGNED	(Month, Day, Year)
15 Z	- #	1	m	0						•	10/2	7/91

contact annual by the

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FINEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permat. Page 6 within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

											91	3	0401
	FOR 1 STATE	STATE OF N							MENTAL	HYGIEN			
	REGISTRAR		C	ERTIF	ICAT	E OF	DEAT	ГН		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF MONTH	DEATH	Y	YEAR	3. TIME OF DEATH
	Virginia Ar	ın Tarbut	ton							1-19		-	11:00P M
	4. SOCIAL SECURITY NUMBER	5. SEXTem	6. AGE (In yrs. In	est birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF			a. BIRTH	PLACE (State or Foreign
	220-03-0721	1 🗌 M 2 🗶 F	69	YRS.	MONTHS	DAYS	HOURS	SAIN.	(Month, L	12-1	024	Country	
1	9e. FACILITY NAME (If not institution, give str	reet and number)	0	7	9h. CIT	Y, TOWN O	R LOCATI	OH OF DE		17-1		TTY OF DI	ryland
æ	Kent & Queen Anne		Hopita	al IN			steri				1100	nt	
2	RESIDENCE OF DECEDENT												
EC	10e. STATE 10b. COUNTY			10c. CI	y, TOWN	on LOCAT	ION ,					T	10d. IHSIDE CITY
뜸	Maryland	Kent		1 '	Kenne	eayvi	гтте						LIMITS?
FUNERAL DIRECTOR	10e. STREET AHD NUMBER	-				101.	ZIP CQD	E			IOg. CITI	ZEN OF W	HAT COUHTRY?
2	D+ #1 Por 20)					ZIP COD	1645			US		
뿐	Rt #1, Box 29		T EVED IN II C A	DMED	10	WAS DEC	EUDEUT C	or weeks	HC ORIGIN?	Paralli Ma	Vi	14 0405	- American Indian,
교	11. MARITAL STATUS Widowed	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2	HO	13.	If yes, spe	city Cube	n, Mexice	n, Puerto Ric		or no	Black	, White, etc.
B⊀	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	No		1 TYES	2 X NO	Specify	y:	no	l	Specif	^{y:} White
	15. DECEDENT'S EDUC	ATION	160.0	ECEDENT'S	LIGHAL	CCLIBATIO	M		16b K	IND OF BUS	INESS IND	HIETOV	
# 1	(Specify only highest grade	completed)		Give kind of fe. Do NOT u	work done	during mos		ng	100.1		JII 1230/1110	031111	
ا څ	Elementery/Secondary (0-12)	Callege (1-4 or 5+)		124) an ai wa	0.10	D.	base	of.	Educ	cation
COMPLETED	17. FATHER'S HAME (First, Middle, Last)		1 5	choo	ТЪ	us I	,		ME (First, Mic			Educ	acion
			_			l							
BE	Thomas Boyd F	rimrose							lara				
2	19e. INFORMANT'S NAME (Type/Print)		1						Route Number				(1.5
	Christina Wri								nedyv				
	200 METHOD OF DISPOSITIOH B1	ITIAL wal from Stale	20b. PLAC	e of olseo place WS bur	SITION (N	m O	netery, crer	natory or	991	Kenn	edvv:	ille.	Md. RFD
	4 Donetion 5 Other (Specify)	511055	Sille	wsbur									
	21. SIGNATURE OF FUHERAL SERVICE LIC	EHSER			22	. NAME AH			4				hestertown
	Dary B. 7	tellox	25			Fe1	lows	- W	ells	Funer	al Ho	ome	Maryland
	ahock, or heart fallure. List only one cause on each line.									Approximata intarvai Between			
	iMMEDIATE CAUSE (Final disease or condition												Onsat and Death
	resulting in death)	pneun	OR AS A CONS	EOHENCE O	NEX.								
_	_	502 10	(ON NO A CONS	EOOEHOL (, r).								
CERTIFICATION	Sequantially list conditions,	DUE TO	(OR AS A COHS	EOUEHCE C	OF):								
¥	If any, laading to immediata cause. Entar UNDERLYING				,								
윤	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A COHS	EOUENCE C	OF):								
	resulting in death) LAST												
핑													
A	PART ii. Other significant condition	e contributing to	death but not	resulting	in the u	ındariyinç t	cause	given in	Part i.	4a. WAS AN PERFOR		24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
일	chronic obst	rustive	pulm	onas	40	lise	Lse			YES 2			COMPLETION OF CAUSE OF DEATH?
빌			1		1								1 YES 2 NO
1	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	EATH (Ch	eck only one)				
PHYSICIAN: MEDICAL	EXAMIHER? 1 YES 2 NO	HOSPITAL:	ER/Outpatlent	3 🗆 DOA	OTHE	R:	-11 00			Passiful			
<u>¥</u>	27. MANHER OF DEATH	28e. DATE OF		28b. Til		26c. INJ		esidence	6 DOther (RIBE HOW I	HJURY OC	CURED	
	1 Netural 5 Pending	(Month, D		IH	JURY	WO	RK? YES 2 [НО	200.0200	MOL WOW		OUNED	
BY	2 Accident Investigation	26e PLACE C	F INJURY — At	home Jerm	street fo				281 1.004	IOH (Street	and Number	or Dural I	Pourte Mumber
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	building,	etc. (Specify)	J	Survey 18	, 01110	-		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
	290. CERTIFIER												
MP.	(Check only	CIAH: To the best of											
8	2 MEDICAL EXAMINE		Author and/o	n investiget	ion, in my	opinion, d	-attn occu	raid at the	time, date e	nd piece, er	na due lo ti	HE COUSE(6	y end manner ee stated.
H H	296. SIGHATURE AND TITLE OF CERTIFIER	10	MA					EHSE HUI			29d. DAT	E SIGNED	(Month, Day, Year)
		THE PARTY AND PA						3 3 3 1	/1		/	# T - "	2 1 mm #2 #

D-33514

30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Chestertown, Md. 21620 Michael Bienenfeld, M.D. (D-33514)

0 4 '91

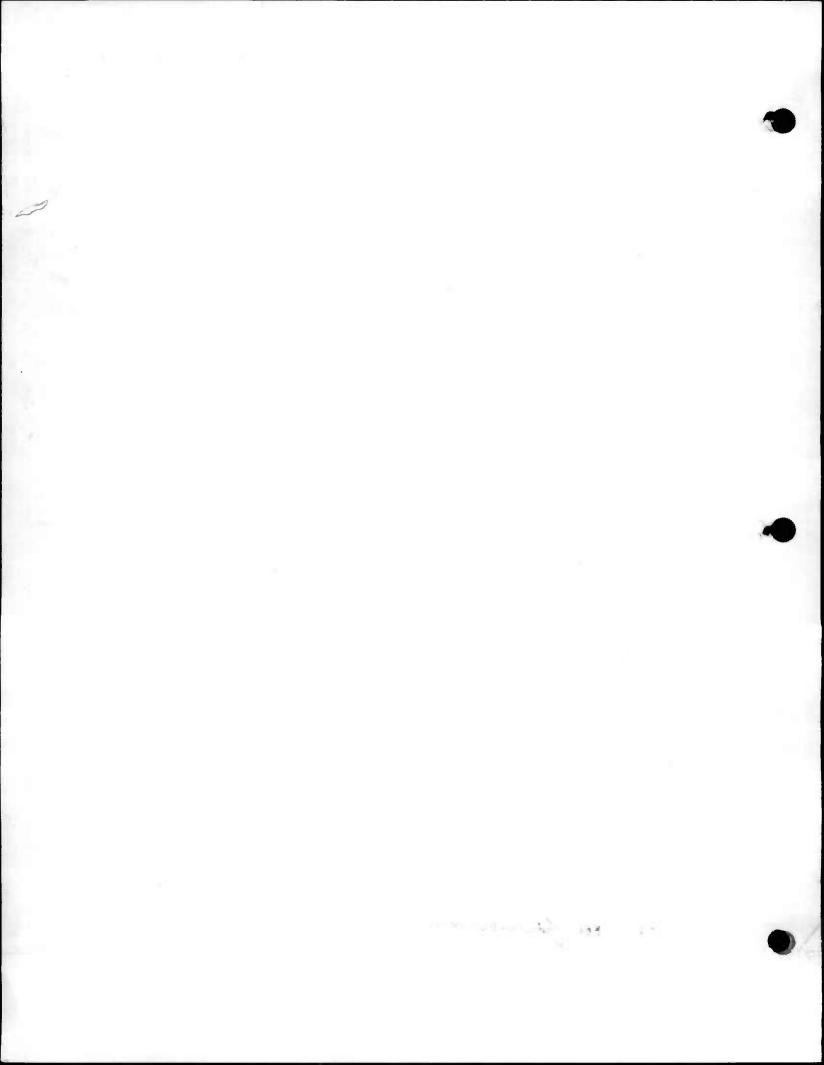
32. REGISTIAN'S SIGNATURE
Julia Davidson-Randelle

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_ N I		FOR STATE REGIST
BALTIMORE, MARYLAND 21203-3146 ler death. Page 6 may be retained by the hospital or attending physician. the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, should be wal. In examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR	1. DECEDENT 4. SOCIAL SE 2/2 9a. FACILITY PRESIDENT 10a. STREET 10b. STREET 11. MARITAL: 1 Never M 3 Widowe Elementer 17. FATHER'S 20a METHOD 1 Burfal 1 Donatto 21. SIGNATUR 21. SIGNATUR 21. SIGNATUR
DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a few found affection. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. IMMEDIATE disease presulting in sequential if any, lead cause. Ent CAUSE (Dithat initiate resulting in PART II. Of the country o

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

REGISTRAR	CERTIF	CATE OF DEATH	REG. NO.	
1. DECEDENT'S NAME (First, Middle, Lest)	Thomas		2. DATE OF DEATH DAY	3. TIME OF DEATH 3. 30 AM
000 01	SEX 6. AGE (In yrs. lest birthday) M 2 SF 2 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	B. BIRTHPLACE (State of Foreign Country)
9a. FACILITY NAME (If not institution, give street a	1 1 1 1	9b. CITY, TOWN OR LOCATION OF DI	EATH 9c. COUI	NTY OF DEATH
RESIDENCE OF DECEDENT	Medical Center	Annapo 11	S An	ne Arunde !
10a. STATE 10b. COUNTY	A AA	MADOUS		10d. INSIDE CITY LIMITS? 1 YES 2 NO
1185 MADISO	N	101. ZIP CODE 2/4/0	3	ZEN OF WHAT COUNTRY?
1 Never Married 2 Married	WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAI If yes, specify Cuban, Mexics 1 YES 2 ND Specif		14. RACE — American Indian, Black, Whita, etc. Specify:
15. DECEDENT'S EDUCATION (Specify only highest grade composition) Elementary/Secondary (0-12) Composition		USUAL OCCUPATION work done during most of working se retirgd.)	16b. KIND OF BUSINESS/INC	DUSTRY
17. EATHER'S NAME (First, Middle, Last)	HOME	1) / Y/A-K-C-F	AME (First, Middle, Maider Surname)	
GEDT GP BENG		J. DIA	NP Edul	418
U. D/A/X2 COV	VAras 10261	ADDRESS (Street land Number or Ryral	Reute Number, City or Jown, State, Zip	VA-22732
20s METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Removal Donation 5 Other (Specify)	from State 20b. PLACE OF DISPOS	PSLEY Churc	20c. LOCATION -	City or Town, Stata
21. SIGNATURE OF FUNERAL SERVICE LICENS	HICKSHI	22. NAME AND ADDRESS OF FA	ersh Home-A	LINA, Mds
23. PART I. Enter the diseases, or companies shock, or heart feiture. List	pilicetions that caused the deeth. Do repnily one cause on each line.	not anter the mode of dying, aud	ch as cardiec or reepiratory sn	interval Between
iMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO ION AS A CONSCOUENCE OF	Heart Fo	celien	Onset and Death
Sequentially list conditions,	DUE TO JOH AS A CONSCOUENCE OF	onoth		
if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	0	,,		
that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF	F):		
PART II. Other significent conditions co	ontributing to death but not resulting	in the underlying couse given in	Part I. 24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
- Wisem	words		1 YES 2 NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
				10,100 10,100
	OSPITAL:	26. PLACE OF DEATH (C		
27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF INJURY 28b. TIM		284. DESCRIBE HOW INJURY OF	CCURED
2 Accidant Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — Al home, farm, building, etc. (Specify)		261. LOCATION (Street and Number City or Yown, State)	or Aural Route Number,
(Orlock Orly)	Y: To the best of my knowledge, death occurr			
29b. SIGNATURE AND TITLE OF CERTIFIER	on the basis of examination and/or investigate	on, in my opinion, death occured at th		TE SIGNED (Month, Day)
30. NAME AND ADDRESS OF PERSON WHO CO	CLOC TO	D18	529,10	70009
Joh Po. Lows	OD boo KIDA	ELY HVe Ste	131, Hn Pay	olis, MD 2140
OCT 2 1 1991 gw	32. EGISTIARS STATISHED	(' '		



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DIVISION OF VITAL RECORDS, P.O. BOA 13140	TAIL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-rours after
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₹	The
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2	ATTEN
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	N.

	1 - STATE REGISTRAR		NTAL HYGIENE REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Le	W, TYPE	RD W. T	YLER		2. DATE O	F DEATH DA	1.70	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	1	(in yrs. last birthday)	F UNDER 1 YEAR		7. OATE O	Day, Year)	0	HRTHPLACE (State or Forel country)		
1	213-28-2013		58 YRS.	Ob OUTY TOW	N OR LOCATION OF DE		27-3	9c. COUNTY	ARYLAND		
Æ	SON SCOUNT	1405 P			remore			SC COOKITY	OF DEATH		
ECTO	RESIDENCE OF DECEDENT								I and makes start		
OIRE	10a. STATE 10b. COU	INTA		LTIMO					10d. INSIDE CITY LIMITS? 1 PES 2 N		
	100. STREET AND NUMBER 2255 FULTO	10/10	DA	LIIMO	101. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?		
ERAL	3255 FULTO	10 702			21223			U.S.A.			
FUN	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER FORCES? 1 YES		If yes,	DECENDENT OF HISPAN specify Cuban, Maxica (ES 24 NO Specifi	n, Puerto Ri	(Specify Yes can, etc.)	or No- 14.	RACE — American Indian Black, White, stc.		
В	3 Widowed Divorced	1949 - 19			F	Specify: BLACK					
ED	15. DECEDENT'S E (Specify only highest gi		ATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working (Give kind of work done during most of working								
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT us	NSTRU							
edical examiner must be notified at once. TO BE COMPLETE	17. FATHER'S NAME (First, Middle, Last)		1 00	NOTRO	18. MOTHER'S NA	HE /Elmi M	iddle Afridae	Sumana)			
S =	BERNARD TYL				OFFEI						
80	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
2	TINA BROWN 409 HARLEM AVE. PASADENA, MD. 21122										
	20a. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 F	Removal from State	other place)		cemetery, crematory or				or Town, State		
	4 ☐ Donation 6 ☐ Other (Specify) _		MARYLAND		RAN CEME				VILLE, MD		
	21. SIGNATURE OF TURE SERVICE	u 1		22. (17.00)	L AND ADDRESS OF TA	000110 2	T WE.	MB:	21401 POL		
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): Show that initiated events OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL CER	PART II. Other significant cond	d. Itiona contributing to death it less f		in the under	ying cause given in	Part i.	24s. WAS AN PERFOI 1 YES 2	RMED?	24b. WERE AUTOPSY FIN ANAILABLE PRIOR T COMPLETION DF CA OF DEATH?		
M						-			1 [] YES 2 [] N		
AN	25. WAS CASE REFERRED TO MEDICA			2	B. PLACE OF DEATH (C	heck only on)				
Sic	EXAMINER? 1 YE\$ 2 NO	HOSPITAL: 1 Inpatient 2 ER/O	utpatient 3 DOA	OTHER: 4 Nursing	Home 5 🗆 Residence	6 🗆 Other	(Specify)				
Y PHYSICIAN:	27. MANNER OF DEATH 1 Natural 8 Pending Investigat	26e. DATE OF INJUR (Month, Day, Year		JURY	INJURY AT WORK?	28d. DES	CRIBE HOW	INJURY OCCUR	RED		
red BY	2 Accident investigat 3 Suicide 6 Could not 4 Homicide determine	28e. PLACE OF INJU	28e. PLACE OF INJURY — At home, form, street, factory, off				ATION (Street or Town, State		Rural Route Number,		
COMPLET	CONSTRUCTION OF THE CONSTR	HYSICIAN: To the best of my kn							ause(a) and menner as at		
	29b. SIGNATURE AND TITLE OF CERT				29c. LICENSE NU				IGNED (Month, Day, Year)		
BE	for line la 12				00	457	2		0/18/91		
2	30. NAME AND ADDRESS OF PERSON										
1	RoLevan	m SAB	undo on		٠ دره						
1	10000										

marketing total

		FOR STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	STATE OF MARYLAND C	DEPART	TMENT OF I	EALTH AND DEATH	REG. NO.		30404			
		Robert Donald	Thompson				2. DATE OF DEATH MONTH DAY	YEAR 9/	3. TIME OF DEATH			
6		22 //20	SEX 6. AGE (In yrs. le		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH		LACE (State or Foreign			
L		-/ *	D Hospital		9b. CITY, TOWN C	Cit	EATH D	9c. COUNTY OF DE	ATN			
- Jades	DIREC	RESIDENCE OF DECEDENT 106. STATE 106. COUNTY Anne	Arunde1		TOWN OR LOOK	TION /			tod. INSIDE CITY LIMITS? 1 YES 2 1 NO			
physician. burial-transit permit.	FUNERAL	10e. STREET AND NUMBER 187 3 W. B. & A. Rd. 10f. ZIP CODE 1 4 4 5 10f. ZIP CODE 1 4 5 10f. ZIP CODE 1 4 5 10f. ZIP CODE 1 5 10f. ZIP COD										
attending physician se as the burial-tra	BY	11. MARHAL STATUS 12 1 Never Married 2 Merried 3 Widowed 4 Divorced	WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 I IF YES, GIVE WAR OR DATES	ecity Cuben, Mexica	HISPANIC ORIGIN? (Specify Yea or No— Handler, Black, White, atc.) Specify: White							
for u	PLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)	npleted) (G	CEDENT'S Like kind of we Do NOT use rpent	USUAL OCCUPATION ork done during more retired.)	ON yorking	Constru					
y be retained by the hospital sage 5 should be detached to be notified at once.	BE COMPL	17. FATHER'S NAME (First, Middle, Last) Frank Thompson	ME (First, Middle, Maiden Su Dewarce	ilden Sumame)								
	10	tea. INFORMANT'S NAME (Type/Print) Thelma M. Thompson 19b. MAILING ADDRESS (Street and Number or Rural Abute Number, City or Town, State, Zip Code) 7873 W.B.& A. Rd., Severn, Maryland 21122										
e 6 may ector, pa must b		20s. METNOD OF DISPOSITION 11 Burlal 2 Cremation 3 Ramova 4 Donation 5 Other (Specify)	from Stata cemeters of Me a d		roisposition (Na ge ^{dace} Mem.		1	TION — City or Tow Sey Howa				
		21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE		Kirk	o address of fa ley Fune Crain Hw	сыту ral Home y. S.E.,Gle	n Burnie	, MD 21061			
be executed within 24 hours cian and completely filled in or to burial, cremation, or naumatic event, the med	ATION	23. PART I. Enter the diseases, or come abock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	plications that caused the decomposition on the cause on each line. A CUL D DUE TO (OR AS A CONSE	ulm ouence of	Disea	de of dying, suc	h aa cardlac or respire	puatry	Approximata Interval Between Onsat and Death			
death certificate attending physical ental Hygiene pri	CERTIFICATION	CAUSE (Disease or Injury that Initiated events reaulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):										
requires that the den signed by the of Health and Mershows any Injury	MEDICAL	PART II. Other significant conditions c	ontributing to daath but not (esulting in	the underlying	g cause given in	Part I. 24a. WAS AN AU PERFORM! 1 YES 2	ED?	WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
CIAN: The law printificate has the State Dept or Item 23	'SICIAN:		OSPITAL: Inpatient 2'S ER/Outpatient 3		OTHER:	ACE OF DEATH (Ch	eck only one) 6 Other (Specify)					
	ву рну	27. MANNER OF DEATH 1 Matural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Dey, Year)	265. TIME INJU	OF 28c. INJ		26d. DESCRIBE NOW INJU	URY OCCURED				
DIRECTOR: After hours after death tem 28 is mail	ETED 8	3 Suicida 6 Could not be 4 Homicide determined	26s. PLACE OF INJURY — At he building, atc. (Specify)	ma, farm, st	rest, factory, office		261. LOCATION (Street end City or Town, State)	Number or Rural Roo	ita Number,			
世界 二	COMPLE		i: To the beat of my knowledge, da in the baels of exemination end/or						and menner as stated.			
TO THE HOSPI TO THE FUNES OF filed within	BE	296. SIGNATURE AND TITLE OF CERTIFIER Coles	u MD			29c. LICENSE NU	IBER 2	ed. DATE SIGNED (A	Aonth Day, Year)			
(5)	2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH (ITE	M 27) (Type, I	Print)							

OCT 2.3 1991 Julia Pregistranes signifuse

The state of the s

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	s after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in I	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1,2, 3 shor
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	emoval.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	dical examiner must be notified at once.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CE	RTIF	ICATE OF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) ALVERTA	PRICE	THOMAS	S			2. DATE MONTE	T. 21	- 19	OTAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 219-26-3142	5. SEX	8. AGE (In yrs. last I	VRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Month)	of BIRTH 1	1901	8. BIRTI Count	HPLACE (State or Foreign Iry)
5	9a. FACILITY NAME (If not institution, give ANNAPOLIS CONVALI		NTER		ANNAPO	IS	EATH		100000000000000000000000000000000000000	NE AF	RUNDEL
חומביות	10a. STATE 10b. COUNT MD ANNE	ARUNDEL			Y, TOWN OR LOCATION	TION		25			10d. INSIDE CITY TIMITS? 1 YES 2 NO
LONGUAL	100. STREET AND NUMBER 43 CATHEDRAL ST			10f, ZIP CODE 21401					10g. CITIZEN OF WHAT COUNTRY?		
5	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	T EVER IN U.S. ARM YES 2 NO MR OR DATES		If yes, sp	endent of HISPA ecify Cuban, Mexic NO Speci	an, Puarto I		or No—	14. RAC Blac Spec	E — American Indian, ck, White, etc.	
COMPLEIED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 12		(Give	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working the Do NOT use retired.) HOMEMAKER						DUSTRY	##
00 00	17. FATHER'S NAME (First, Middle, Last) GEORGE PRI	CE				16. MOTHER'S N. GEORG					
2	190. INFORMANT'S NAME (Type/Print) JEROME A. ALLEN				ROYAL S'						
	20ar METHOD OF DISPOSITION 1	noval from State	206. PLACE A of cometary. BREWE	R H	y or other place)		-25 - 9				MD. 21401 5, MD. 21401
	21. SIGNATURE OF FUNERAL SERVICE L CHARLES E. H.		DI	6	111	ND ADDRESS OF F					
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO	(OR AS A CONSEON	UENCE C	DF):	2 Day	y le		7	94	Onset and Death
MEDICAL	PART II. Other significant conditions 1. Multiple 2. Level T	ons contributing to			in the underlying	, ^	n Part I.	24a. WAS AN PERFOI 1 YES	RMED?	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHISICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO										
by Phy	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, E		28b. Til	IJURY W	JURY AT ORK? YES 2 NO	28d. DE	SCRIBE HOW	INJURY O	CCURED	
	2 Accident 3 Suicide 8 Could not be detarmined 26a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									Route Number,	
COMPLEIED	contact only	SICIAN: To the best of a									o(a) and manner as stated.
N N	29% SIGNATURE AND THE OF CENTER	en l	0	J)	29c. LICENSE NI	UMBER		29d. D	O C	D (Month, Bay Year)
2	30. NAME AND ADDRESS OF PERSON R	HO COMPLETED CAU	SE OF BEATH STEN	30 Min	PHP 35	Afrec)	100	.Ste	P	Di	10+00 TO
	31. DATE FILE THOMP, On Car QQ	galasda	Alteriorne Disson	-							/

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BALTIMORE, MARYLAND 21215-0	executed within 24 hours after death. Page 6 may be retained by the hospital or attending
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ALT	death.
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DIVISION OF VITAL RECORDS, P.O. BO

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page found in the State Dent of Health and Mental Honlene enfor to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH MONTH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR Margaret Fenimor Vansant 1991 9:59 A.M. October 19 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYE 213 22 7805 1 - M 2 X F 3 900 9s. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIMECTOR Kent Kent & Queen Annes Hospital Inc. Chestertown RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY KENT CHESTERTOWN MD 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? QUAKER 21620 USA NECK 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES S. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuban, Maxican, Puerto Rican, etc.)

The yes of the yes of 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married ВҰ Specify: 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe (Give kind of work done life. Do NOT use retired.) Elamentary/Secondary (0-12) College (1-4 or 5+) TEACHER EDUCATION 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle ILLIAM ARA MORE BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City of 2 RICHARD 20a. METHOD OF DISPOSITION

1. Burlal 2 Cremation 3 R 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 21620 Donation 5 Other (Specify) CEMETERY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY FLUERAL HUME MARYIN V WILLIAMS CHESTERTUNN 23. PART I. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart fellure. List only one cause on each line. Interval Between Onaet and Deeth IMMEDIATE CAUSE (Final disease or condition 24hrs CUA resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF) PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): that initiated avents resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? Previous Swall 1 TYES 2 NO 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Dispatient 2 DER/Outpatient 3 DOA OTHER: 1 - YES 2 - 10 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b, TIME OF INJURY 28d, DESCRIBE HOW INJURY OCCURED Natural Natural 1 YES 2 NO COMPLETED BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be 4 Homicide 29e. CERTIFIER
(Chack only

1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as atsted. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

MED. BUJG HESTERTO GON, NO Gr. AUNIANA 31. DATE FILED (Month, Day, Year) 32. DEGISTRAR'S SIGNATURE relia Davidson-Pandace DHMH-16 Rev 1/89

Janus ann

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Acres de la companya de la companya de la companya de la companya de la companya de la companya de la companya

		HEGISTHAH		CERTIF	ICATE OF	DEATH	REG. NO.				
		1. DECEDENT'S NAME (First, Middle, Last)	Elsie M.	Van Dyk	e	2	DATE OF DEATH DAY	YEAR 9/	3. TIME OF DEATH		
	D	4. SOCIAL SECURITY NUMBER 215-24-3033		E (In yrs. lest birthday) 87 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. 7	DATE OF BIRTH (Month, Day, Year)	8. BIR	TTHPLACE (State or Foreign intry)		
	4/	9a. FACILITY NAME (If not institution, give	7	87 THS.			12-17-0				
2. 3 sho	OB	University Hospital BALTIMORE.									
Se Alexander Se and the		RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	ry	10c CIT	Y, TOWN OR LOCA	TION .			Tarana		
регтіг. Pages	DIRECTOR	Maryland Anne	2 Arundel		asadena	IION		10d. INSIDE CITY LIMITS? 1 YES 2 NO			
- 5	FUNERAL	19 Brookfield	19 Brookfield Road			2 1 1 2 2		10g. CITIZEN OF WHAT COUNTRY? USA			
15-0020 ending physician. as the burial-transit	₩	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS OECEDENT EVER FORCES? 1 YES	IN U.S. ARMED S 2 NO DATES	If yes, sp	ENDENT OF HISPANIC ecity Cuben, Mexicen, F 2 NO Specify:	ORIGIN? (Specify Yes o Puerto Ricen, etc.)	Bi	ACE — American Indian, ack, White, etc.		
215 attena	G	15. OECEDENT'S EDU (Specify only highest grad	18e. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BUSIN	ESS/INOUSTRY				
VD 2121 ospital or atter thed for use a	once. COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Housew	work done during mose retired.)	st of working	Househo	ld			
AN he ho detact	OM	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME	(First, Middle, Maiden Su				
ALTIMORE, MARYL death. Page 6 may be retained by a funeral director, page 5 should be I. examiner must be notified at	111 05	Conrad	Harriett Bendt								
	10		196. INFORMANT'S NAME (Type/Print) William E. Van Dyke Jr. 196. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19 Brookfield Rd. Pasadena, Md. 21122								
	must	2(a METHOD OF DISPOSITION 1 Surlet 2 Cremellon 3 Ren 4 Donellon 5 Other (Specify)	noval from State	Ob. PLACE AND DATE OF	of disposition (Na Wer PCC Me te	ry 10	DATE 200. LOCA / 23/91 Gle	TION - City or N Burn	Town, State Le, Md.		
	examiner	21. SIGNATURE OF FUNERAL SERVICE OF	Stay ()		23 NATE Y Pasad		Tal Home P		Mountain Rd.		
BOX 68760, frate be executed within 24 physician and completely fill ne prior to burial, cremation	ry, or other traumatic event, the medical	23. PART I. Enter the common or ahock, or input failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. ANTRACE DUE TO (OR AS DUE TO (OR AS C.	each line.	L Henry	16 R RHAS		ory arrest,	Approximate interval Batween Onset and Death		
eath certification attending mal Hygiei			d								
CORE that the signed by Health and	hows any inju	PART II. Other significant condition	18 contributing to death	but not resulting i	n the underlying	g cause given in Par	PERFORME 1 YES 2	ED?	Ab. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
AL law has b	23 AN	25. WAS CASE REFERRED TO MEDICAL									
F VITAL RE SICIAN: The law requestificate has been the State Dept. of	SICIAN: N	EXAMINEN?	HOSPITAL:		OTHER:	ACE OF OEATH (Check					
F V SICIAL	خ اه	27. MANNED OF OEATH	1 Inpatient 2 DER/Out				Other (Specify) 4		. 5		
N OF SPHYS	marked BY PH	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	URY WO	RK?	1 . 1 .	Lowe			
DIVISION OR ATTENDING I DIRECTOR: After hours after death	S S	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJUR building, atc. (Spe	Y - Al home, ferm, e		28	II. LOCATION (Street and City or Town, State)	Number or Rura	Route Number,		
S S S S	티빌	290. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my know			14	esadena		21122		
OSPITAL JNERAL Ithin 72	ANT: If item	(Check only one) 2 MEDICAC EXAMINE	ER: On the basis of examination	on end/or investigation	n, in my opinion, d	enth occured at the time	ne cause(e) end manne e, date end place, end d	r ee stated. lue to the ceuse	e(e) and mennar se stated.		
TO THE HOSPITAL OF THE FUNERAL IDEE (Fled within 72 h	BE	29b. SIGNATURE AND TITLE OF CENTIFIE	To FRAU	una Fe	2000	29c. LICENSE NUMBER	1 -		ED (Month, Day, Year)		
F F &	₹ 2	30. NAME AND ADDRESS OF PERSON WH	//	EATH (ITEM 27) (Type,	Print)	5.686					
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIQ	NATURE PAR	ya 671	ecre sti	sur Sel	tomor	a Marylan		
		OCF 2 491991	Julia Davidson-1	Martine							

7-1-1-1

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR		CERTIF	ICATE OF	DEATH	F	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH	:	3. TIME OF DEATH	
-	Edgar	Irving	Wal	ls, Sr.		Septer	nber 24,	1991	8:19 A M	
1	214 34 8124 A 1x	OKM 2 □ F 55	in yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, De June	BIRTH		LACE (State or Foreign	
) E	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Kent & Queen Anne's Hospital, Inc Chestertown Kent County									
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Queen Anne 10c. CITY, TOWN OR LOCATION Centreville, Md. 10d. INSIDE CIT LIMITS?									
FUNERAL	100. STREET AND NUMBER 202 Kidwell Ave 101. ZIP CODE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX									
PLETED BY	1 Never Merried 2013 Married	WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	It yes, sp	CENDENT OF HISPA Decify Cuben, Mexico S 2 NO Specific	en, Puerto Rica	specify Yee or No— n, etc.)	14. RACE — Black, 1 Specify:	American Indian, White, atc. White	
	15. DECEDENT'S EDUCATIO (Specify only highest grade comp Elementary/Secondery (0-12) Co	ON pleted) illege (1-4 or 5+)	16e. DECEDENT'S (Give kind of v life. Do NOT us Sawy	vork done during mo e retired.)	ATION 165 KIND OF RUSINESS/INDUSTRY					
TO BE COMPL	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Irvin Layton Walls Mary Ware									
		Wife	196. MAILING 202 K	ADDRESS (Street of idwell)	Ave. Ce	Aoute Number (ntrevi	City or Yown, State, 2	21617	7	
	20a METHOD STRUCTURE 3 Removar	MATION Ca	PLACE AND DATE Of the stary, crematory or of pitol Cr	har place)	1010=1	91)	Dover,		ı, Stata	
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	200 W	ells	J. Wi	nd address of fa llis Wel	ls (own, M	64 Md. 21620	
CERTIFICATION	23. PART I Exter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in desth) Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST Due to (or as a consequence of): C. TRILLIANCE Due to (or as a consequence of): C. TRILLIANCE Due to (or as a consequence of): C. TRILLIANCE Due to (or as a consequence of): C. TRILLIANCE Due to (or as a consequence of):									
MEDICAL	PART II. Other significant conditions con As cities, Hype						PERFORMED? YES 2 NO	CC OI	VERE AUTOPSY FINDINGS WALLABLE PRIOR TO OMPLETION OF CAUSE IF DEATH? YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (Ch	eck only one)				
YSICI	_ HO	SPITAL: Inpatient 2 - ER/Outpa	tient 3 🗆 DOA	OTHER:	e 5 🗆 Residence	6 Other (So	ecify)			
ВУ РН	27. MANNER OF DEATH 1 Naturel 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	285. TIME	OF 28c. INJ			BE HOW INJURY OF	CURED		
TED	2 Suicide 8 Could not be datermined 28e. PLACE OF INJURY — At home, ferm, streat, factory, office building, atc. (Specify) 28e. PLACE OF INJURY — At home, ferm, streat, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								te Number,	
COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN:	To the best of my knowle the basis of examination	edge, death occurre and/or investigation	d at the time, deta	and place, and due	to the cause(a)) and manner as sta place, and due to t	ited. ha cause(a) ar	nd manner as stated.	
TO BE COMPLE	29b. SIGNATURE AND TITLE OF CERTIFIER	ms			29c. LICENSE NUM		29d. DA	TE SIGNED (M	fonth, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO COM	2 Chest	etow-	Print)	216	20				
	31. DATE FILED (Month, Day, 16ar)	32. REGISTRAR'S SIGNA	TURE Pandles							

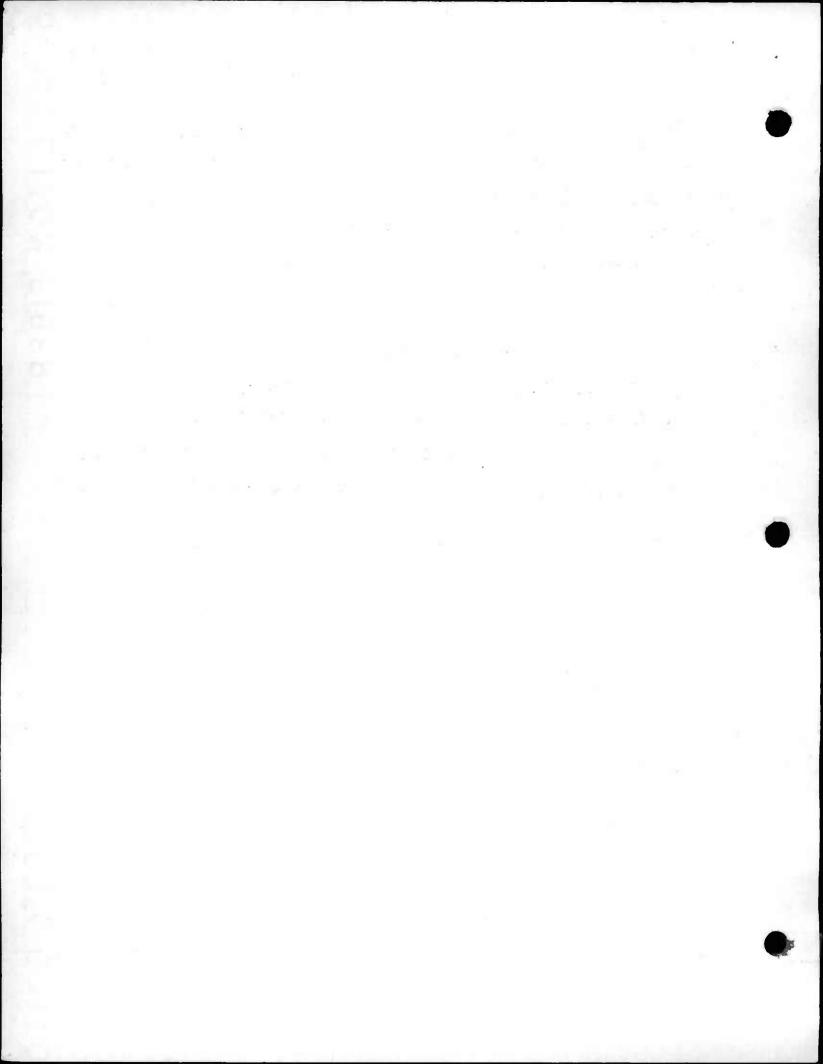


MARK TO THE REAL PROPERTY.

DHMH-18 Rev 1/89

	REGISTRAR		CERTIF	FICATE OF	DEATH	REG. NO.				
	1. DECEDENT'S NAME (First, Middle,	, WISN	IER		2.	DATE OF DEATH	YEAR 9/	3. TIME OF DEATH		
1	4. SOCIAL SECURITY NUMBER 216-07-943	5. SEX 6.	AGE (In yrs. lest birthdey)	IF UNDER 1 YEAR MONTHS DAYS	unuma lami	DATE OF BIRTH (Month, Day, Year) 2-07-18	Cou	THPLACE (State or Foreign intry)		
1	9a. FACILITY NAME (If not institution,		/ %	9b. CITY, TOWN	OR LOCATION OF DEATH		c. COUNTY OF			
TOM	MERIAIAN N.		LSTOWN	RANAL	LSTOWN	MD.	BALTO	· Co		
DIRECTO	Md. 106. CO	City	10c. Cf	ocation 10d. In Li						
M	10e. STREET AND NUMBER	f. ZIP CODE	1	log. CITIZEN O	F WHAT COUNTRY?					
FUNERAL	5207 Tilbur			21212			USA			
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IT IF YES, GIVE WAR	YES 2 NO	If yes, sp	CENDENT OF HISPANIC Of HISPANIC OF HISPANIC OF Specify:		Sp	ACE — American Indian, ack, White, etc. ecity: Ihite		
ETED	15. DECEDENT'S (Specify only highest		ON	186. KIND OF BUSIN						
COMPLET	Elemantary/Secondary (0-12)	College (1-4 or 5+) 4 Yrs Coll	ille. Do NOT	i work done during mo use retired.) NVENTOR	ist of working					
S	17. FATHER'S NAME (First, Middle, Las	1)			18. MOTHER'S NAME (First, Middle, Malden Sui	mame)			
BE	John H.	Wisner				1. Armacos		2		
6	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural Route					
-	Mr. Arthur S.	visner			d. Westmin					
	20e, METHOD OF DISPOSITION 1 D Burlel 2 Cremetion 3	Removel from State	20b. PLACE OF DISPO	· ·			TION — City or			
	4 ¹ Donation 6 Other (Specify,		Druid R	idge Cem	<u>etery</u> ND ADDRESS OF FACILIT	Pik	resvill	e. Md.		
	Kamb	8/	-		no monte o or more		terstou	on. Md. 211		
$\overline{}$	23. PART I. Enter the disesses	. Dr complications that co	sueed the daeth. Do					Approximata		
	ahock, or heart fall	lure. List only one cause	on each line.	33411222		eriens eriesens		Interval Between Onset and De		
Y	IMMEDIATE CAUSE (Final disease or condition	Note	2 al. Ca	JUSC.	5-010	CO14		Officer and De		
	resulting in deeth)		AS A CONSEQUENCE		2-010	-, -		-		
z	CO. C. C. C. C. C. C. C. C. C. C. C. C. C.									
2	Sequentially list conditions, If eny, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
S	ceuse. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OF								
E	Tooditing in douting Exist	d								
	PART II. Other significant con			In the underlyin	ig cause given in Par	t I. 24s. WAS AN AL		24b. WERE AUTOPSY FINDIN		
EDICAL	Chonec	CUM	secre			PERFORMI		AVAILABLE PRIOR TO COMPLETION DF CAUSE		
	Ochreho	いっていかい				. 1 123 2	J NO	DF DEATH?		
. N										
SICIAN:	25. WAS CASE REFERRED TO MEDIC	AL		26. P	LACE OF DEATH (Check of	only one)				
SIC	EXAMINER?	HOSPITAL:	R/Outpatient 3 DOA	OTHER:	ne 5 🗆 Residence 6 🗆	Other (Specify)				
PHY	27. MANNER OF DEATH	28s. DATE OF IN. (Month, Day,		ME OF 28c. IN		d. DESCRIBE HOW INJ	URY OCCURED)		
BY F	1 Haturel 5 Pending 2 Accident Investig	E .	1000)		YES 2 NO					
	3 Suicide 6 Could n	28a PLACE OF II	JURY At home, farm	, street, factory, offi	ce 26	I. LOCATION (Street and City or Town, State)	d Number or Rui	ral Route Number,		
TED	4 Homicide detarmit	ed	(Oposity)			Only or lown, States				
COMPLET	29s. CERTIFIER 1 CERTIFYING	PHYSICIAN: To the best of my	knowledge, death occu	rred at the time, dat	and place, and due to t	he cause(s) and manne	er as stated.			
ME	one)	AMINER: On the basis of exam						e(a) and manner as state		
	29b. SIGNATURE AND TITLE OF CEI				29c. LICENSE NUMBER			IED (Month, Day, Year)		
BE	helal	1000		Mir	MILLO T	- >	DATE SIGN	JG /		
2	30. NAME AND ADDRESS OF PERSO	N WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Ma	ne Print)	1)(4)	5	1015	71 17		
	The state of Ferri	TELED GAUGE	C. Jean (Hem 21) (N)	ru, r muj						
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE							
			idson Andres	2						
	OCT 29 '91	Grana Dai	1000 - North							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

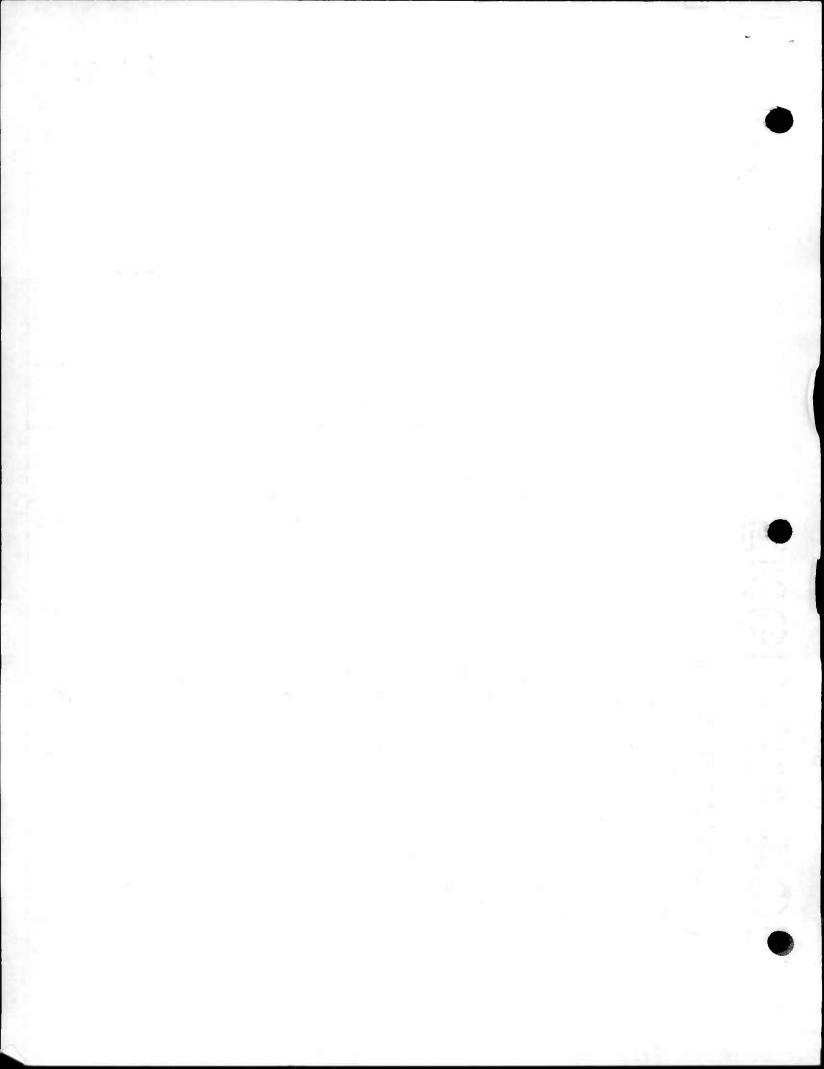


TO BE COMPLETED BY FUNERAL DIRECTOR

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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be deruged within 72 hours after death with the State Dent. of Health and Mental Hypiene prior to burial, cremation, or removal.	The state of the s
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	2	29	2

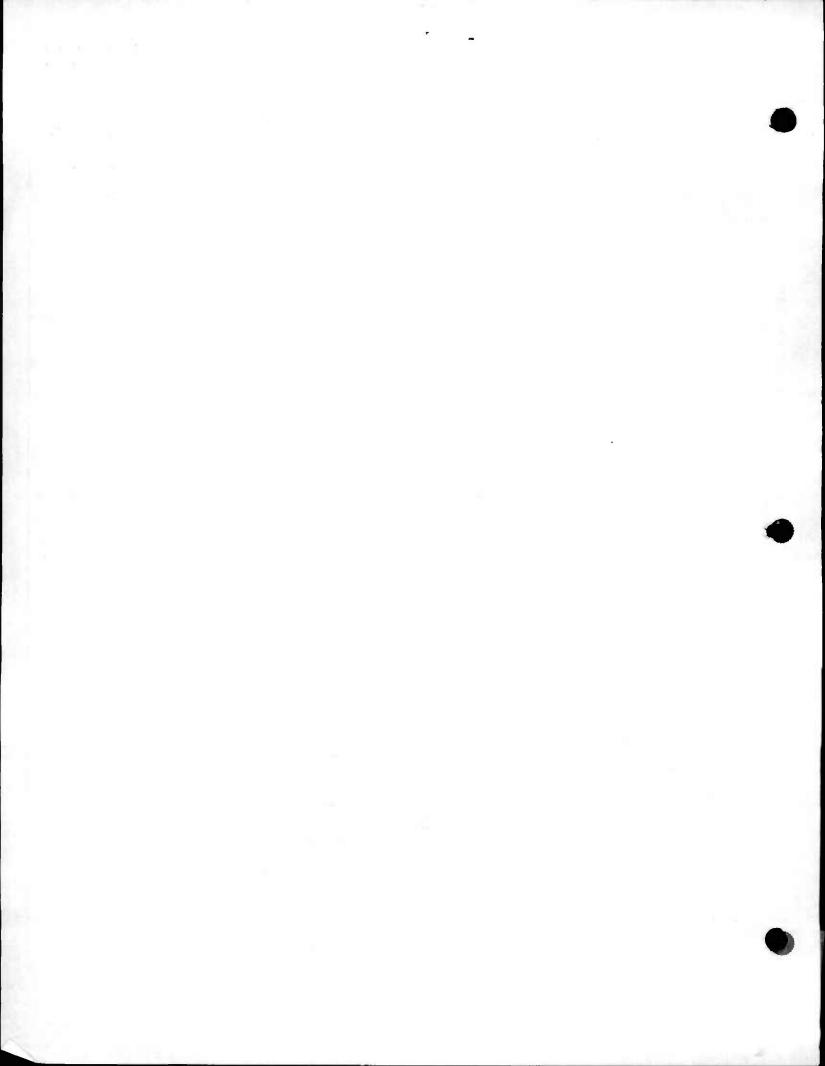
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART				YGIENE EG. NO.		
1. DECEDENT'S NAME (First, Middle,	Last)				2. DATE OF	DEATH		3. TIME OF DEATH
ANNA MAE	WATHEN				NOVEMB	ER 2.	1991	4:30 A.M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (//	,	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E	BIRTH	_	HPLACE (State or Foreign
214-42-3307	1 🗆 M 2 🔀 F	38 YRS.	ONTHS DAYS	HOURS MIN.	MAY 20			RYLAND
9e. FACILITY NAME (If not institution,	give street and number)	1	D. CITY, TOWN	OR LOCATION OF DE	EATH	91	c. COUNTY OF	DEATH
BAYSIDE NURSING CENTER LEXINGTON PARK							ST. MA	ARY'S
RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY
MARYLAND S	ST. MARY'S	LE	ONARDTO	UN				LIMITS? 1 YES 2 NO
10s. STREET AND NUMBER	JI. IRREI O	Бы		r. ZIP COOE		10	g. CITIZEN OF	WHAT COUNTRY?
RT. #2, BOX	18			20650			U.S.A	
11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED		CENDENT OF HISPAN			No- 14. RAG	CE — American Indian.
1 Never Merried 2 Married FORCES? 1 YES 2 NO If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 3 Widowed 4 Divorced FORCES? 1 YES 2 NO DATES If Yes, specify: Specify: Specify: 11117								
15. DECEDENT	S EDUCATION	18a. DECEDENT'S U	SUAL OCCUPAT	ION	16b. KIN	ID OF BUSINE	SS/INDUSTRY	WHITE
(Specify only highes Elementary/Secondary (0-12)	t grade completed) College (1-4 or 5+)	(Give kind of wo	rk done during n	ost of working	100. 101	D OI DOGINE		
8	Conege (1-4 or 5+)	HOMEMA	KER					
17. FATHER'S NAME (First, Middle, La	est)	IIII		18. MOTHER'S NA	ME (First, Middl	le, Maiden Sun	name)	
NORMAN YATES				RUTH A	ABELL			
19a. INFORMANT'S NAME (Type/Prin	r)	19b. MAILING A	DDRESS (Street	and Number or Rural	Route Number, (City or Town, S	tate, Zip Code)	
NANCY L. WATH	EN	RT. #2	BOX I	8. LEONA	RDTOWN	. MARY	ZLAND 2	0650
20a. METHOD OF DISPOSITION 1 N Burlal 2 Cremation 3	Barnoval from State	PLACE AND DATE COMMENTS OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE OF	OF OISPOSITIO	N (Name	DATE	20c. LOCAT	ION — City or	Town, State
4 Donation 5 Other (Specify		. ALOYSI				LEONA	ARDTOWN	, MARYLAND
21. SIGNATURE OF FUNERAL SERV	ICE LIEBUSEE			SFIELD FU		HOME	ΡΔ	
EDWARD N. BRIN	SFIELD JR. MO	00052						LAND 20650
	s, or complications that caused							Approximate
immediate cause (Fine)	liure. Liet only one couse on e	4		•				interval Between Onset and Death
diseese or condition resulting in deeth)	. A cut	Pau	eman	10				
	DUE TO (OR AS A	CONSEQUENCE OF)	:					
Sequentielly list conditions,	6							
if any, leeding to immediate	DUE TO (OR AS A	CONSEQUENCE OF)	:					
CAUSE (Disease or Injury	C. OHE TO (OR AS A	CONSEQUENCE OF)						
that initieted events resulting in death) LAST	552 10 (511 75 7							
	d							
	nditions contributing to death b				Pert i. 24	n. WAS AN AU		No. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
Denentro	Congeste	re Hes	N	ulur	<u> </u>	☐ YES 2	NO	OF DEATH?
Recent	Cerebo Va	culan	Acu	det	_		1	1 TYES 2 NO
25. WAS CASE REFERRED TO MEO	CAL HOSPITAL:		26. QTHER:	PLACE OF DEATH (C	heck only one)			
1 TYES 2 NO	1 Inpatient 2 ER/Outp	patient 3 DOA	Nursing Ho	me 5 🗌 Residence				
27. MANNER OF DEATH 1 Natural 5 Pendin	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	IRY V	IJURY AT	28d. DESCR	IBE HOW INJU	JRY OCCURED	
2 Accident investig		At home form of		YES 2 NO	nel LOCATI	DN /Compt and	Manushan on Diver	J. Courts Museuman
3 Suicide 8 Could 4 Homicide detarm	not be building, etc. (Spec	— Al nome, tarm, at	reet, ractory, on	iga.		own, State)	Number of Hurs	I Route Number,
29a. CERTIFIER CERTIFYING	PHYSICIAN: To the best of my know	ladge death accur-	d at the time of	to and place and di-	a to the same '	a) and many	e no plata.d	
CONSCIN ONLY	KAMINER: On the besis of examination							e(a) and manner se stated.
29b. SIGNATURE AND TITLE OF	RTIFIED	//		29c. LICENSE NU	IMBER	2	nd. DATE SIGN	D (Morgh, Day, Year)
1	12	// 11/		D19	917		· ///	1/91
30. NAME AND ADDRESS OF PERS	ON WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print)				7	
JAMES C. (BOY		FFERSON	STREET,	_LEONARD	TOWN,	MARYLA	AND 206	50
NOV - 4	91 India David	on-Randell						
1100	(Constant							DHMH-18 Rev 1/89



after death. Page 6 may be retained by the hosp	by the funeral director, page 5 should be detached	moval.	ical examiner must be notified at once.	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hosp	TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR STATE REGISTRAR	STATE OF MA		PARTMEN TIFICAT			MENTAL HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH			3. TIME OF DEATH	
	Beulah W. Williams					7.1	MONTH 2	3 91	YEAR	555 A 11	
	4. SOCIAL SECURITY NUMBER	5. SEX 8.	AGE (in yrs. last birt		R 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		B. BIRTH	PLACE (State or Foreign	
	234 32 2305	1 🗆 M 2 💢 F	85	YRS. MONTHS	DAYS	HOURS MIN.	(Month, Day, Year) 09-08-190	6	I	V. VA.	
DIRECTOR	So. FACILITY NAME (If not institution, give street and number) HOS PITCLE HOUTE DE GODDE HOUT OF								W OF P	eath OCD	
2	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY	10	10c. CITY, TOWN OR LOCATION					10d. INSIDE CITY			
Ē.	MD H								LIMITS?		
	10e. STREET AND NUMBER	larford		Havre de Grad			ce	10g. CITIZ	EN OF V	VHAT COUNTRY?	
7	712 Ontario Str	eet		21078				JSA			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT E) 13		ENDENT OF HISPAR	NIC ORIGIN? (Specify Ye		4. RACE	- American Indian,	
	1 Never Merried 2 Married	FORCES? 1 _				cify Cuben, Mexice 2 X NO Specifi	n, Puerlo Ricen, elc.) y:		Speci		
B	3 X Widowed 4 Divorced	15								White	
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(Give k	ENT'S USUAL	e during mos	N at of working	18b. KIND OF BU	ISINESS/INDU	STRY		
91	Elamentary/Secondary (0-12)	College (1-4 or 5+)	life. Do	NOT use retired.)						
MP	8th		(Ret) Trav	vel A		at Federa		ern	ment	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						ME (First, Middle, Melde	Surneme)			
8	Albert Wagner					Ada F					
2	196. INFORMANT'S NAME (Type/Print)	77:1 1 00					Route Number, City or To			1005	
	Mrs. Patricia W.	Kilduii	T				Kingsvil			21087	
	1 X Burlel 2 Cremelion 3 Rem	oval from State	of cemetary, cre	matory or other	r place)		1		DN — City or Town, State		
	4 ☐ Donalion 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIG	CENSER	I Hario			Garden D ADDRESS OF FA	IS 10/31 A	<u>serde</u> e	en,	NID	
Mitchell-Smith Funeral Home, P.A. Havre de Grace, MD 21078-3197									P.A. 197		
	23. PART i. Entar the diseesas, or ehock, or heart failure.			. Do not ent	er tha mo	da of dying, suc	ch ee cardiac or rea	piratory arre	et,	Approximata interval Between	
	iMMEDIATE CAUSE (Fine)	Liet Olly One Cadae	-	-						Onset and Death	
	disease or condition resulting in death) e. Septiceurs (UTI), Sclary									5 day	
	DUE TO (OR AS A CONSEQUENCE OF):										
ATION	Sequentially list conditione, if eny, leading to immediata ceuse. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST										
	DART II Other elections condition	no contribution to d	and but and some	ultime in the	do els do		Best I as une s	N AUTOPSY	Lan	. WERE AUTOPSY FINDINGS	
AL	PART il. Other eignificent condition	ie contributing to di	aeth but not rea	uiting in tha	undariyin	g ceuse given in	PERF	ORMED?	240	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
PHYSICIAN: MEDICA					-		1 🗆 YES	2 NO		OF DEATH?	
M							_		1	1 TYES 2 NO	
Ä	A- WE ALSE DEFENDED TO MEDICAL					405 05 05 1711 (0)					
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	SEPTEMBER -	ОТН	ER:	ACE OF DEATH (C	Ex 1 Experience				
ΙλS	27. MANNER OF DEATH	1 Skinpatient 2 🗆 8		28b. TIME OF	¥	URY AT	6 ☐ Other (Specify) 28d. DESCRIBE HOW	INJURY OCC	UBED		
4	1 Netural 5 🗍 Pending	(Month, Day,	Year)	INJURY	WC	YES 2 NO	200. 5240.1152.1101.		01125		
BY	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF	INJURY — Al home	, farm, street, f	1		28f, LOCATION (Street	t end Number	or Rural	Route Number,	
ED	3 Suicide 8 Could not be 4 Homicide determined	building, et	c. (Specify)				City or Town, Ste	e)			
Ē	290. CERTIFIER	MOLANI, To the board of			. 10				. 4		
COMPLETED	(Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMIN									(e) and manner se stated.	
00					, .,						
TO BE	296. SIGNATURE AND TITLE OF CERTIFIE	am in					609	14	NS	(Month, Day, Year)	
		NTHANI A		3- Rev	o hu	Ton St-	Howre D	e Gree	u.	MJ21078	
	31. DATE FILED (Month, Day, Year) OCT 28 '91	32. REGISTRAR	1.0			5					



BALTIMORE, MARYLAND 21215-0020	6 may be retained by the hospital or attending p	age 5 should be detached for use as the b		iffed at once.
LTI	ath. Page	neral director, p		aminer must be not
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 Tould	nours after death with the State Dept. of Health and Mental Hyglene prior to bundl, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH				
	IRVIN OTTO	WOLF,	SR		OCT 17	7 YEAR	A M				
	4. SOCIAL SECURITY NUMBER	8. BIRT	HPLACE (State or Foreign								
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 1 UNDER 1 YEAR IF UNDER 24 HRS. 1 2 2 0 0 1 4 5 4 9 1 M 2 F 8 1 YRS. 8 BIRTHPLACE Country) MONTHS DAYS HOURS MIN. 3 / 4 / 1910 MARYLA										
	9a. FACILITY NAME (If not institution, give a	treet and number)	9b	CITY, TOWN OR LOCATION OF I	DEATH	9c. COUNTY OF	DEATH				
TOR	944 River Edge Circle Annapolis, Anne Arundel										
DIRE	MD 10a. STATE ANNE		10d. INSIDE CITY LIMITS? 1 YES 2 NO								
FUNERAL DIRECTOR	100. STREET AND NUMBER 944 RIVER E	DGE CIRCLE	;	101. ZIP CODE 21401		WHAT COUNTRY?					
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Olvorced	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED 3 2 NO DATES 970	13. WAS DECENDENT OF HISP. If yea, specify Cuben, Maxic 1 VES 2 NO Specific	or No— 14. RAA Bla Spe	CE — American Indian, ck, White, etc. city:White					
	15. OECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT'S US	JAL OCCUPATION	16b. KIND OF BUS	BINESS/INDUSTRY					
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re		77.0						
No.	17. FATHER'S NAME (First, Middle, Lest)	5+	ICDR. U.	16. MOTHER'S N	Defens						
		HADDIGON	MOTE				10				
R	19a, INFORMANT'S NAME (Type/Print)	HARRISON		DRESS (Street and Number or Rure		n. State. Zin Code)	1/				
2		ATO T TO					07.407				
	MYRA FERRIER 28a. METHOD OF DISPOSITION		Ob. PLACE AND DATE OF	IVER EDGE C		CATION - City or	27407				
	1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		remetary, crematory or			A 7	luis Wa				
- 1	BY SIGNATURE OF FUNERAL SERVICE LA	CENSEE //	Troport	22. NAME AND ADDRESS OF	FACILITY	Alexan	aria va.				
	Druger &	Tuy ta		Taylor Fur Annapolis	And Char	pel					
-	23. PART 1. Enter the diseases, or compilement that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Bull TO (OR AS A CONSEQUENCE OF): Approximate interval Between Onset and Death Church Nom N										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING	OUE TO (OR AS	A CONSEQUENCE OF):								
TIFIC	CAUSE (Disease or injury that initiated events	C DUE TO (OR AS	A CONSEQUENCE OF):								
ER	resulting In death) LAST	d									
EDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 1 0 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO										
N: W											
M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOOSET		26. PLACE OF DEATH (Check only one)						
Sic	1 X YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Ou		THER: Nursing Homa 5 Residence	e 6 Other (Specify)						
PHYSICIAN:	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Dey, Year) 28b. Time OF INJURY WORK? M 1 YES				28d. DEŞCRIBE HOW INJURY OCCUREO						
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
H	29e. CERTIFIER		S. C. Corporation	Name and the second second		000 3100					
COMPLETED	(Check only CERTIFYING PHYS			it the time, data and place, and o in my opinion, death occured at t			e(a) and manner as stated.				
ш	296. SIGNATURE AND TITLE OF CERTIFIE	iR .	o De	29c. LICENSE N	IUMBER	29d. DATE SIGN	ED (Month, Day, Your)				
TO B	30, NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF		outry DO	0001	10	117/91				
	30. NAME AND ADDRESS OF PERSON W	JONE	5, mD	195 Ame	RICA C	t. 21	035				
	OCT 2 1 1991 Sure Devider Arrives										

BALTIMORE, MARYLAND 21215-00	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending p	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the b	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
30,	within 24 n	npletely filler	cremation,	rent, the
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	be executed	cian and corr	or to burial,	aumatic en
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RDS, F	t the death	by the atte	nd Mentai	injury, o
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L DIRECTOR: After the hours after death w

TO THE HOSPITAL OF THE FUNERAL DE FILED WITHIN 72 PO IMPORTANT: If IN

HOSPITAL OR ATTENDING PHYSICIAN: The law requi

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATN YEAR HARRY GEORGE WATSON JR. 79 OCT 7997 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTN (Month, Day, Year) 6. BIRTHPLACE (State or Foreign Country) 1 M 2 | F 577 28 8545 YRS. May 24 1920 Wash 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH DIRECTOR 865 Redwood Trail Crownsville Anna Arundel 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md Anne Arundel Crownsville 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 865 Redwood Trail 21032 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 □ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yae or No-If yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, afc. 1 Never Married 2 Married BY 1 TYES 2 NO Specify: 3 Widowed 4 Divorced Specify: WHITE 1944 1946 COMPLETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) tation Repairman Telephone Co. 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) GEORGE WATSON BE HARRY ESTHER 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Pearl Watson 865 Redwood Trail Crownsville, 20s. METHOD OF DISPOSITION

1 District 2 Commetter 3 Re

4 Donation 5 Other (Special) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State Donation 5 (1) Other (Specify) Vet. Cemt 10/21 rownsvill Crownsville, Md 0 2) SIGNATURE OF FUNERAL SERVICE LICES 22. NAME AND ADDRESS OF FACILITY Taylor Funeral Chapel Annapolis, Md. 2140] 23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, Dr heart failure. List only Dry cause on each line, interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition_ LEN reaulting in death) DUE TO (OR AST CONSEQUENCE OF) Cu CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDR TO COMPLETION DF CAUSE PERFORMED? 1 YES 2 THO OF DEATH? 1 YES 2 1-NO PHYSICIAN:

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER:
4 | Nursing Nome 5 | Residence 8 | Other (Specify) 1 YES 2 TIMO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO 2 Accident 3 Sulcide 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 6 Could not be 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide

29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(s) and manner as stated.

2 __ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the films, data and place, and due to the cause(a) and manner as stated.

29d. SIGNATURE AND TITLE OF CERTIFIER TO CLUE OF	29c. LICENSE NUMBER	29d. DATE SIGNED (Mogh, Day.
	21010	LIVIVO

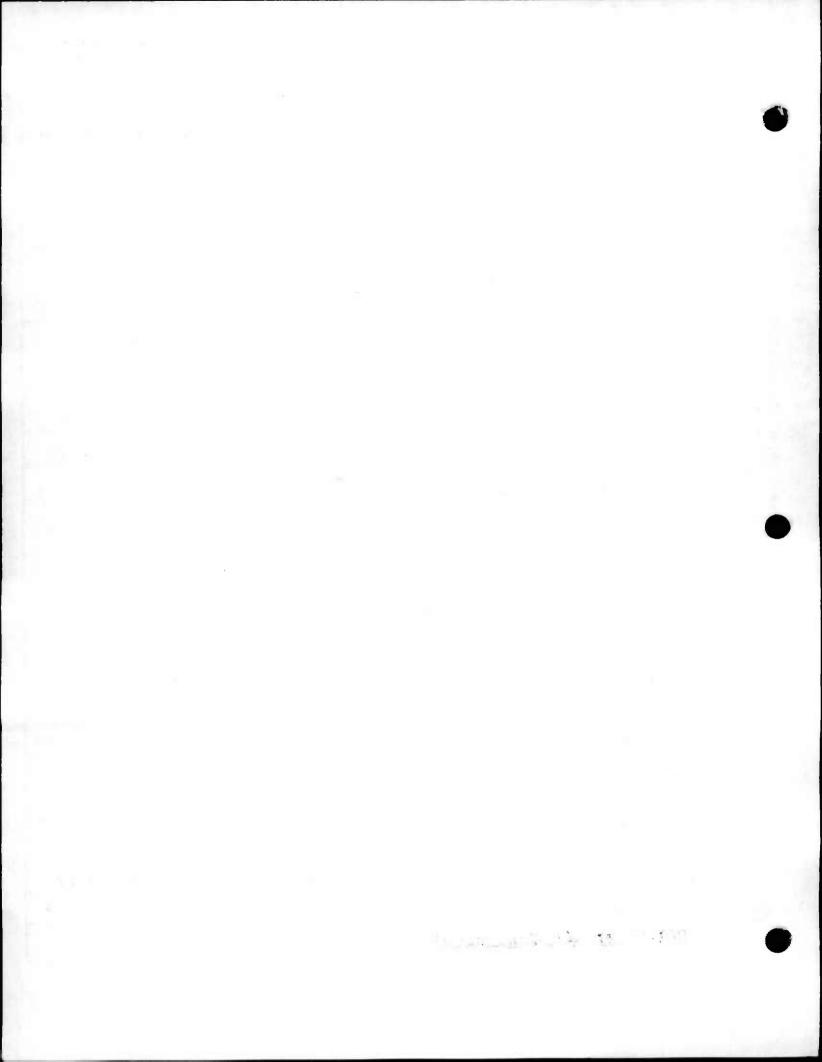
ISS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) THE Print)

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	equires that the death certificate be executed within 24
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)		1. DECEDENT'S NAME (First, Middle, Last)	10		WA	TER	S, sr.	2. DAT MON	E OF DEATH		YEAR 3.	TIME OF DEATH
G)	4. SOCIAL SECURITY NUMBER 217-09-4091 98. FACILITY NAME (If not institution, give :	1 🖾 M 2 🗀 F	AGE (In	yrs. lest birthday) 5 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	May	e of BIRTH oth, Day, Year) 7 27, 1	916	Balt	ACE (State or Foreign
12.3	OL	Harbor Hospital	Center	-		Baltir	NOTE	EATH		9c. COUNT	Y OF DEAT	Н
nt. Pages	DIRECT	Maryland 10b. COUNT Anne	Arundel		10c. CIT	Y, TOWN OR LOC Glen	Burnie				100	d. INSIDE CITY LIMITS? YES 2 HO
n. ansit permit.	FUNERAL	100. STREET AND NUMBER 7993 Woodhall Dr	ive				21061			U.S.		T COUNTRY?
attending physician. se as the burial-transit	ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT ET FORCES? 1 I IF YES, GIVE WAR	YES	2 NO	If yes,	ECENDENT OF HISPA specify Cuban, Maxico ES 2 NO Specia	an, Puerto	ilN? (Specify Yes o Rican, atc.)	s or No 14	I. RACE — Black, W Specify:	American Indian, Thita, atc. Black
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8 6 6 E	BE CON	Louise Ross							Sumame)			
may be retained or, page 5 should st be notified	101	19a. INFORMANT'S NAME (Type/Print) Gladys M. Waters			7993	Woodha	and Number or Rural	Route Nui Glen	mber, City or Tow Burnie	n, Stete, Zip Co	yland	21061
Page 6 may at director, p		20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Ram 4 Donation 5 Other (* 21. SIGNATURE OF FUNERAL SERVICE LI		Metroacrematory, Inc. 10/26/9 Ca				atons., Balto., MD				
death. e funera al.	- 1.00	22. NAME AND ADDRESS OF FACILITY KITKLEY Funeral Home 421 Crain Hwy. S.E., Glen Burnie, MD								MD 21061		
within 24 ho pletely filled cremation, o		23. PART I. Enter the disesses, preshock, pr heart failurs. IMMEDIATE CAUSE (Final disesse or condition resulting in death)	s. Card	on sac	hs death, Do rin lins.	ot sntsr ths n	S Lill	ch sa cs	rdisc or resp	Iratory srres	t,	Approximats Interval Between Onset and Death
th certificate be execuending physician and I Hygiene prior to bur or other traumatile	CERTIFICATION	Sequentially list conditions, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST	a End	57	ONSEQUENCE OF	Prost	ate c	ari	Elvon	^_		
e law requires that the d has been signed by the Dept. of Health and Me	A	PART II. Other eignificant condition Republicant Republicant Supplies 25. WAS CASE REFERRED TO MEDICAL	Viscus	e e	not resulting i	res	ng cause given in		24a. WAS AN PERFOR 1 TYES 2	MED?	CD OF	RE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION DF CAUSE DEATH? YES 2/1 NO
SICIAN: The certificate hin the State C.	PHYSICI	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: Inpetient 2 ER			OTHER: 4 - Nursing Ho	me 5 🗆 Rasidenca	8 🗆 Oth	er (Specify)	HILIPY OCCUP		
ATTENDING PHYSICIAN: ECTOR: After this certificals after death with the St. 128 is marked, or it	D BY P	Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	(Month, Day, Yo	bar) JURY —	At home, farm, a	28b. TIME OF INJURY AT WINDER AT INJURY M 28c. INJURY AT WINJURY M 1 YES 2 NO 28d. DESCRIBE HOW IN At home, farm, streef, factory, office 28f. LOCATION (Street				t and Number or Rural Route Number,		
OR ATTEN DIRECTOR: hours after item 28 is	ETE	4 Homicide 8 Could not be datarmined	building, atc.	(Specify))			City	y or Town, State)		TIDAM FIOOTO	, Noncei,
E ZZ E	COMPL	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 20b. SIGNATIME AND TITLE OF CENTIFIER	R: On the basis of exemi	nation a	ga, daath occurre nd/or investigatio	d at the time, da	te and place, and due death occured at the	to the ca	ause(s) and mar a and placa, an	ner as stated.	ause(a) an	d menner as stated.
TO THE HOSPITO TO THE FUNER be filed within IMPORTANT:	TO BE	Lack S	O COMPLETED CAUSE O	F DEAT	H (ITEM 27) (Sees	D Print)	House NUM	C S	taff	P /	BIGNED (MO	nth, Day, Year)
(10)		31. DATE FILED (Month, Day, Year)	M A 32. REGISTRAR'S	H	HC:	30015	Hazar	h	Bal	H M.	0	21230
		OCT 23 1991 Juli	Levidson Bo	dell	١.					<u>.</u>		DHMH-16 Rev 1/89



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M HO	DIREC	hours	IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medic. examiner must be notified at once.
SPITAL	NERAL	thin 72	NT: If
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	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMI			MENTAL HYGIEN	_		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
		Ethel	AVE	RY		MONTH O	<u>8</u> 9	15 06:10 AM M	
		- 3E	MONT		UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)	
	214-54-5778 19e. FACILITY NAME (If not institution, give stree	4	3 YRS.				948	Maryland	
Œ	NORTH ARUNDEL HOS	The state of the s		GLEN E		ATN	9c. COUNTY	A.A. COUNTY	
6	RESIDENCE OF DECEDENT	FITAL ASSOC	CIRTION	GLEN L	OKNIL		<u> </u>		
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATION				10d, INSIDE CITY LIMITS?	
0	Maryland Anne	Arundal	Glei	n Burn				YES 2 NO	
FUNERAL		3 1 50			CODE		N OF WHAT COUNTRY?		
	63 Crain Court	ADT BZ 2. WAS DECEDENT EVER IN	IIS ARMED I	13. WAS DECENE	1069	U.	S.A.		
	1 Never Merried 2 Merried	FORCES? 1 YES	ŽXX NO	Il yes, specify	Cuben, Mexicen	, Puerto Rican, etc.)	or No.	Black, White, etc. Specify:	
В В	3 Widowed A Divorced							Black	
TED	15. DECEDENT'S EDUCAT (Specify only highest grade cor	TON mpleted)	16a. DECEDENT'S USUA (Give kind of work of life. Do NOT use retir	L OCCUPATION lone during most of	working	16b. KIND OF BUS	SINESS/INDUS	TRY	
J.		College (1-4 or 5+) 11ege							
COMPLET	17, FATHER'S NAME (First, Middle, Lest)	rrege	Sene	ool Tea		AE (First, Middle, Maiden	Summers)		
Ö	Rufus Grant L	angston.	Sr.	"		ia E. St	,		
) BE	19e. INFORMANT'S NAME (Type/Print)	angboon,		RESS (Street and I		oute Number, City or Town			
2	Joseph L. Langs		2510 Ta	albot 1	Road	Baltimor	e, MI	21216	
	20a METNOD OF DISPOSITION 201 Buriel 2 Cremellon 3 Remove	20b	PLACE AND DATE OF DIS	POSITION (Name of	of	DATE 20c. LO	CATION — City	y or Town, State	
	4 Donellon 5 Other (Specify) Cedar Hill Cemetery 11/9 Brooklyn, Maryland								
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE		25. NAME AND A	TATE OF FAC	""MUtter I	Funer	al Homes Inc.	
	Herber C	nut	U.	Baltin	nore,	Falls P Maryland	212	16	
	23. PART i. Entar tha diseesee, or con shock, or haart fallure. Lia	nplications that ceused it only one cause on e	I tha death. Do not a ach lina,	nter tha moda	of dying, such	aa cardlec or reepl	retory arreal	t, Approximeta	
	IMMEDIATE CAUSE (Finel			0.		2		Onset and Death	
	resulting in death) a. Non Cardiogenic Julminary Edema I month								
_	disease or condition resulting in death) a. Non Cardiogenic Pulminary Edema / Month Due to (or as a consequence of): Probable Viry Prelymonitis Due to (or as a consequence of):								
0	Sequentially liet conditions, if any, leading to immediate b. Due to (or as a consequence of):								
CA	CAUSE (Disease or injury								
	that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):						
CERTIFICATION	d								
CAL	PART II. Other significent conditions of	contributing to death b	ut not resulting in the	e underlying co	use given in i	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS	
DIC.	Acust renal Ja	illere				1 DYES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ME	Hypertension					_ '		1 TYES 2 DATO	
PHYSICIAN: MEDI		eepholopathi	1						
i C		IOSPITAL:	ОТ	26. PLACE HER:	OF DEATN (Che	ck only one)			
ΗXS	1 VES 2 NO 1 27. MANNER OF DEATN	28e, DATE OF INJURY	atlent 3 DOA 4 D	Nursing Nome 5		Other (Specify)			
	1 Natural 5 Pending	(Month, Day, Yeer)	INJURY	WORK?	2 NO	28d. DEŞCRIBE NOW II	NJOHT OCCUR	leb	
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY building, stc. (Spec	— At home, Jerm, street,			281, LOCATION (Street e	and Number or	Rural Route Number,	
COMPLETED	4 Nomicide determined	bunuing, are. (Spec	ту			City or Town, State)			
PLE	290. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my knowl	ledge, death occurred at	the lime, date end	place, end due i	to the cause(e) and men	ner se stated,		
OM								cause(e) end menner ee stated.	
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	1 ./		29	c. LICENCE NUM	BER	29d. DATE S	IGNED (Month, Day, Year)	
TO B	Mellis V. Vge	44 MG			151	122	1	1/6/91	
	XEVIN J. DOYLE,	M.D./203 HO	OSPITAL DRI	VE, #20	6/GLEN	BURNIE, M	ARYLAN	ND 21061	
	NOV 07 1991	32. RECISTRAR'S SIGN	andell						

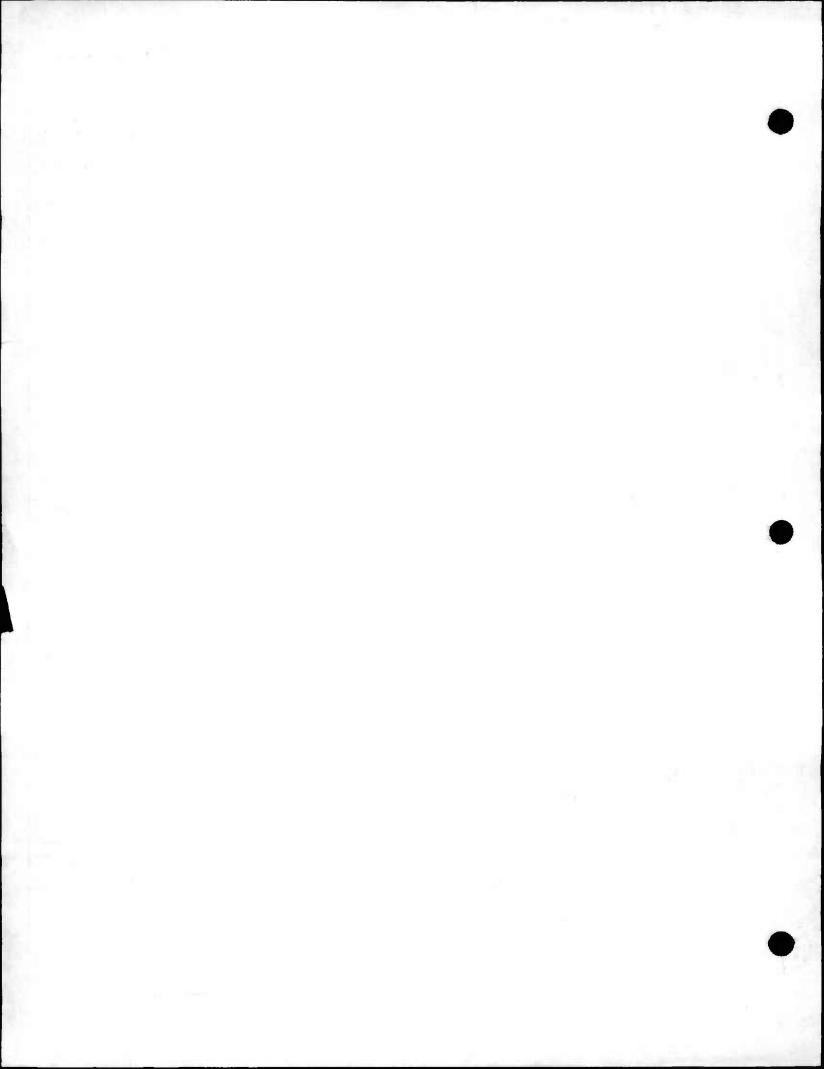
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.
THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funerial director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Heatth and Mental Hyglene prior to burlal, cremation, or removal,
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR		STATE OF	MARYLAND /		RTMENT				MENTA	L HYGIEN			
7.00	1. DECEDENT'S NAME (First,		Aquino		1					*****	OF DEATH HUBER	Y5!-	纤	3. TIME OF OEATH
BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 216 / 16 · 2349 .		5. SEX 1 M 2 F	6. AGE (In yrs. last birthday)		IF UNDER 1	1 YEAR DAYS			7. DATE (Mont	7. DATE OF BIRTH (Morth, Day, Year) 11 24 1 13		6. BIRTHPLACE (State or Foreign Country) BALTIMORE, MD	
	96. FACILITY NAME (If not institution, give street and number) Stella Maris Hospice						TOWN O	ON LOCATION	ON OF DE	4		9c. COUN	TY OF D	
	10a. STATE	10b. COUNT	Υ			Y, TOWN O						10d. INSIDE LIMITS?		
	MARYLAND 104. STREET AND NUMBER			_	BAI	LTIM		, ZIP CODI	E		10g. CITIZEN OF WHAT COUN			1 X YES 2 NO
	5525 DAY 11. MARITAL STATUS 1 Never Merried 2 0 3 Widowed 4 Divo	Married	12. WAS DECEOER FORCES?	NT EVER IN U.S. AR		- 11	f yes, sp		F HISPAI n, Mexica	in, Puerto	N? (Specify Yer Rican, etc.)		USA or No— 14. RACE — American Indian, Black, White, atc. Specify: WHITE	
COMPLETED	1s. DEC (Specify only Elementary/Secondary (0 12YEARS	EDENT'S EDU / highest grade	CATION o completed) College (1-4 or 5	+) (G	CEDENT'S live kind of Do NOT u		CUPATION TO THE PROPERTY OF TH	ON ost of workli	ng	161	. KIND OF BU		USTRY	HOOLS
	17. FATHER'S NAME (First, M	iddle, Last)	dub	oiel	710111	-1\		16. MOT	HER'S NA	AME (First,	Middle, Maiden		30	HOULS
TO BE	194. INFORMANT'S NAME (Type/Print) MR. JOSEPH AQUINO 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 400 S. BONSAL STREET BALTO. MD. 21224													
- 1	20e. METHOD OF DISPOSITION 1 © Burlist 2 © Cremetion 3 © Removal from State 4 © Donellon 5 © Other (Specify)													
	21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE	A /NIA	li	KA	CZO	ROWS	SKI	FUN	ERAL	НОМЕ		
	23. PART I. Enter the diseases, or complicatione that caused the death. Do not antar the mode of dying, such as cardiac or reapiretory strest, ehock, or haert fellure. List only one cause on sech lina. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	Sequentially list conditions, If any, leading to immediate ceuse. Enter UNDERLYING													
RTIFIC	CAUSE (Disease or inju- that initiated events resulting in death) LAS	or injury DUE TO (OR AS A CONSEQUENCE OF):												
PHYSICIAN: MEDICAL CE								PERFO	24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO		WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
ICIAN	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHER	₹:	LACE OF E				Hosp	ice	
	1 Netural 5 Pending (Month, Day, Year) INJURY WORK?						1	er (Specify) SCRIBE HOW						
TED BY	Accident Investigation 3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, alc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								Route Number,					
COMPLET	and the second		SICIAN: To the best of ER: On the basis of											a) and manner as stated.
BE	296. SIGNATURE AND TITLE	La CERTIFIE	A Ge	exan	de	KD			ENSE NU			29d. DATI		(Month, Day, Year)
5	30. NAME AND ADDRESS O				- , , , ,		Hos	pice-	-Dul	anev	Valle	v Rd.	-Tor	vson 21204



31. DATE FILEO (Month, Day, Year)

NOV 07



6. BIRTHPLACE (State or

9c. COUNTY OF DEATH

10g. CITIZEN OF WHAT COUNTRY?

Specify:

VA.

10d. INSIDE CITY

U.S.A.

14. RACE — American Indian, Black, White, atc.

HANCOCK

Apt. 21202

Interval Between Onset and Deeth

7 hrs

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?

1 YES 2 NO

29d. DATE SIGNED, (Month, Day, Year)

11/6/9

1 X YES 2 NO

Black

REG. NO.

04

2. DATE OF DEATH

MONTH

FOR STATE REGISTRAR

DECEDENT'S NAME (First, Middle, Last)

J.

DOROTHY

30. NAME AND ADDRESS OF IM Uman Marma

1991

1 -

4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 1 M 2 X X 6-12-36 218-30-7268 55 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR IINION MEMORIAL HOSPITAL BALTMORE CITY 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION BALTIMORE MD permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE filled in by the funeral director, page 5 should be detached for use as the burial-transit on, or removal. 1618 EAST 32nd. Street 21218 urs after death. Page 6 may be retained by the hospital or attending physician. 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2X NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY 3 Widowed 4 Divorced 0 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highes COMPLET Elementery/Secondery (0-12) College (1-4 or 5+) 8th Grade UNEMPLOYED 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) F MAMIE FRANK HUBBARD notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 501 PRESTON STREET/BALTIMORE, MD. MAMIE BAGBY pe must 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State 4 Donation 5 Other (Specify) Baltimore Cemetery Baltimore, Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM,.C. MARCH F.H. 1101 E. North Ave the medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, euch ac cerdiec or respiretory arrest, shock, or heart failure. List only one cause on each line. cremation, or IMMEDIATE CAUSE (Finel disease or condition Polar attending physician and completely fintal Hygiene prior to burial, cremation requires that the death certificate be executed within event, regulting in death) OUE TO (OR AS A CONSEQUENCE OF): Arten traumatic onary CERTIFICATION Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF) CAUSE (Disease or Injury other OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 been signed by the attention of Health and Mental F. PART II. Other eignificant conditions contributing to deeth but not reculting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 1 - YES 21 NO PHYSICIAN: has be Dept. OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL this certificate h 26. PLACE OF DEATH (Check only one) MOSPITAL:
1 in Inpatient 2 ER/Outpatient 3 DOA OTHER:
4 □ Nursing Home 5 □ Residence 8 □ Other (Specify) YES 2 NO 6 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? marked, 28d. OESCRIBE HOW INJURY OCCURED 1 Natural After t BY 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, ferm, street, factory, office THE HOSPITAL OR ATTENDII THE FUNERAL DIRECTOR: AI filed within 72 hours after de 10 ETED. 3 Sulcide 8 Could not be 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 28 datermined tem 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. COMPL IMPORTANT: If 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and placa, and dua to the cause(s) end manner as stated. BE 29c. LICENSE NUMBER MD Cert 2

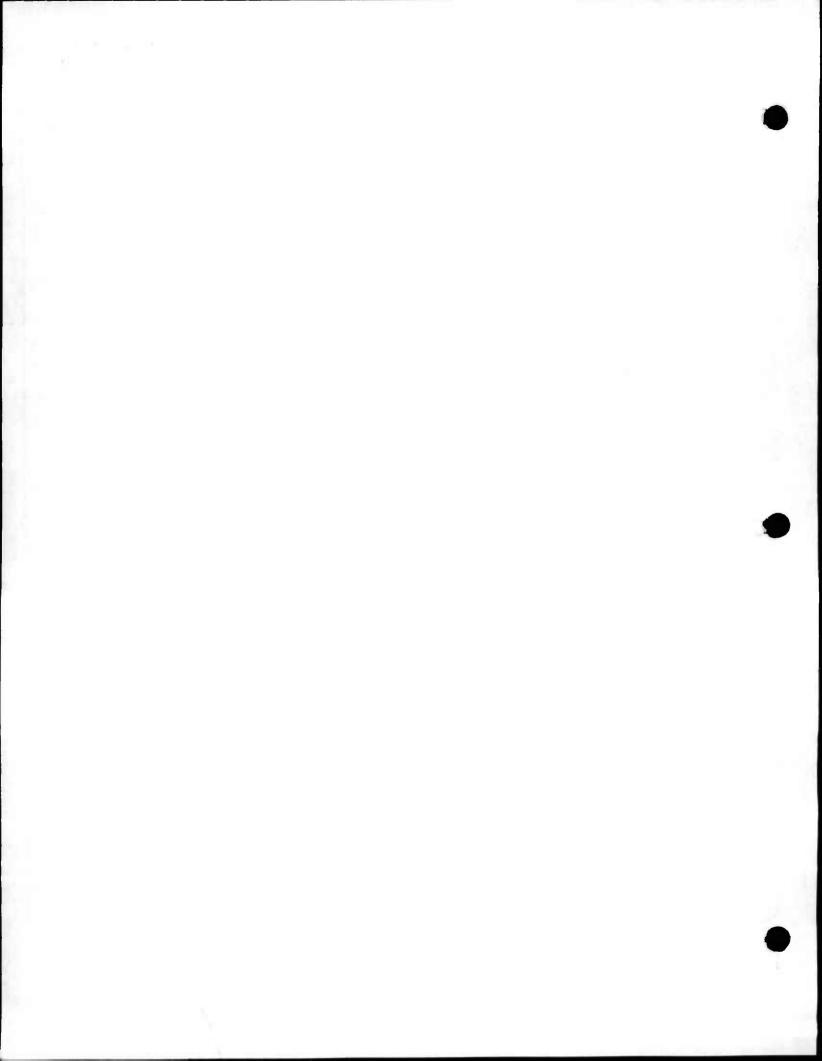
32. REGISTRAR'S SIGNATURE

Savidron Randelle

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

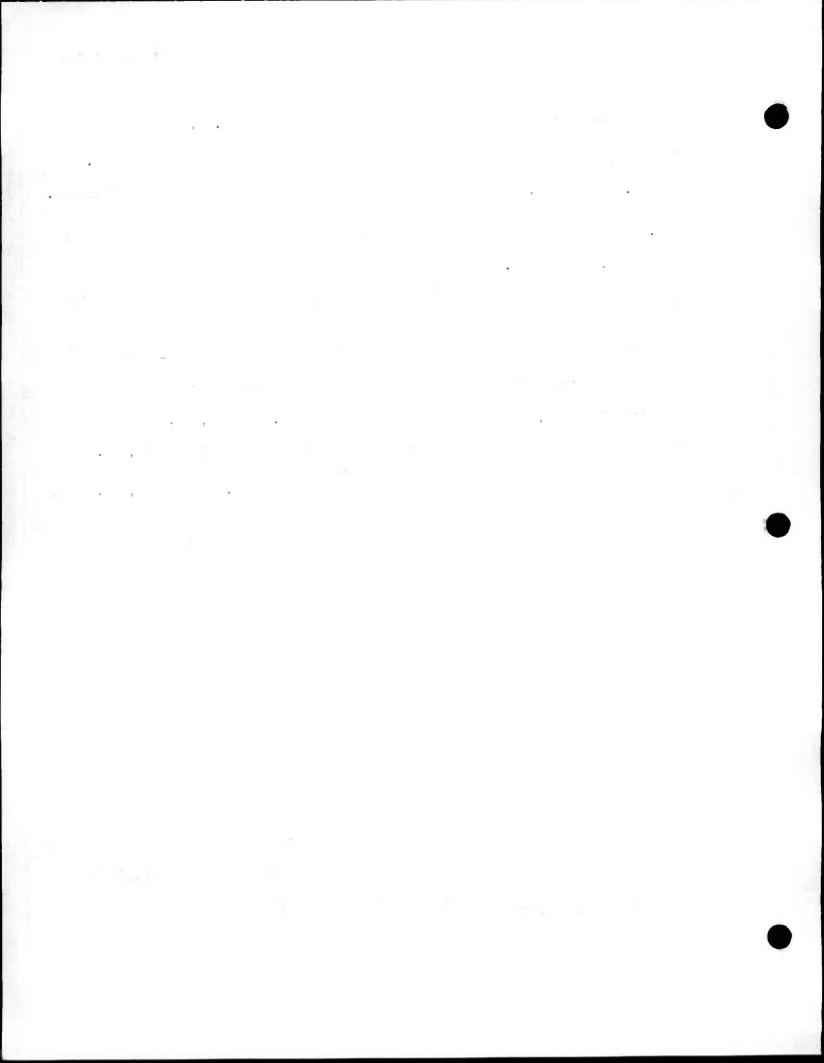
CERTIFICATE OF DEATH

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BALTIMORE, MARYLAND 21215-0020	er death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
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	FOR STATE REGISTRAR		ARYLAND / DEPA CERTII	RTMEN	T OF H	EALTH AI	ND ME	NTAL HYGIEN			
	1. DECEDENT SAME (First, Middle, Last)	kauskas					2.	OATE OF OEATH		YEAR	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER 169 03 9199	1 💢 M 2 🗌 F	AGE (In yrs. last birthday,	IF UNDER	DAYS	IF UNDER 24 I	HRS. 7.	7. DATE OF BIRTH Month, Day, Year) July 30 1908 8. BIRTHPLACE (State or Forest Country) Penna.			v)
- DIRECTOR		FACILITY NAME (If not institution, give street and number) 213 N. Marlyn Ave. Essex							9c. COUN	9.77	imore Co.
	Md Ba					ON					10d. INSIDE CITY LIMITS? 1 YES 2 NO
BY FUNERAL	213 N. Marly			-	101. ZIP COOE 10g. CITIZEN OF WHAT COUN USA					HAT COUNTRY?	
COMPLETED BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Olvorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2. NO		If yes, spe-	NDENT OF H cify Cuban, N 2 2 NO	laxican, Pu	ORIGIN? (Specify Yes uarto Rican, atc.)	or No-	Black	- American Indian, White, etc.
	15. OECEOENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	18a, OECEOENT' (Give kind of iife, Do NOT	work done use retired.)	during mos	N t of working	<u></u> -	16b. KINO OF BUS			
COMI	17. FATHER'S NAME (First, Middle, Last)			Make	er	18. MOTHER	'S NAME (First, Middle, Maiden	eo-Sp Sumame)	ace	
BE	Ignatius 19a. INFORMANT'S NAME (Type/Print)	Baikausk						nia Karo			
٥	Albert Baikauska	s, Son						Number, City or Town			
	20s. METHOD OF DISPOSITION 1 M Burfal 2 Cremation 3 Ramoval from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Complete Crematory of other place). 20c. LOCATION - City or Town, State 11/8/91 Belair, Md.										
	21-GIOMATURE OF FUNERAL BERVICE LIS	enser	M					neral Horve. Bal			G. 21221
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cerdiac or respiratory arrest, shock, or haert failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): 1407 Eastern Ave. Baltimore, Md. 21221 Approximata interval Between Onset and Death Onset and Death										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST										
PHYSICIAN: MEDICAL	PART II. Other eignificent conditions contributing to death but not reculting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PRIORINGS PERFORMEC? 1 YES 2 NO 24b. WERE AUTOPSY FINGINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO								AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?		
SICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	R/Outpatient 3 🗆 DOA	OTHER	₹:	CE OF OEAT					
ВУ РНУ	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	28a. OATE OF IN. (Month, Day,	JURY 28b. TII		28c, INJU WOR	RY AT K?	28d	Other (Specify) J. OEȘCRIBE HOW IN	JURY OCCU	JREO	
	3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, term, street, factory, office City or Town, State)									rute Number,	
COMPLETED	The same of the sa	R: On the besis of axem	knowledge, death occur- ination and/or investigati	ed at the ti	ime, data a	nd place, and	f dua to th	e cause(s) and mans , data and place, and	ner as stated	d. cause(s)	and manner as stated.
TO BE	296. SIGNATURE AND THE DISCEPTIFIES	Ma				0106	NUMBER	3	29d. DATE :	SIGNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WH	ERA	404 8	ASV	ERN	1 Br	LVD				
	31. DATE FILEO (Month, Day, Year) NOV 07 1991	La Davidson	Randall.								



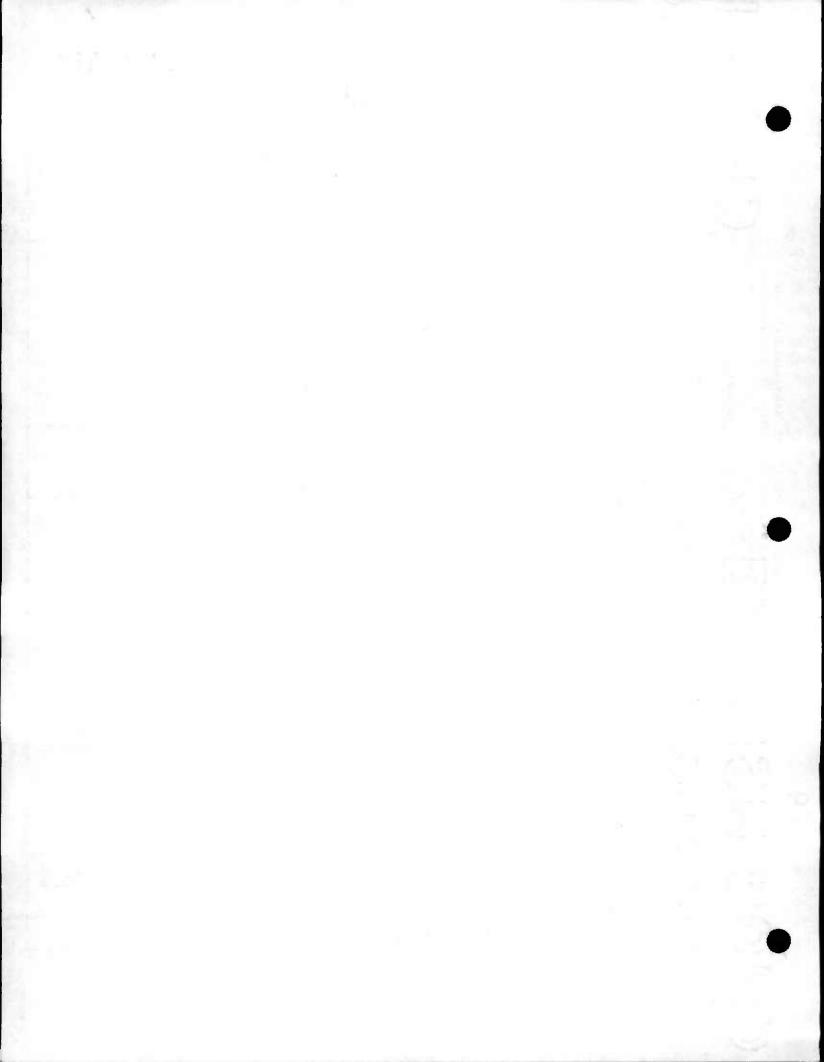
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OF VI	PHYSICIAN.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after
	OR

CIAN: The law requires that the death certificate be executed within 24 rours after death, Page 6 may be	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be not not have after health and Mental Hydiene prior to burlat. Cremation, or removal.	
TO THE HOSPITAL OR ATTENDING PHYSI	TO THE FUNERAL DIRECTOR: After this of the flood within 72 hours after death with	IMPORTANT: If Item 28 is marke

STATE OF	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
	CI	ERTIFICATE	OI	F DEAT	TH		REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HE		MENTAL HYGIENI REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)	EDWARD BA	RAN			2. DATE OF DEATH	9 1	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 200.09.3634 9a. FACILITY NAME (If not institution, give st	1 X 2 □ F	n yrs. lest birthday) 18 YRS. Miles	IRTHPLACE (State or Foreign QUITY) ARYLAND OF DEATH								
TOR RO	2507 FLEET STR	EET		BALTIM	ORE							
DIRECTOR	10a. STATE 10b. COUNTY			TOWN OR LOCATIO	N			10d. INSIDE CITY LIMITS? 1 YES 2 NO				
	10e. STREET AND NUMBER				IP CODE			OF WNAT COUNTRY?				
FUNERAL	2507 FLEET STR 11, MARITAL STATUS	EET 12. WAS DECEDENT EVER IN	III S ADMED		1224	IIC ORIGIN? (Specify Yea	USA	RACE — American Indian,				
E I	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 X YES IF YES, GIVE WAR OR DA	2 NO	If yes, speci		n, Puarto Rican, atc.)		Black, Whita, etc. Specify: WHITE				
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18a. OECEOENT'S US (Give kind of wor life. Do NOT use i	k done during most	of working	16b. KIND OF BUS	INESS/INOUST	RY				
COMPLETED	Elementary/Secondary (0-12) 8 YEARS	College (1-4 or 5+)	ine. Do NOI use i	reared.)		MD. S	. GOV	' T				
NO.	17. FATHER'S NAME (First, Middle, Last)				IS. MOTHER'S NA	ME (First, Middle, Maiden						
BEC	STANLEY BARAN				ELIZAE	BETH BIE	DRONS	KI				
12	19a. INFORMANT'S NAME (Type/Print) MR. ALBERT BAR	AN				REET BALT						
	20 METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Ram 4 Donation 5 Other (Specify)		PLACE AND DATE OF			11-6 BA	LTO.					
	21. SIGNATURE OF FUNERAL SERVICE LIC	L XOC SALL	reslei			STREET B		MD. 21224				
CERTIFICATION	immediate Cause (Final disease or condition resulting in death) a. Can disease or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Onset and Daath Can disease accurate the conditions, of the conditions, of the conditions, of the conditions, of the conditions, of the conditions, of the conditions, of the conditions, of the conditions, of the conditions, of the conditions, of the conditions, of the conditions, of the conditions, of the conditions of the condi											
PHYSICIAN: MEDICAL CE		PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.										
MAN	25. WAS CASE REFERRED TO MEDICAL				CE OF DEATH (Ch	neck only one)						
VSIC	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Out		OTHER: Nursing Home	5 - Realdence	6 Other (Specify)						
	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	RY WOR	K?	28d, DESCRIBE HOW I	NJURY OCCUR	ED				
ED BY	Accident investigation 3 Suicide 8 Could not be	investigation 28s. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number, City or Town Steta)										
TO BE COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and dua to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) A AM A I AH, M.D. HART N.KENWOOD AVE. BALTO-26											
	31. DATE FILED (Month, Day, Year) NOV 0.7 1991	31. DATE FILED (Month, Dey, Year) 32. REGISTRAR'S SIGNATURE										





TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR

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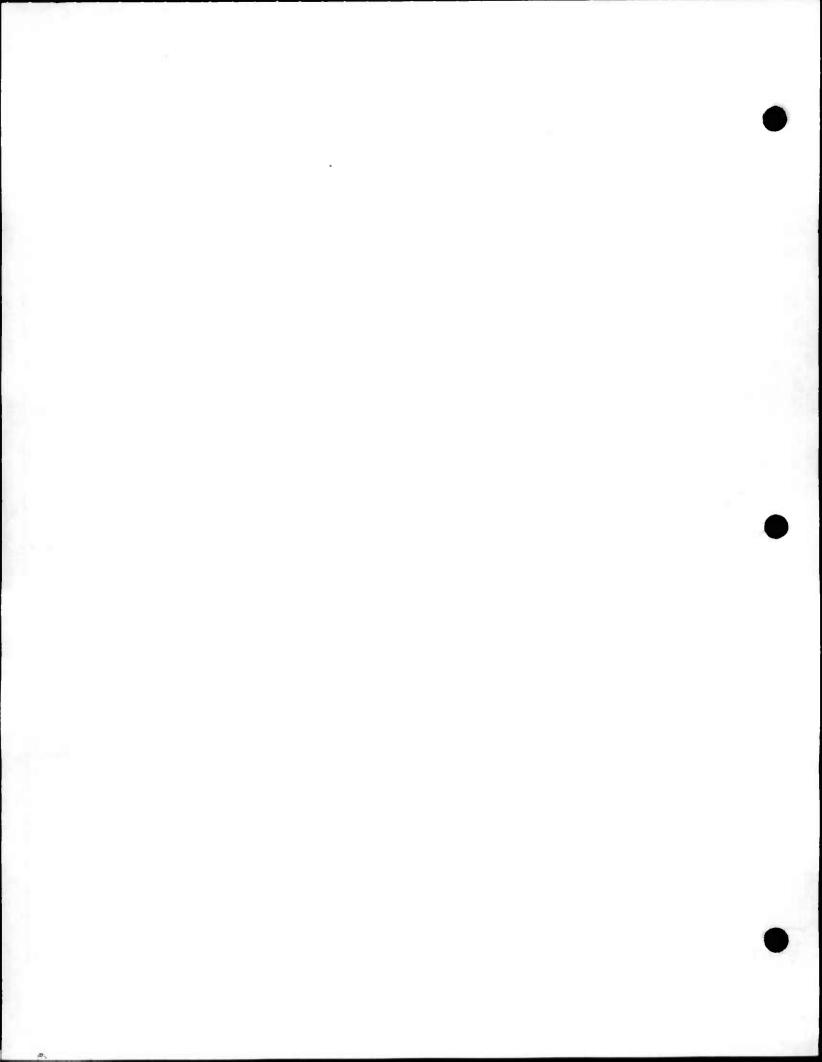
10 Hz HOSPITAL OH ATENDING PHYSICIAN: The law requires mat the deam certificate be executed within 24 mous after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEMED, OHECTORS. After this certificate has been standing physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. or Head at Merial Hyghere prior to burial, cremation, or removal, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. OECEDENT'S NAME (First, Middle, Last) George W. Bahne	er	2. DATE OF DEATH	DAY	9 YEAR	3. TIME OF DEATH				
4. SOCIAL SECURITY NUMBER 5 218-12-7638 1	EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year 2 - 16 - 2		8. BIRTHI Country	PLACE (State or Foreign				
9a. FACILITY NAME (If not Institution, give street and number) Church Hospital RESIDENCE OF DECEDENT 67 YRS.									
10a. STATE 10b. COUNTY		10c. CI	TY, TOWN OR L	OCATION				10d. INSIDE CITY LIMITS?	
MARYLAND 100. STREET AND NUMBER		BA	ALTIMO					LIMITS? 1) YES 2 NO	
1716 E. PRATT S				101. ZIP CODE 21231		US		HAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	2. WAS DECEDENT EVE FORCES? 1X YI IF YES, GIVE WAR OF WWII	RIN U.S. ARMED ES 2 NO RIDATES	If ye	BECENDENT OF HISPA a, specify Cuben, Mexic YES 2 NIO Speci	an, Puerto Rican, etc.)	Yea or No-	14. RACE Black, Spectly WHI	— American Indian, White, atc.	
15. DECEDENT'S EDUCAT (Specify only highest grade con	npleted)	16e. DECEDENT'S	S USUAL OCCU work done durin	PATION g most of working	16b. KIND OF	BUSINESS/INI	DUSTRY		
6 YEARS	College (1-4 or 5+)	RET.	use retired.)		POLI	CE			
17. FATHER'S NAME (First, Middle, Last) JOSEPH BAHNER				16. MOTHER'S N	AME (First, Middle, Maid N GRAN				
19a. INFORMANT'S NAME (Type/Print)				reet and Number or Rural			D Code)		
MRS. NELLIE BAHN		SAME							
20st METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	from Stata	COB. PLACE AND DATE	OF DISPOSITION FURE	N(Name of ST VA CE	M11-6 A	. A . CO	City or Tow	rn, Stata	
21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE		Z2. NAN	E AND ADDRESS OF F	FINER A	НОМ	F		
23. PART I. Enter the diseases, pr com	Massin	Islii	252	5 FLEET	STREET B	BALTO	. МГ	. 21224	
shock, or heart fellura. List iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS	S A CONSEQUENCE O	PF):					Interval Between Onset and Death	
PART II. Other significant conditions of		byt not resulting	in the under	ying cauaa givan in		AN AUTOPSY ORMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
	OSPITAL:		OTHER:	8. PLACE OF DEATH (C)	eck only one)				
1 YES 2 NO 1 1 27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF INJUR (Month, Day, Year	Y 28b. 7HM	E OF 28c	Home 5 Residence INJURY AT WORK?	6 Other (Specify) 28d. DESCRIBE HOV	V INJURY OCC	CURED		
2 Accident Investigation 3 Suicide 8 Could not be	2 Accident Investigation 3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)								
29a. CERTIFIER (Check only one) 29 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(a) end manner ea stated.									
31. DATE FILED (Month, Day, Year)	28 DEALOVE AND THE	Marian							
NOV 07 1991	Julia Davidson								

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permit. Pages 1, 2, 3 should

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flows after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hyghene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR		STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL

	REGISTRAR		CERTIFIC	CATE OF DE	ATH	REG. NO	D.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH		3. TIME OF DEATH		
	James	Car	ter (JR	.)		11 0	2 1991			
	4. SOCIAL SECURITY NUMBER 213-70-1479	5. SEX 8. AGE	6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 9-7-66							
	9a, FACILITY NAME (If not institution, give :	street and number)		b. CITY, TOWN OR LOC	CATION OF DE		9c. COUNTY O	MD F DEATH		
CTOR	in alley-rear 934 N. Chester RESIDENCE OF DECEDENT	Street		Baltimor	e					
뿐	10a. STATE 10b. COUNT	Y	10c. CITY,	TOWN OR LOCATION				10d. INSIDE CITY		
L Di	MD 100, STREET AND NUMBER		BALT	I MORE				1 YES 2 NO		
FUNERAL DIRECTOR	1234 N. WASHINGTO			212	13		U.S.	F WHAT COUNTRY?		
ВҰ	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	3 2 🗓 NO	13. WAS DECENDEN If yes, specify C 1 YES 2	uban, Maxica	NIC ORIGIN? (Specify Yen, Puarto Rican, atc.)	BI	ACE — American Indian, ack, White, atc. ecity: BLACK		
TED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18a. DECEDENT'S US	k done during most of we	orkina	16b. KIND OF BU	JSINESS/INDUSTRY			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use i	etired.)	g	RAI TIMOI	RF PI77A	CRUST CO.		
SON	17. FATHER'S NAME (First, Middle, Last)			18. M	OTHER'S NA	ME (First, Middle, Maider		CROST CO.		
BE	JAMES CARTER, SR. 19a. INFORMANT'S NAME (Type/Print)					NES, Jean				
5	JANE WASHINGTON,	Jean	196. MAILING AI	DAESS (Street and Num WASHINGT	ON ST	Oute Number, City or Tow • / BAL TI MO!	RE, MD 2	1213		
	20a. METHOD OF DISPOSITION 1 A Burlal 2 Cremetton 3 Rem	oval from Stata 20	b. PLACE AND DATE OF	DISPOSITION (Name of		DATE 20c. LC	DCATION — City or	Town, Stata		
i	4 Donation 5 Other (Specify) VOSHELL MEMORIAL GARDENS BALTIMORE, MD									
	Nimes	to K.	toxes	WM.C.MAR	CH F.	H./1101 E.	NORTH /	AVENUE		
	23. PART I. Enter the disesses, or abook, or heart failure	complications that cause	d the death. Do not	enter the mode of	dying, aucl	h as cardiac or resp	iretory arreat,	Approximate		
;	IMMEDIATE CAUSE (Final							Interval Between Onset and Death		
	reaulting in desth)	a. CO NTACA	A CONSEQUENCE OF):	qun (001	y) off	ters n			
NO NO	Sequentially list conditions, b.									
CERTIFICATION	th any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury									
THE	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):							
		d								
EDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? AMAI									
E I						1 TES 2	! □ NO	COMPLETION OF CAUSE DF DEATH?		
PHYSICIAN: M						-		1 (YES 2 NO		
¥	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PLACE OF	F DEATH (Che	ck only one)				
YSI	1 XYES 2 NO	HOSPITAL: 1 Inpatiant 2 ER/Out	patient 3 DOA 4	THER: Nursing Home 5	Residence	Other (Specify) i	n alle	у		
표	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c, INJURY AT		28d. DESCRIBE HOW				
à	2 Accident Investigation	11 02 19			X NO	Self inf:	licted	wound		
	3 Suicide 8 Could not be 4 Homicide 8 Could not be determined City or Town, State) 288. PLACE OF INJURY — At home, tarm, street, factory, office City or Town, State) 289. Could not be determined									
9	29a, CERTIFIER		y-rear o					Street		
COMPLETED	(Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	CIAN: To the best of my know R: On the basis of examination	viedge, death occurred a on and/or investigation, i	t the time, data and pla n my opinion, death oc	cured at the	to the cause(s) and mai time, data and placa, an	nner as atated. Id dua to the cause	r(s) and manner as stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIER				ICENSE NUM			ED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF THE	ATH STEM OF ST		C.M.	Ε.	11	03 1991		
	MOMPRID D.1	Who w			Ro	1 timo mo	M o m 1	21201		
31. DATE FILED (MONTH, Day, 1987) 31. DATE FILED (MONTH, Day, 1987) 31. DATE FILED (MONTH, Day, 1987) 31. DATE FILED (MONTH, Day, 1987) 31. DATE FILED (MONTH, Day, 1987) 31. DATE FILED (MONTH, Day, 1987)										



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF HEALTH A	ND MENT	AL HYGIENE REG. NO.		W Sold Spain		
	1. DECEDENT'S NAME (First, Middle, Las	ot)			2. DA	TE OF DEATH	3. Ti	ME OF DEATH		
	JAMES D	U.F	RRINGTON		11	. 04		0:46 P M		
	225-42-9665	1 💢 M 2 🗆 F		IF UNDER 1 YEAR IF UNDER 24 HOURS DAYS HOURS	MIN. (Mc	7. DATE OF BIRTH (Month, Dey, Year) 6-14-30 8. BIRTHPLACE (State or Foreign Country) Va.				
œ	9e. FACILITY NAME (If not institution, giv			96. CITY, TOWN OR LOCATION	OF DEATH	9c. CC	OUNTY OF DEATH			
25	THE JOHNS HOPKI	NS HOSPITAL		BALTIMORE		BAL	TIMORE (CITY		
DIRECTOR	10a. STATE 10b. COUR	NTY		TOWN OR LOCATION TIMORE				INSIDE CITY LIMITS? YES 2 NO		
FUNERAL	100. STREET AND NUMBER 2702 E. BIDDLE	STREET		10f. ZIP CODE 21213			U.S.A.			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	13. WAS DECENDENT OF If yes, specify Cuban,	HISPANIC ORIG	BIN? (Specify Yea or No	14. RACE — An Black, White	e, atc.		
	15. DECEDENT'S Et (Specify only highest gra	de completed)	18e. DECEDENT'S U (Give kind of wo life. Do NOT use	dr done during most of working	1	BOARD OF E		ACK		
COMPLETED	Elementary/Secondary (0-12) 8TH	College (1-4 or 5+)	CUSTODI			PUBLIC SCH				
BE CO	17. FATHER'S NAME (First, Middle, Last) JOHN H. CARRING	TON			ION HU	l, Middle, Maiden Surname) NT)			
5	190. INFORMANT'S NAME (Type/Print) GLORIA CARRINGT	ON	196. MAILING A 2702 E	DDRESS (Street and Number or BIDDLE ST.	Aurel Route Nu BALTI	MORE, MD 2.	7ip Code) 1213			
	20a. METHOD OF DISPOSITION 1 1 Burlel 2 Cremation 3 Ra 4 Donation 5 Other (Specify)	moval from State 20th	PLACE AND DATE OF	DISPOSITION (Name of	RCH DA		- City or Town, Sta			
	21. SIGNATURE OF FUNERAL PERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY PROSPERT BAPT. CHURCH BLACKSTONE, Va.									
	Syne	the K.	neo	WM.C.MARCH	F.H./	1101 E. NOF	RTH AVEN	UE		
	23. PART I. Enter the diseases, on ahock, or heart failure immediate CAUSE (Final disease or condition resulting in death)	BRAINST	Em St	roke	, auch aa ca	rdiac or reapiratory a		Approximate Interval Between Onset and Death		
NOL	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): Purbure of Avm or Angurysm DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
CERT	resulting in death) LAST	d						,		
ICAL	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? ANALABLE PRIOR TO									
PHYSICIAN: MEDICAL						1 TYES 2 NO	OF DE	LETION OF CAUSE ATH? (ES 2 \(\sum \) NO		
AN	25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEAT	TH (Check out)					
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp		OTHER:						
ВУ РН	27. MANNER OF DEATH Natural 5 Pending Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c, INJURY AT	28d. DI	ESCRIBE HOW INJURY OF	CCURED			
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined 288. PLACE OF INJURY — At home, larm, streat, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)									
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHY:	SICIAN: To the best of my knowl	edge, death occurred	at the time, data and place, an	d dua to the co	suse(a) and manner as sto	ated.			
BE CC	296. SIGNATURE AND TITLE OF CERTIFIE	IER: On the basis of examination)/	29c. LICENS			the cause(a) and m			
5	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	M SILW	int		•				
	MITT EWEN 31. DATE FILED (MONTH, Day, Year)	d Johns	Hopkin		l Ba	Ihmore	1 mD			
	NOV 07 1991	32. REGISTRAR'S SIGNA								

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BALTIN	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Nours after death. Pag	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dir	
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	S	5	em.
	20	E P	20
	4	Elle	ď.
0,	rithin 2	pletely	the filed within 72 hours after death with the State Debt. of Health and Mental Hydiene prior to burial, cremation, or removal.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	xecute	and c	buria
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	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)			DEPAR DEPAR DERTIF	ICATE	OF	DEA	TH		REG. NO).		A THE OF THE
	HERBERT CHAMBERS. Jr. 11 02 16										YEAR	3. TIME OF DEATN	
	4. SOCIAL SECURITY NUMBER	6. AGE (In yrs.		IF UNDER 1		IF UNDER	R 24 HRS.		OF BIRTH	- 1		2:02A LACE (State or Foreign	
	216-82-0651	1 XM 2 F	2	23 YAS.	MONTHS	DAYS	HOURS	MIN.		28 1	968	Country	aryland
	9a. FACILITY NAME (If not institution, give	street and number)		- 0	9b. CITY, 1	OWN O	R LOCATI	ION OF D		20 1		NTY OF DE	
DIRECTOR	SHOCK TRAUL	MA UNIT			I	BAL	TIM	ORE	CIT	Y			
<u> </u>	10a. STATE 10b. COUNT	TY		10c. CIT	Y, TOWN OR	LOCAT	ION				=		10d. INSIDE CITY
ä	Maryland				Balt	im	ore						LIMITS?
AL	10e. STREET AND NUMBER					_	ZIP COD	E			10g. CITI		HAT COUNTRY?
띨	1921 North Fu	ilton Av	re.				21	1217	7			USZ	A
FUNERAL	11. MARITAL STATUS	12. WAS DECEDED	NT EVER IN U.S.	ARMED	13. W	AS DEC	ENDENT (OF HISPAI	NIC ORIGIN	? (Specify Ya	a or No-	14. RACE	- American Indian, White, etc.
BY	1 X Never Married 2 Married 3 Wildowed 4 Divorced		MAR OR DATES	Z NO				Specif	in, Puarto F y:	ican, etc.)		Specify	
ED	15. DECEDENT'S EDU	1047/04/	1										Black
ETE	(Specify only highest grade	e completed)		Give kind of a life. Do NOT us	vork done du			ng	16b.	KIND OF BU	ISINESS/IND	USTRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5	+)		,							-	
COMPL	10th Grade			PF1	nter		40. 14000			nute		Pre	ess
										liddle, Malden			
BE	Herbert Chamb	pers, Sr		19b. MAILING	Annese	Street				Carte		0.4:	
임	Herbert Chamb	ora Cr	100										
	20a. METHOD OF DISPOSITION	bers, si		2022				€.	Bal				21216
	1 M Burlal 2 Cremetion 3 Ran 4 Donation 5 Other (Specify)	noval from State	cametery	cremetory or o	ther nlace)				1		CATION —		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	- 1 MOO	<u>arawn</u>	Cen	ete	DADORE	SS OF FA	T I/	BI Ba	Ltimo	ore	Co., MD
	/	0	n 1	1.	2	50	CT	737 m m	NI	itter	Fun	eral	Homes
1 200	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes 2501 Gwynns Falls Pkwy Balto, MD Nutter Funeral Homes, Inc. 23. PART I. Enter the disease, or complications that coused the death. Do not enter the mode of dying, such secardisc or respiratory errest, Approximate												
CERTIFICATION	Sequentielly list conditione, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initileted events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
CER	resulting in deeth) LAST												
: MEDICAL	PART II. Other significent condition	deeth but no	t resulting i	n the und	eriying	ceuse	given in	Part I.	24s. WAS AN PERFOI YES	RMED?		WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATN?	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	EATN (Ch	eck only one)			
S	EXAMINER?	HOSPITAL:	ER/Outpatient	3 DOA	OTHER:	a Nomi	5 🗆 Be	eldence	6 Cheber	(Specify)			
PH	27. MANNER OF DEATN	28a. DATE OF		28b. TIM	E OF 2	Bc. INJL	JRY AT			CRIBE HOW	INJURY OCC	CURED	
8	1 Natural 5 Pending 2 Accident Investigation	(Month, E			M M		RK? ES 2	□ NO					
	3 Suicide 6 Could not be detarmined	28s. PLACE C building.	OF INJURY — At atc. (Specify)	home, term, s	treet, factor	y, office			28t. LOCA City o	TION (Street or Town, State)	and Number	or Rural Ro	ute Number,
	29a. CERTIFIER (Check only 1 CERTIFYING PNYS	ICIAN: To the best of	l my knowledge,	death occurre	d at the tim	e, date	and place	, and dua	to the caus	ee(a) and ma	nner sa state	ed.	
우미	one) 2 XXEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s)									and manner as states			
COMP	The second secon												
BE COM	The second secon		us				29c. LICI						Month, Day, Year)
E COM	The second secon	28	SE OF DEATH OF	TEM 273 / T	Deine)		29c. LICI	OCM			29d. DATE		

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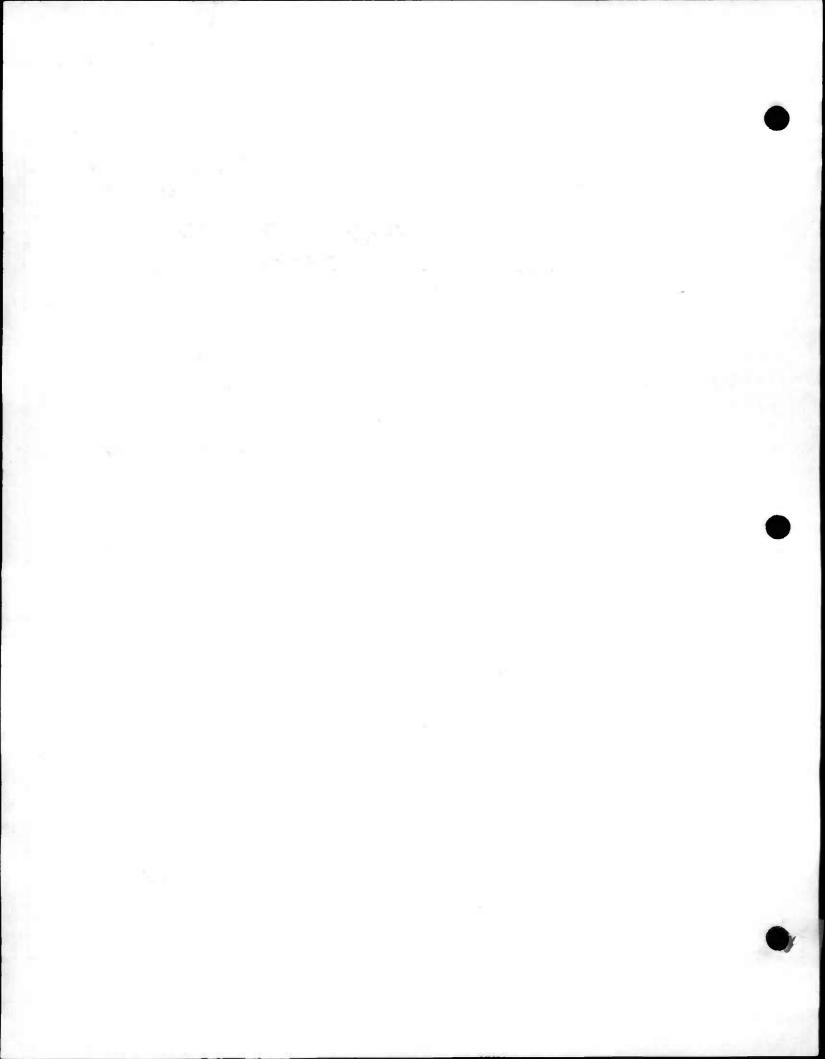
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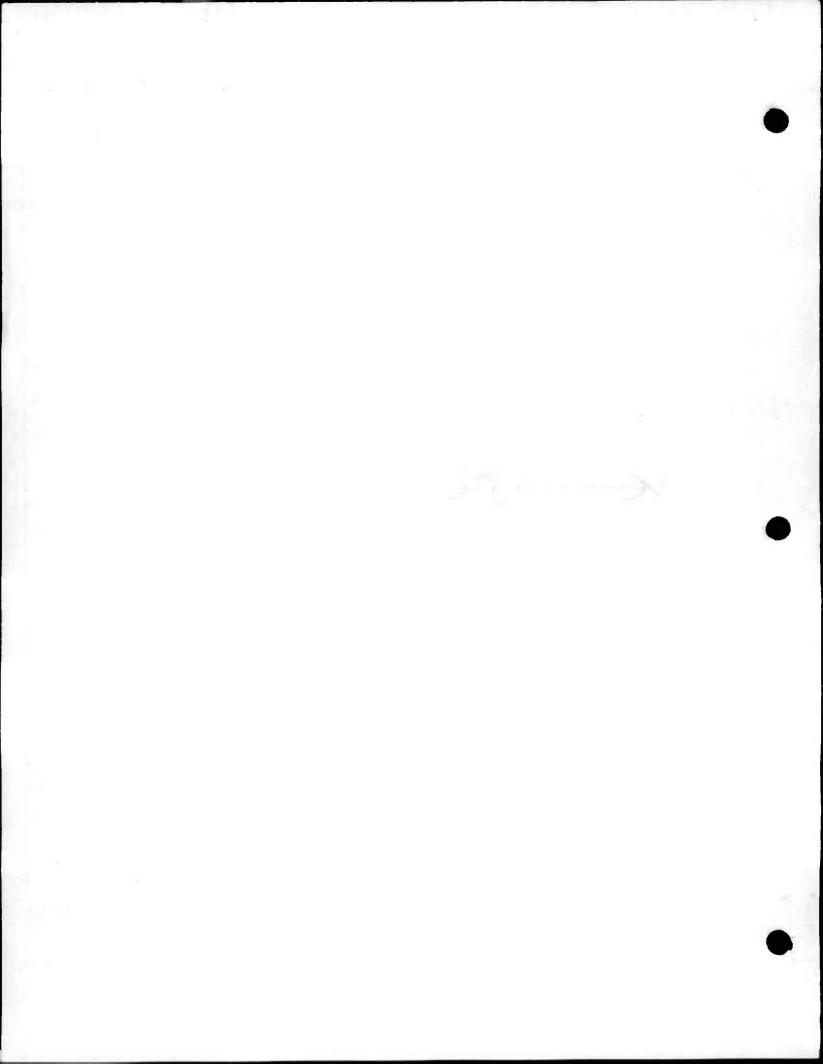
DIVISION OF VITAL RECORDS, F.O. BOX 88180, BALL	BALLIMORE, MAI	₹
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be remaint	ath. Page 6 may be refi	H
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 and activity of the funeral director, page 5 and activity of the funeral director, page 5 and activity of the funeral fune	uneral director, page 5 s	5
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified	aminer must be not	1

	1 - STATE REGISTRAR	SIAIE UF MA	KYLANU / DEPAR CERTIF					MENTAL H	IYGIEN REG. NO	_		
	1. DECEDENT'S NAME (First, Middle, Last)		0					2. DATE OF	DEATN			3. TIME OF DEATH
	SAMUEL R CO				-	MONTH	, ,	4	YEAR	10:55Pm		
	4. SOCIAL SECURITY NUMBER 5.	SEX 6.	AGE (In yrs. lest birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF		,		IPLACE (State or Foreign
	218-60-5051 X	M 2 F	3 9 YRS.	MONTHS	DAYS	HOURS	MIN.	(Month De	iy, Year)	52	Counti	Mil
	9a. FACILITY NAME (If not institution, give street	and number)	7/	9b. CITY,	TOWN O	R LOCATI	ON OF DE	ATH		9c. COU	INTY OF D	EATN
S	CHURCH HOSPITAL	CORPOR	NOITA	BALI	IMC	RE	CIT	Y		4	5.	4
DIRECTOR	RESIDENCE OF DECEDENT 10s. STATE 10s. COUNTY									-		
IRE	10m, STATE 10b, COUNTY		1/2	TOWN O	PLOCITI	CN	-	1 713	10	1		10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			CH	10	der .	40/4	100	100	/		1 YES 2 NO
RAI	100. STREET AND NUMBER	- 110	1 01		10f.	צוף בינים						WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS 12	RITURE	OKA		-	1/	1	7		-	1.5	
	11. MAHITAL STATUS 12. Never Married 2 Merried	. WAS DECEDENT E FORCES? 1	YES 2 NO	1	i yes, spe	city Cuba	n, Maxicai	IIC ORIGIN? (S	ipecily Yea n, etc.)	or No-	14. RACI	E — American Indian, k, White, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES .	1	☐ YES	2 NO	Specify	r:			Spec	"Black
	15. DECEDENT'S EDUCATION	ON	18e. DECEDENT'S					16b. Kill	ND OF BU	SINESS/IN	DUSTRY	
	(Specify only highest grade com	pleted) oliege (1-4 or 5 +)	(Give kind of life, Do NOT u	work done o se retired.)	during mos	t of workin	19			,		. 1
۵.		onego (1 4 51 5 7)	JAN.	Ito	RIF	7/	Seri	rea D	10		101	VAL45
COMPLETED	17. FATNER'S NAME (First, Middle, Last)	~			Ť	18. MOT	NER'S NA	ME (First, Midd	le, Maiden	Surname)		
BE	ALBERT	1-00	NIAIN			1	dt	9 6	PA	V15	•	
	19e. INFORMANT'S NAME (Type/Print)	0 1	19b, MAILING	ADDRESS	(Street er	nd Number	or Rural F	loute Number,	City or Tow	n, Stete, Zij	p Code)	
0	CLAUdette	(02/0	N 101	911	UKT	Ro	1 D	nato	111	md	10	T 33
	20a. METHOD OF DISPOSITION 1 ☐ Burlei 2 ☑ Cremetion 3 ☐ Removal	Irom State	20b. PLACE AND DATE		ITION (Na	ng of		DATE	20c. LO	CATION -	City or To	own, State
	4 Donation 5 Other (Specify)	TIONI STATE	comptery, crematory or c	ther place	(-	om		11/6	B	alto	· Me	d.
	21, SIGNATURE OF FUNERAL SERVICE LICENS	EF O	10	22.1	NAME AN	D ADDRE	SS OF FAC	CILITY			į	7 11-
9	> Joseph	7.20	etc. N	2	-12	, 7	CAP DA	· O Han	1/3	2047	7-1	Patral Co
	23. PART L Enter the diseases, or com	plications that co	eused the deeth. Do	not anter	the mod	de Df dvi	ng. suci	h as cardiec	or resp	iratory ar	rest	Approximate
	23. PART I Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heert failure. List only one ceuse on each line. Approximate intervel Between Onest and Deeth											
	iMMEDIATE CAUSE (Fine) disease pr condition											
	disease or condition a. ALDS, PCP - Months (total) a. Due to (or as a consequence of):										160 (411	
_												1
ᅙ	Sequentially list conditions, if any, leeding to immediate	DUE TO (OF	AS A CONSEQUENCE O	F):								
S	cause. Enter UNDERLYING CAUSE (Diseese or Injury											
E	thet initieted events	DUE TO (OF	AS A CONSEQUENCE O	F):								
CERTIFICATION	resulting in death) LAST											
	PART il. Other significent conditions c	ontributing to de	eth but not resulting	in the un	deriving	COUSE	riven in	Pert i 24	WASAN	AUTOPSY	246	WEDE ALITODRY EINDINGS
CA		PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Pert i. 248. WAS AN AUTOPSY PERFORMED? 248. WAS AN AUTOPSY PINDINGS PRIOR TO COMPRETION OF CAUSE STOWN OF CAUSE										AVAILABLE PRIOR TO
ED	1 YES 2 NO COMPLETION OF CAUSE DF DEATH?											
Σ	1 TES 2 NO										1 YES 2 NO	
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one)											
S	EXAMINER?	OSPITAL:	R/Outpatient 3 DOA	OTHER	t:							
¥	27. MANNER OF DEATN	26e. DATE OF IN.			28c. INJL		eldence	6 Other (Sp 28d. DESCRI		N ILIBY OC	CUBEO	
	1 Natural 5 Pending	(Month, Day,		JURY	WOI	RK?	I NO	200. DESCRI	BE HOW I	NJUNY OC	COMED	
BY	2 Accident Investigation	28e, PLACE OF II	JURY — At home form	street lact		E3 2 [J 110	261 LOCATIO	M /Ctmat	and Mumbo	r or Dural I	Bouts Number
	4 Nomicide 8 Could not be determined	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, term, straet, factory, office building, etc. (Specify) 26i. LOCATION (Street and Number or Rural Route Number, City or Town, State)									noble Number,	
COMPLETED	29e. CERTIFIER											
MP	(Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee atsted.											
8	MEDICAL EXAMINER: On the besie of axamination end/or investigation, in my opinion, death occured at the time, data end place, end due to the ceuse(e) and menner ee atated.											
H	296. SIGNATURE AND TITLE OF CERTIFIER	O		~	- 1	29c. LICI	ENSE NUN				. /	(Month, Day, Year)
0	17- 12- /V	orzer		. 17-		1	1/	12	2	1	P/.	1/9/
	30. NAME AND ADDRESS OF PERSON WHO CO	100 N	OF DEATH (ITEM 27) (Type BROADWAY	ST.	BAT	LTIM	ORE	MD.	212	31		
	31. DATE FILED (Month, Day, Year)											
	- 17 40.04	32. REGISTRAR'S	on-Randell									
- 1	NOV 07 1991 3	and hand the	DI STORES									



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 28 mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

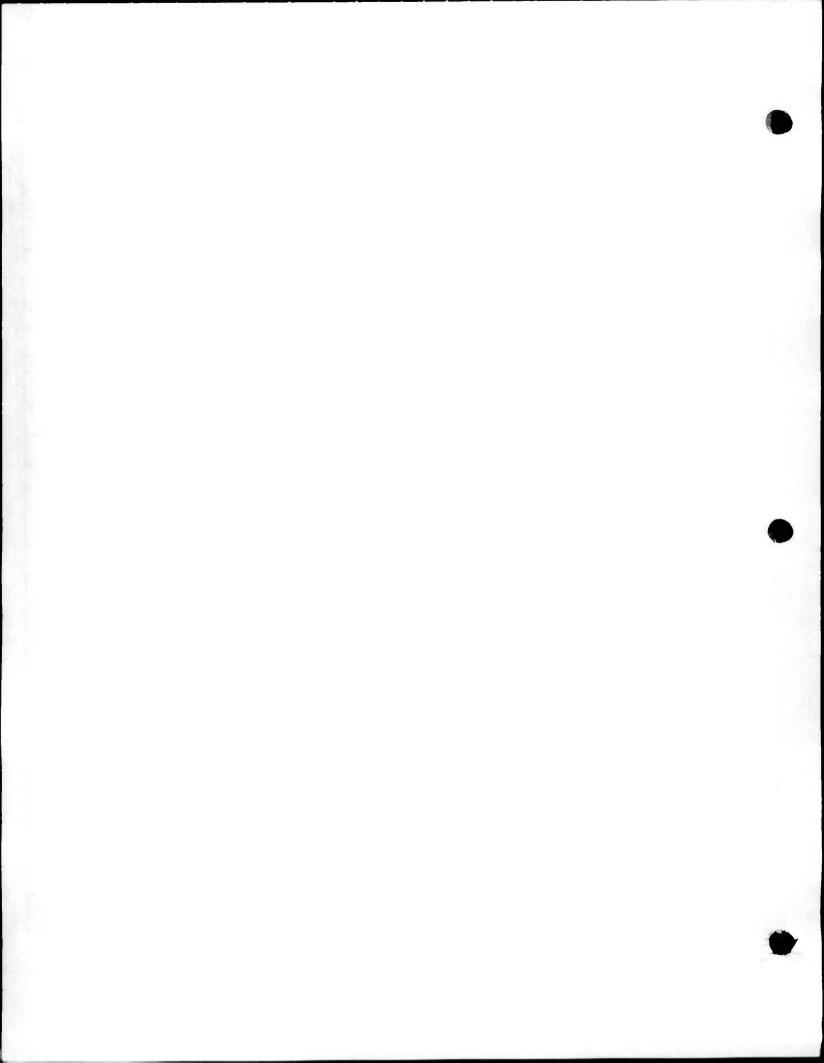
	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA CERTIFIC	MENT OF HEALTH AN	D MENTA	AL HYGIENE 9 REG. NO.	13	30425				
	1. DECEDENT'S NAME (First, Middle, Last)		JUSTIN	M. COLEMAN	MON'	EMBER 5,19	YEAR	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 2.16-68-8827	5. SEX 6. AGE (1	In yrs. last birthday)	UNDER t YEAR IF UNDER 24 HR	S. 7. DATE (Mon	E OF BIRTH	8. BIRTHE Country	PLACE (State or Foreign				
e G	9a. FACILITY NAME (If not Institution, give a	street and number) SINAI HOSPII		BALTIMORE			UNTY OF OE					
12	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	Y	10c CITY T	OWN OR LOCATION								
L DIRECTOR	MARYLAND HAT	RFORD		OPPA			10d. INSIE LIMIT 1 — YES					
FUNERAL	1112 OLD MOUNTAIN	T POAD		10f. ZIP CODE		10g. CI		HAT COUNTRY?				
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	2108		N2 (Casally Van as No	U.S.					
B	1 Mever Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 TYES IF YES, GIVE WAR OR DA	2X XNO	If yes, specify Cuban, Man 1 TES 2XXNO Spe	Ican, Puerto	Ricen, atc.)	Black, Specify	— American Indian, White, etc. /: WHITE				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18e. DECEDENT'S USU	JAL OCCUPATION done during most of working	16	b. KIND OF BUSINESS/IN	IDUSTRY					
LE.	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	tired.)								
OME	17. FATHER'S NAME (First, Middle, Last)	5+	OCCUPATIO	NAL THERAPIST		MEDICAL						
	ROY COLEMAN			18. MOTHER'S		Middle, Maiden Surname)						
) BE	19e. IN CORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and Number or Rui		BUCH	in Code)					
5	ALEX M. COLEMAN	(BROTHER)	3710 D	ANVILLE ROAD	BRANI	DYWINE, MAR	YLAND	20613				
	20s METHOD OF DISPOSITION 1 A Suriel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify)	oval from State 20b.	PLACE AND DATE OF D	placel	1/7/91							
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	J ONTHEDRA	22. NAME AND ADDRESS OF	-	BALTIMO	JRE, M	ARYLAND				
	LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES 1630 EDMONDSON AVENUE, CATONSVILLE, MD. 21228 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, Approximate											
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	disease or condition resulting in death) a. AIDS DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL	PART II. Other eignificant condition	a contributing to death bu	it not resulting in th	ie undarlying cause given	in Part I.	24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	0	WERE AUTOPSY FINDINGS WAILABLE PRIDR TO DOMPLETION OF CAUSE OF DEATH? YES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	100	26. PLACE OF DEATH (Check only or	ne)						
1YS	1) YES 2 NO 27. MANNER OF DEATH	Inpatient 2 - ER/Outpat	flant 3 DOA 4	Nursing Home 5 - Residenc	o To garle	r (Specify)						
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? M 1 YES 2 NO	28d. DE	SCRIBE HOW INJURY OC	CURED					
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, atc. (Specifi	At home, farm, street	, tectory, office	261, LOC City	ATION (Street end Number or Town, State)	r or Rural Ro	ute Number,				
COMPLETED	29a. CERTIFIER (Check only one) CERTIFYING PHYSIC DIMEDICAL EXAMINES	HAN: To the best of my knowled: On the bests of examination	dge, death occurred at end/or investigation, in	the time, date end place, end d my opinion, death occured at ti	ue to the cau	use(s) end menner as ata	ted.	and menner as stated.				
BE	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)											
70	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CARDSE OF DEATH (ITEM 27) (Typo, Print) SINAI HOSPIDAL IBIZA NEVARES M.D.											
	31. DATE FILED (Month, Day, Year) NOV 0.7 1991	32. REGISTRAR'S SIGNAT	TURE and all	,	- 1	1 11001	4	- 141.0				



13	23	6.	5	6	6	1	2	entry:	Acres de	2	6	4												
500	n	13	6	1	A	5		T	À	氕	A	T	100	2	A		C				_	19. 1	0	
3.7		1	44	1	1	25	1			2,	4. Ve.	1	£.	1		No.	9	0	NJ I	E F	0	4	2	6

STATE REGISTRAR	CERTIFICATE OF DEATH	60	REG. NO.	y
FOR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND N			

	REGISTRAR		CEI	RTIFICAT	E OF	DEATH	3 3 7 5	BEG NO	7				
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE O				3. TIME OF DEATH		
	TAMATHER	C.	DOUG	1 40			MONTH	D	AY	YEAR			
	4. SOCIAL SECURITY NUMBER						11	0.	2	91	4-55A		
1 3			. AGE (In yrs. lest b	MONTH	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE O (Month,	F BIRTH Day, Year)		8. BIRTH Countr	IPLACE (State or Foreign		
	220-12-5098	1 🗌 M 2 💢 F	65	YRS.		1.00.10	Jan		926		arvland		
	9s. FACILITY NAME (If not institution, give st	treet and number)		9b. CI	TY, TOWN	OR LOCATION OF I				NTY OF D			
<u>۳</u>	Sinai Hospital				D - 1 +	imore							
K	Sinai Hospital				Dait	Imore							
M	10e. STATE 10b. COUNTY	,		10c. CITY, TOWI	OR LOCAT	TION					10d. INSIDE CITY		
DIRECTOR	Maryland		1							- 1	LIMITS?		
	10e, STREET AND NUMBER			Ral	timo						1 X YES 2 NO		
FUNERAL					101	. ZIP CODE			10g. CIT	IZEN OF V	VHAT COUNTRY?		
單	3504 Liberty H	eights A	lve. A	pt A		21215			T	JSA			
5	11. MARITAL STATUS	12. WAS DECEDENT E	EVER IN U.S. ARME	D 1	3. WAS DEC	ENDENT OF HISPA	ANIC ORIGIN?	(Specify Yes		14. RACE	- American Indian,		
	1 Never Merried 2 Merried	IF YES, GIVE WAR	YES 2 XNO	1		ecity Cubsn, Mexic		can, etc.)		Black	c, White, etc.		
B	3 Wildowed 4 Divorced				. []	2 110 0,000	иу.			Speci	Black		
	15. DECEDENT'S EDUC	CATION	16s. DECE	DENT'S USUAL	OCCUPATION	ON	16b. 8	(IND OF BU	SINESS/INI	DUSTRY	DIACK		
I	(Specify only highest grade Elementary/Secondary (0-12)		(Give	kind of work don	e during mo	st of working	100.1	CHIED OF BO	3114E33/114E	JOSINI			
7	ciemeritary/secondary (0-12)	College (1-4 or 5+)											
Σ			l P	olice	Mat	ron	Ba	1to	\mathtt{City}	<u>Po</u>	lice Dep (
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First, Mid	ddle, Maiden	Surneme)				
ш	Alfred Marti	n											
8	19e. INFORMANT'S NAME (Type/Print)		19b. A	AAILING ADDRE	SS (Street a	ind Number or Rural	Boute Numbe	City or Tow	n State Zir	Codel	21215		
2	George Douglas												
			1 3	504 L	ber	ty Hahi		e A	pt A	Ba	1to_MD		
	20g. METHOD OF DISPOSITION 1 & Buriel 2 Cremation 3 Remo	ovel from State	cometery, crema			ame of	DATE	20c. LO	CATION —	City or To	wn, State		
1 1	4 Donation 5 Other (Specify)		New C	athedi	ral i	Cemeter	cv11/7	Ba 1	time	ore.	Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		2:	2. NAME AN	ND ADDRESS OF F	ACILITYNT	ttar	Fund	ara 1	Homos Inc		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes Inc. 2501 Gwynns Falls Parkway Baltimore, Maryland 21216												
	Olinon	16 130	El Cu	Í	šă i t	imore.	Marv	1ลิกส์	ar 5 W	316			
	23. PART I. Enter the diseases, or c	omplications that c	aused the dead	n. Do not ente	er the mo	de of dylng, au	ch as cardia	c or reap	ratory sri	rest.	Approximate		
	anock, of freat langre.	List Dnly one cause	on each line.					1 1			Interval Between		
	IMMEDIATE CAUSE (Final disease or condition							400			Onset and Death		
	reaulting in death)	VENT	IRICI	JLAI	<	FIBR		VI 10	NC				
		DUE TO (OF	R AS A CONSEQUE	ENCE OF):									
z	Commented to the control of the	CORO	MARY	/ AF	TF	RY T	DISE	AS.	F				
본	Sequentially list conditions, if any, leading to immediate	DUE TO (OF	R AS A CONSEQUE	NCE OF):				1					
CERTIFICATION	cause. Enter UNDERLYING	CHRI	DIVIC	REI	IAV	FA	11 15	PE					
重	CAUSE (Disesse or Injury that initiated events	DUE TO (OF	R AS A CONSEQUE	NCE OF):	1/ //		VILU						
E	resulting in death) LAST												
빙													
l H	PART II. Other significant conditions	contributing to de	ath but not resu	ulting in the u	underlylne	cause given in	Part I 2	4a. WAS AN	AllTOREY	245	WERE AUTOPSY FINDINGS		
EDICAL					, , , ,	,		PERFOR		240.	AVAILABLE PRIOR TO		
ā							— l¹	YES 2	NO		COMPLETION OF CAUSE OF DEATH?		
×											1 YES 2 NO		
ä										- 1			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26 PI	ACE OF DEATH (C)	book onto one						
8	EXAMINER?	HOSPITAL:		OTHE	ER:								
ž		1 Inpatient 2 EF			ursing Home	5 🗆 Residence	8 Other (Specify)					
T	27. MANNER OF DEATH	28s. DATE OF INJ (Month, Day,		8b. TIME OF INJURY	28c. INJ	URY AT RK?	28d. DESCI	RIBE HOW I	NJURY OCC	CURED			
B	1 Netural 5 Pending 2 Accident Investigation			М		ES 2 NO							
0	3 Suicide 8 Could not be	28e. PLACE OF IN	NJURY — At home,	ferm, atreat, fe	ctory, office		28f. LOCAT	ON (Street a	nd Number	or Burnt B	oute Number,		
U.	4 Homicide determined	building, etc.	. (Specify)		•		City or	Town, State)		O 710/0171	oute reproper,		
Li I	29s. CERTIFIER												
<u>=</u>	(Check only	CIAN: To the beat of my	knowledge, death	occurred at the	time, date	end place, end due	to the cause	(s) and men	ner as state	ed.			
COMPL	one) 2 MEDICAL EXAMINER	l: On the bests of exam	ination and/or inve	stigation, in my	opinion, de	ath occured at the	time, date er	d place, sne	d due to th	e csuse(s)	and menner as stated.		
- 1	296. SIGNATURE AND TITLE OF CERTIFIER												
8	Can The Control of Control	0 1				29c. LICENSE NU	MBER	Į.	29d. DATE	E SIGNED	(Month, Day Yur;		
0	seema (LOOS	MD										
- 1	30. NAME AND ADDRESS OF PERSON WHO		OF DEATH (ITEM 27	(Type, Print)									
	SEEMA	500D	, m. Y	0	TIN	JAI H	070	XF	130	Ti	nore		
	31. DATE FILED (Month, Day, Year)		SIGNATURE		011	/1/ /	- (F	0 1	1011	~//	7-7-0		
	NOV 07 1991	32. RAGISTRARY	Holman Bran	2000									
III	1 4 0 1 1 1 1		Landa a- Marie	٧٠٠٥١١١									



BALTIMORE, MARYLAND 21203-3146	HYSICIAN: The law requires that the death certificate be executed within 24-mounts after death. Page 6 may be retained by the hospital or attending physician. It is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should with the State Dept. or Health and Mental Hygiene prior to bunial, cremation, or removal. Consider the control of Health and Mental Hygiene prior to bunial, cremation, or removal.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-25 flows after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTAR. Att. Att. Att. Att. Att. Att. Att. A	P

FOR	STATE OF MARYLAND) / DEPARTN	MENT OF H	EALTH AND N	MENTAL HY	SIENE 9	30	427		
1 - STATE REGISTRAR		CERTIFIC	ATE OF	DEATH_		. NO.				
1. DECEOENT'S NAME (First, Middle, Last)	u'A				2. DATE OF DEA	TH DAY	YEAR 3.	11ME OF DEATH AM		
K SOCIAL SECURITY NUMBER	5. SEX 6. AGE (in yrs.	. last birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7, DATE OF BIRT	гн		CE (State or Foreign		
703-09-7302	1 M 2 🗆 F	81 YRS. MO	NTHS DAYS		(Month, Day,) Aug 23	1910		Carolin		
9a. FACILITY NAME (If not institution, give street	YOSO	91	Balti	MOTE	ATH	9c. COU	INTY OF DEAT	н		
10a. STATE 10b. COUNTY		10c CITY T	OWN OR LOCAT	ION			10.	d. INSIDE CITY		
Maryland	Maryland Baltimore									
10e. STREET AND NUMBER			101	ZIP CODE		10g. CIT	IZEN OF WHA	T COUNTRY?		
3246 Mormount Ave. 21216 USA										
	12. WAS DECEOENT EVER IN U.S.			WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No- 14. RACE - Amer						
1 Never Married 2 X Married	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES			2 NO Specify		tc.)	Specify:	rints, atc.		
3 Widowed 4 Divorced								Black		
15. DECEDENT'S EDUCA (Specify only highest grade co		DECEDENT'S US	UAL OCCUPATION	ON et of weeking	16b. KIND	OF BUSINESS/IN	DUSTRY			
	College (1-4 or 5+)	ille. Do NOT use n	etired.)	St Or WORKING						
	,	Custo	lian		Mood	lawn S	enior	High S		
17. FATHER'S NAME (First, Middle, Last)		O IAB O O	A 1 W 11	18. MOTHER'S NA						
				Conse	n Dulen	_				
Oscar Davis 198. INFORMANT'S NAME (Typo/Print)		405 14411 1910 44	ADDECC (Communication)	nd Number or Rural	n Duke		In Code)			
Sarah Davis				nt Ave						
20s. METHOD OF DISPOSITION 1. Burlal 2 Cremation 3 Remov	rai from State oth	er place)		metery, crematory or		ec. LOCATION -				
4 - Donation 5 - Other (Specify) Arbutus Memorial Park Baltimore Co. MD										
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Utter Funeral Homes 2501 Gwynns Falls Parkway										
· Wesnon	R Falle	Cley	Balt	imore,	MD 2	s Park 1216	way			
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line.										
The second secon										
disease or condition										
resulting in death) e. OUT (NOTE) DUE TO (OR AS A CONSEQUENCE OF):										
DUE TO (OR AS A CONSCIDENCE OF):										
Sequentially list conditions, b.	DUE TO (OR AS A CO	NSEQUENCE OF:						1		
If any, leading to immediate cause. Enter UNDERLYING										
CAUSE (Disease or injury 6.	DUE TO (OR AS A CO	NSEQUENCE OF:						-		
that initiated events resulting in deeth) LAST	202 10 (01110 1100									
d.								1		
PART II. Other significant conditions	contributing to deeth but i	not reaulting in	the underlyin	g ceuse given in	Part I. 24a.	MAS AN AUTOPS	7 24b. W	ERE AUTOPSY FINOINGS		
	·					PERFORMED?	A	MILABLE PRIOR TO OMPLETION OF CAUSE		
H					¹□	YES 2 NO	01	F DEATH?		
					_		1	YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOCOLTAL			LACE OF OEATH (C	heck only one)					
	HOSPITAL: 1 Inputient 2 ER/Outputie		THER:	na 5 🗆 Residence	6 Other (Spec	etty)				
27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME		JURY AT	26d. DESCRIBE	HOW INJURY O	CCUREO			
1 Natural 5 Pending	(Month, Day, Year)	INJUI		ORK? YE\$ 2 \(\bigcap\) NO						
2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY —	28f. LOCATION	(Street and Numb	er or Rural Rou	ite Number,					
3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Specify)		•		City or Tow	n, State)				
						-				
290. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowledg	ge, death occurred	at the time, dat	and place, and du	a to the cause(a)	and menner sa s	tated.			
3 Suicide 4 Homicide Could not be detarmined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	R: On the basis of examination an	nd/or investigation,	in my opinion,	deeth occured at the	e time, data and p	lace, and due to	the cause(s) s	nd menner as stated.		
29b. SIGNATURE AND TITLE OF CERTIFIER	. A	/	_	29c. LICENSE NU	IMBER	29d. D.	ATE SIGNEO (A	fonth, Day, Year)		
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30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type 5	Print)	11/0				/		

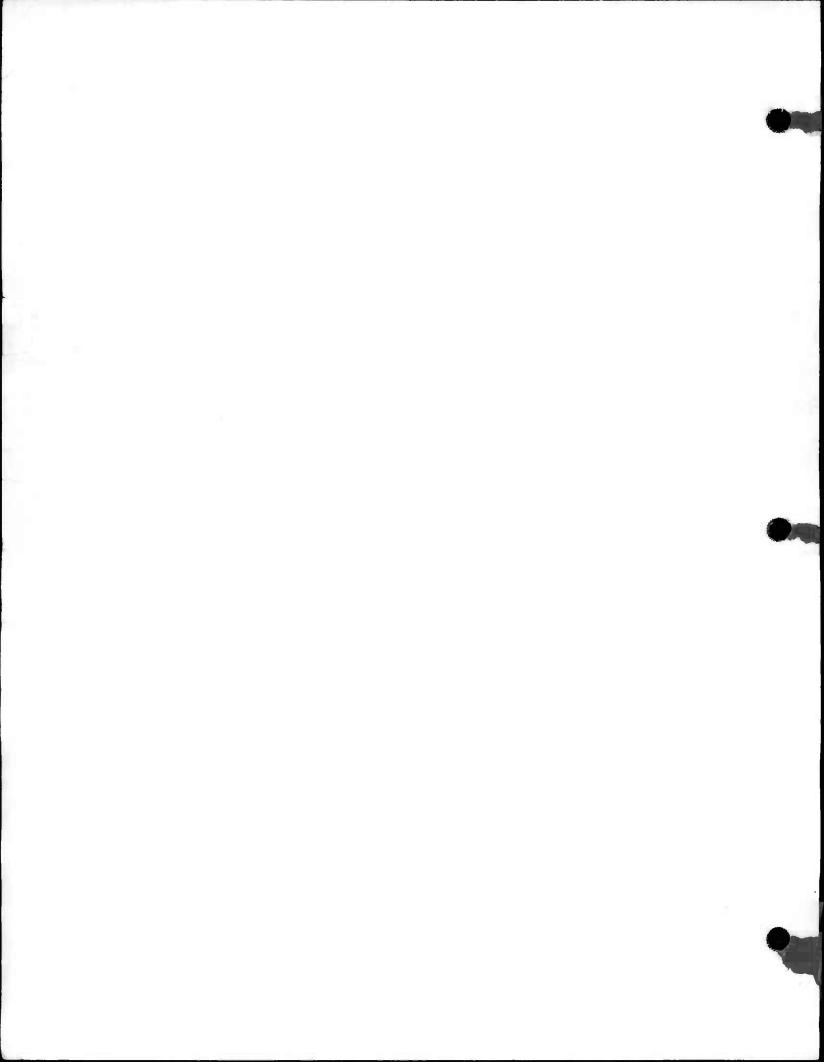
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PR. REGISTBAR'S SIGNATURE

DHMH-16 Rev 1/89

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31. DATE FILED (Month, Day, Year) NOV 0 7 1991



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TO THE FUNERAL DIR	be filed within 72 hours after death with the State Dept of Health state	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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F	file	8
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27. MANNER OF DEATH

5 Pending

8 Could not be

1 Natural

2 Accident

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91 30428 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH 06 1991 LOUIS B. DORCZAK 4:30 a.mv 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER t YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 217-26-6923 1 [X] M 2 | F 62 YRS. JULY 8,1929 MARYLAND 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 18c. CITY, TOWN OR LOCATION IOd. INSIDE CITY MARYLAND BALTIMORE tX YES 2 □ NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10a, CITIZEN OF WHAT COUNTRY? 1419 BONSAL STREET 21224 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yee, specify Cuben, Mexican, Puerto Ricen, etc.)

1 YES 2 NO Specify: 8 Specify: WHITE 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 12TH GRADE MAINTENANCE MANUFACTURING 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) UNKNOWN UNKNOWN DORCZAK BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 KENNETH J. HOWARD 1419 BONSAL STREET, BALTIMORE, MD. 21224 20e. METHOD OF DISPOSITION

1X Burial 2 Cremation 3 Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 10 Burial 2 Cremation 4 Donetion 5 Other (Specify) OAKLAWN CEMETERY 11/9 EASTPOINT 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME INC Nea Loten 4107 WILKENS AVENUE, BALTIMORE, MD. 21229 23. PART I. Entar the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final ESPIRATORY Onset and Death disease or condition reaulting in death) DUE TO (OR AS A CONSEQUENCE OF):
PPER AIRWAY OBSTRUCTION 6 week CERTIFICATION Sequentially list conditions, If any, leading to immediate JASOPHARYN GEAL CANCER cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST X-10 marks 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIDE TO COMPLETION OF CAUSE PHYSICIAN: MEDICAL Ie. WAS AN AUTOPSY PERFORMED? YES 2 NO DF DEATH? 1 TYES 2 T NO

PART II. Other algnificant condition	na contributing to death but not resulting	in the underlying cause given in Part i.	24e. WAS PER
25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Check only o	ne)
EXAMINER?	HOSPITAL: 1 impatient 2 ER/Outpatient 3 DOA	OTHER: 4 Nursing Home 5 Residence 8 Other	

28d. DESCRIBE HOW INJURY OCCURED

19

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28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and manner as atsted.

28e. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify)

28b. TIME OF INJURY

2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29h. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

28c. INJURY AT WORK?

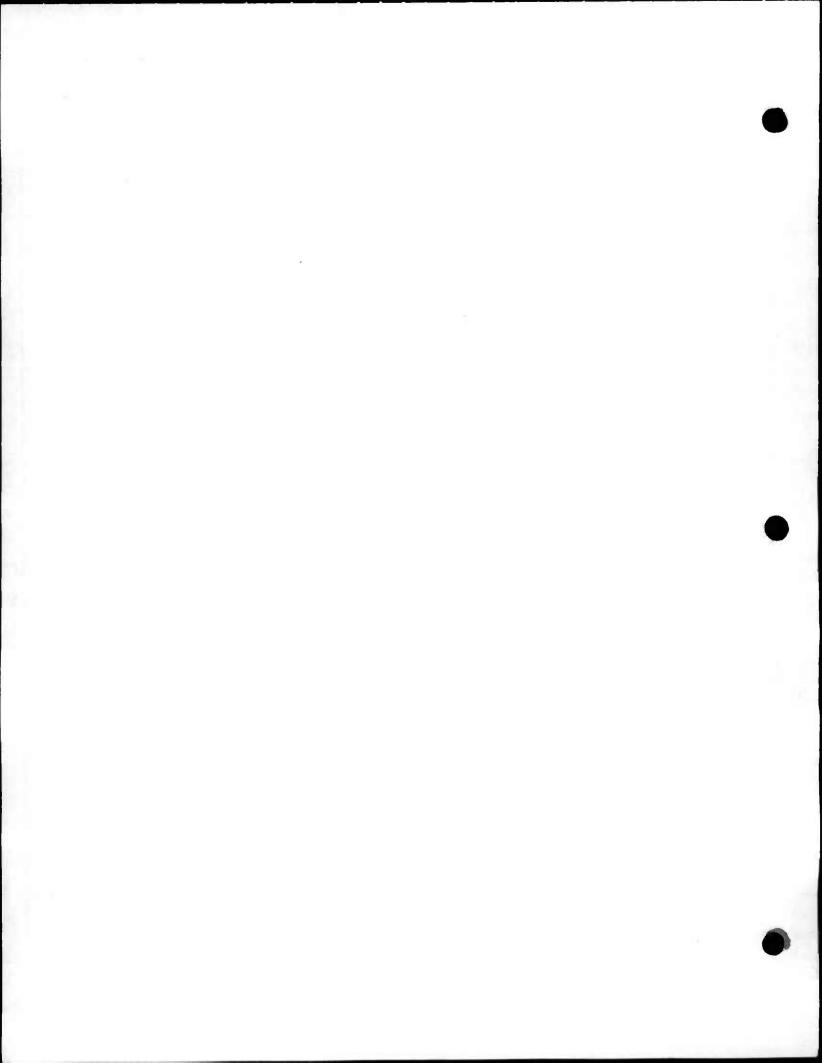
1 YES 2 NO

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

JOHNS HOPKINS HOSPITAL 600 N. WOLF STREET BALTIMORE, MARYLAND 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

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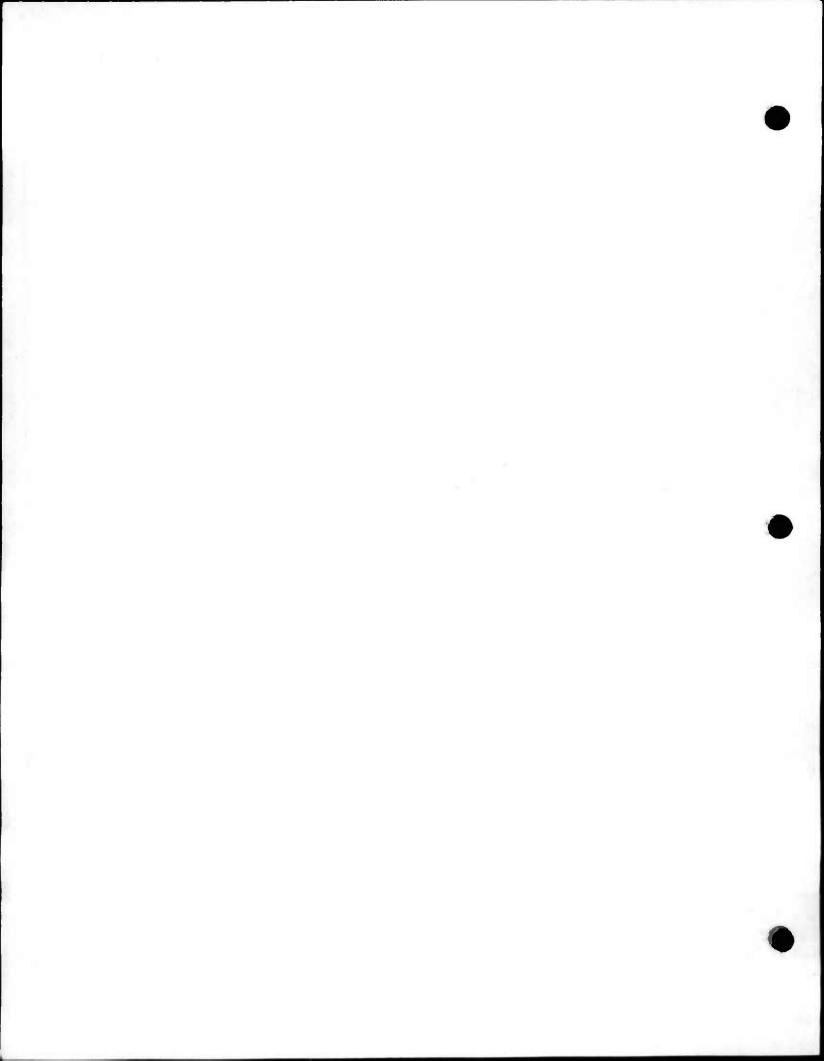
28a. DATE OF INJURY (Month, Day, Year)



TO THE HOSPITAL OR ATTENDING TO THE FUNERAL ORECOR AS IN DE FIEED WITHIN 72 POUR STAFF CHEST IMPORTANT: If Item 28 is mark

ne burial-transit permit. Pages 1, 2, 3 should		
octor, page 5 should be detached for use as	must be notified at once.	
completely filled in by the funeral direction of the complete	c event, the medical examiner	
ed by the attending physician and h and Mental Hygiene prior to bu	marked, or item 23 shows any injury, or other traumatic event, th	
her this certifican has been signed	marked, or item 23 shows a	

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23. PART I. Enter the disease, or complication what support the mode of dying, such as cardiac or respiratory arrest, interval Banch, or heart failure. List only one cause dwelch line. 23. PART I. Enter the disease, or complication what support the mode of dying, such as cardiac or respiratory arrest, interval B interval B interval B disease or condition. IMMEDIATE CAUSE (Final disease or condition) But to (or as a consequence or): Sequentially list conditions. If any, leading to immediate cause. She disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 VES 2 MO		1 Buriet 2 Cremation 3 Ren	noval from Stata	cemetery, cre	ematory or ot	her place)						own, Stata	
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Description Section Se	N: MEDICAL	PANT II. Otter significant condition	ns contributing to	desth but not r	esuiting i	the underly	ing cause g	piven in Ps	P	PERFORME	07	D. WERE AUTOPSY FINDINGS AMAILABLE PRIDR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
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Description Section Se	1YS		1 - Inpatient 2 -		□ DOA	4 Mursing H							
28a. PLACE OF INJURY — At home, farm, street, factory, office 28a. PLACE OF INJURY — At home, farm, street, factory, office 28b. LOCATION (Street and Number or Rural Route Number, City or fown, State) 28a. PLACE OF INJURY — At home, farm, street, factory, office 28b. LOCATION (Street and Number or Rural Route Number, City or fown, State) 28c. LOCATION (Street and Number or Rural Route Number, City or fown, State) 28c. LOCATION (Street and Number or Rural Route Number, City or fown, State) 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNES (Month, Sey, Year) 29d. DATE SIGNES (Month, Sey, Year) 29d. DATE SIGNES (Month, Sey, Year) 29d. DATE SIGNES (Month, Sey, Year) 29d. DATE SIGNES (Month, Sey, Year) 29d. DATE SIGNES (Month, Sey, Year) 29d. DATE SIGNES (Month, Sey, Year) 29d. DATE SIGNES (Month, Sey, Year) 29d. DATE SIGNES (Month, Sey, Year) 29d. DATE SIGNES (Month, Sey, Year)		1 Natural 5 Pending	(Month, Da	y, Year)	INJU	M 1	WORK? YES 2		ad, DEŞCRIBE	HOW INJUI	RY OCCURED		
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296. SIGNATURE AND TITLE OF CERTIFIER 296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. (Month, Ifoy, Year) 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	OMPL	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the ilme, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.											
DR. ROBERT C. AMMLUNG-516 N. ROLLING ROAD-SUITE 203-BALTIMORE, MD. 21228	88			ulun									
DR. RUBERT C. AMMLUNG-516 N. ROLLING ROAD-SUITE 203-BALTIMORE, MD. 21228	٩					Print)		1 2	W T		11/	1/7/	
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE		DR. ROBERT C. F	MMLUNG-5	16 N. RC	LLIN	G ROAD	-SUITE	203-	BALTIM	ORE,	MD. 21	.228	
NOV 07 1991 Fishia Javidson-Rendalle		-			lell								



DHMH-18 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zerrours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

91-6502-510 FOR

	1 - STATE REGISTRAR	SIAIE UF N	MAKYLAND / C	/ DEPAR	ICAT	T OF H	DEAT	AND N	MENTAL	HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)					- 0.	D LOVE		2. DATE O			YEAR	3. TIME OF DEATH
	Selena		R .			avis	s		11	04		9 9 1	11:45 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	-	IF UNDE	DAYS	IF UNDER	24 HRS. MIN.	7. DATE O (Month,	Day, Year)		8. BIRTH Countr	IPLACE (State or Foreign
	219-52-8762 9a. FACILITY NAME (If not institution, give s		42	YRS.	CL CIT					2-49			N.C.
E			. 10				OR LOCATIO		ATH		9c. COU	NTY OF D	PEATH
5	Francis Scott		ical Ce	enter	Ва	ıltı	more	5					
DIRECTOR	100. STATE 106. COUNT	٧				OR LOCAT	TION						10d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER			R _F	ALTIN								1 X YES 2 NO
HA.	6034 ST. REGIS R	ΠΔΟ				101	1. ZIP CODE 212					ZEN OF V	WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN			13.	WAS DEC	ENDENT O	F HISPANI	IC ORIGIN?	(Specify Yes		14. BACE	- American Indian
ВҰ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 X	NO		If yes, sp	ecify Cuba	n, Mexicen	n, Puarto Ri	cen, atc.)	0, 1,0	Black	My: BLACK
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) [Secondary/Secondary (In-12) [Secondary/Secondary (In-12) [Secondary/Secondary (In-12) [Secondary/Secondary (In-12) [Secondary/Secondary (In-12) [Secondary/Secondary (In-12) [Secondary/Secondary (In-12) [Secondary/Secondary (In-12) [Secondary/Secondary (In-12) [Secondary/Secondary (In-12) [Secondary/Secondary (In-12) [Secondary/Secondary (In-12) [Secondary/Secondary (In-12) [Secondary/Secondary (In-12) [Secondary/Secondary (In-12) [Secondary/Secondary (In-12) [Secondary/Secondary (In-12) [Secondary/Secondary (In-12) [Secondary/Secondary (In-12) [Secondary (In-12)												
COMPLETED	12TH NURSE L.P.N. BELAIR CONVALESCEN										ENT CENTER		
BE	19- INCODMANTS NAME (To-Opin)												
2	FREDDIE DAVIS, SR. 6034 ST. REGIS ROAD/BALTIMORE, MD 21206												
	20a METHOD OF DISPOSITION t X Burlel 2 Cremation 3 Ram	ovel from State	20b. PLACE pergetery, cre						DATE		CATION -		
	4 Donation 5 Other (Specify)	CENSEE	- IBALTI	MORE				2 05 540		BAL	TIMOF	₹Ŀ, I	์
	22. NAME AND ADDRESS OF FACILITY WM. C. MARCH F. H. /1101 E. NORTH AVENUE 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate												
	23. PART I. Enter the diseases, or o	complications the	t caused the de	eeth. Do r	not enter	r the mo	de of dyi	ng, such	ea cerdia	ac or reepir	atory arr	est,	Approximete
	ehock, of heert failure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF):										Interval Between Onset and Death		
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate Due to (or as a consequence of):												
<u>S</u>	CeUse. Enter UNDERLYING CAUSE (Disease or injury	C											ļ
Ë	that initieted events resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE OF	F):								
B		d											
DICAL	PART II. Other significant condition	e contributing to	deeth but not i	resulting	in the ur	nderlying) ceuse g	Iven in P		PERFORI	WED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
ME									_				1 TYES 2 NO
PHYSICIAN: MEI	25. WAS CASE REFERRED TO MEDICAL												
SC	EXAMINER? 1 X YES 2 NO	HOSPITAL:	v		OTHE	R:			ck only one)				
H	27. MANNER OF DEATH	1 Inpatient 2 2		28b, TIM		28c. INJ		_	B Other (Specify)	IIIDV 000	LIDED	
ВУР	1 Natural 5 Pending	11 04	ay, Year)		IURY	1 Y	RK?						
	3 Suicide 6 Could not be	28e. PLACE OF	F INJURY — At he atc. (Specify)			tory, office			28f. LOCAT	ION (Street ar	i U C O	or Rural R	to impact loute Number,
	4 Homicide determined		street	t				C		Town, State)	Нат	nilt	on Ave's/
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC ONE) 2 X MEDICAL EXAMINE	CIAN: To the best of a	my knowledge, de	sath occurre	ed at the t	ilme, data	and place,	and due to	to the cause	e(a) end mann	ver an atate	ıd.	
	296 SIGNATURE AND TITLE OF CERTIFIES							NSE NUME		T			
BE	Moliphe had	rell	Min			l		. M . E			▶1 1		(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUS	E OF DEATH THE	M 27) (Type,	Print)		0.0	• P1 • E	•		11	05	1991
		Korell.	MD	111	Per	an S	tre	et.	Bali	timor	e Ma	arvl	land 21201
	Margarita A. Korell. MD 111 Penn Street, Baltimore Maryland 2120 31. Date FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE												

The grant Kong general English to the Market Company of the Compan

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PHYSICIAN: The law requires that the death certificate be executed writhin 24 flows after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Panes	if Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
The law requir	ite has been si	ate Dept. of He	em 23 show
NG PHYSICIAN:	fter this certifical	eath with the St	marked, or it
L DR ATTENDI	L DIRECTOR: A	hours after de	Item 28 is
TO THE HOSPITAL DR ATTENDING PHYS	TO THE FUNERAL	be filed within 72	IMPORTANT: If

FOR 1 - STATE	STATE OF MARY	LAND / DEPART	MENT OF HEALTH AND	MENTAL HYGIEN		0431	
REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest)	Davis	CERTIFIC	CATE OF DEATH	REG. NO. 2. DATE OF DEATH DO		3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 217-20-2645	1 🗆 M 2 💢 F		F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 6-7-24	8. BIF	S.C.	
99. FACILITY NAME (If not institution, give str	reet end number)	9	BALTIMORE	EATH	9c. COUNTY OF	DEATH	
10a. STATE 10b. COUNTY		BAL			10d. INSIDE CITY LIMITS? 1 [V] YES 2 NO		
100. STREET AND NUMBER 1113 LEADEN HALL 11. MARITAL STATUS	STREET		101. ZIP CODE 21230			F WHAT COUNTRY?	
3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR D	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Specif	en, Puerto Ricen, etc.)	CE — American Indian, ack, White, etc.			
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 6TH 17. FATHER'S NAME (First, Middle, Last)	CATION completed) College (t-4 or 5+)	16a. DECEDENT'S US (Give kind of won life. Do NOT use r HOME MAK	k done during most of working etired.)	16b. KIND OF BUS	SINESS/INDUSTRY		
SONNY FLOOD				ME (First, Middle, Maiden BELSER			
SONNY FLUUD 199. INFORMANT'S NAME (Type/Print) LONZA DAVIS	130. MAILING ADDRESS (Street and Number of Hural Houte Number, City of Iown, State_Zio Code).						
20a, METHOD OF DISPOSITION 1 \(\mathbb{M}\) Burlel 2 \(\mathbb{C}\) Cremetion 3 \(\mathbb{R}\) Remote 4 \(\mathbb{D}\) Onsation 5 \(\mathbb{D}\) Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	GARRISON FOREST VA CEM. OWINGS MILLS, MD						
Kimette	WM.C. MARCH F.H./1101 E. NORTH AVENUE						
23. PART I. Enfer the diseases, or creshock, or heert feliure. L. IMMEDIATE CAUSE (Finst disease or condition resulting in death)	iet only one cause on e	ecn ine.			ratory errest,	Approximate intervel Between Onset and Death	
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST CENTRAL Respiratory Arrest DUE TO (OR AS A CONSEQUENCE OF): b. Hepatic encephalopathy DUE TO (OR AS A CONSEQUENCE OF): C. CALVEN OS STATEMENT OF LIVER DUE TO (OR AS A CONSEQUENCE OF): d. Alcohol 100						years years	
PART II. Other aignificant conditions Hepato-rene Prolongea Number ten	renal Syndrome 1 YES 2 10 NO					Ib. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 A NO	
25. WAS CASE DEFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 NO 1 NO NO NO NO NO NO NO NO NO NO NO NO NO							
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 28d. DEŞCRIBE HOW INJURY OCCURED						
3 Suicide 6 Could not be datarmined 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)							
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data end place, and dua to the cause(a) and manner as stated.							
296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (MOON) 1/ 4							
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pri	nt)				



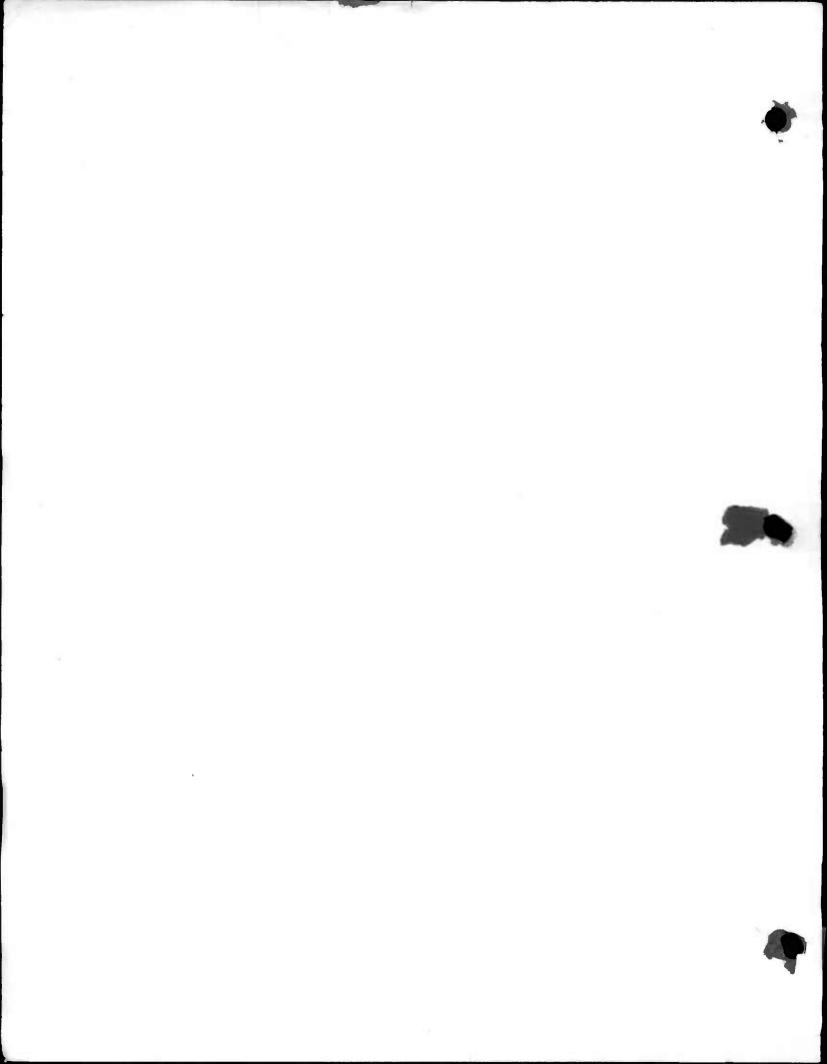
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires 1 TO THE FUNERAL DIRECTION: After this certificate has been signe be filed within 72 hours after death with the State Dept. of Health IMPORTANT: If Item 28 is marked, or Item 23 shows and IMPORTANT:

BALTIMORE, MARYLANI	that the death certificate be executed within a site death. Page 6 may be retained by the ho	the funeral director, page 5 should be detactively.	al examiner must be notified at once
1	A STATE		
13146,	executed within	and completely o burial, crema	natic event,
DRDS, P.O. BOX 13146,	ith certificate be	led by the attending physician and completely th and Mental Hydiene prior to burial, crema-	any injury, or other traumatic event,
RDS, F	that the dea	ed by the att	any Injury,

STATE OF MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIEN
CI	ERTIFICATE	OI	F DEAT	TH		REG. NO.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last) Harry		Debnam, Jr		ALCOHOL: BAY WEAR		3:50am		
	4. SOCIAL SECURITY NUMBER 241–12–0663	5. SEX 6. AG	70 YRS.	F UNDER 1 YEAR F UNDER 24 HRS. 7. OATE OF BIRTH (Month, Day, Year) HOURS MIN. 4-7-1921			ir)	8. BIRTHPL Country)	ACE (State or Foreign
OR	96. FACILITY NAME (If not institution, give s Maryland Genera	10211	et end number) 9b. CITY, TOWN OR LOCATION OF DEATH					NTY OF DEAT	тн
FUNERAL DIRECTOR	10e. STATE Md 10b. COUNTY	10c. CITY, TOWN OR LOCATION Baltimore						0d. INSIDE CITY LIMITS?	
RAL (10e. STREET AND NUMBER	10f. ZIP CODE					AT COUNTRY?		
B	3327 Northmont Roa 11. MARITAL STATUS 1 Never Merried 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE	21207 DENT, EVER IN U.S. ARMED 1 X YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 X YES X NO 1 YES 2 X YES X NO 1 YES 2 X YES X NO 1 YES 2 X YES X NO 1			y Yes or No-			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 10th	CATION completed) College (1-4 or 5+)	18e. DECEOENT'S (Give kind of life. Do NOT u	work done during	PATION g most of working		B. M. C		
BE CON	17. FATHER'S NAME (First, Middle, Last) Harry Debnam		18. MOTHER'S NAME (First, Middle, Meide Lula Smith						
2	19s. INFORMANT'S NAME (Type/Print) Almira Debnam		3327	Northm	ont Road Ba	ltimore, M	21207		
	20a, METHOD OF DISPOSITION 1 (2) Burlat 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	wood from State Wood awn Cemetery Ba				altimore, Md			
	21. SIGNATURE OF FUNESAL BERVICE UCENBEE 22. NAME AND ADDRESS OF FACILITY March F/H West 4300 Wabash Avenue								
	23. PART 1. Enter the diseases, or complications that caused the daeth. Do not anter the mode of dying, such as cerdiec or respiratory errest, interval Between Onset end Death Anoxic Encephalopathy a.								
NOI	DUE TO (OR AS A CONSEQUENCE OF): Chronic Renal Failure DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST d.								
CAL	PART II. Other significent condition	PERFO				AS AN AUTOPSY REFORMED? ES 2 1 NO	3	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN: MED									1 123 2 110
SICI	25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO 12 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)								
	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28s. OATE OF INJU (Month, Day, Ye	28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? M 1 VES 2 NO			IOW INJURY OC	W INJURY OCCURED		
TED BY	2 Accident investigation 3 Suicida 8 Could not be 4 Homicide detarmined	28s PLACE OF INJURY — At home term street factory office 28t LOCATION (Street					t and Number or Rural Route Number, e)		
COMPLET	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the base of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner ee stated.								
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	in / in]	SE, M	1.0.	29c. LICENSE NU	JMBER n/a	29d. DA	TE SIGNED	Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Ka-Ming Tse, M.D. c/o Maryland General Hospital								
Ш	NOV 07 1991 7	132 REGISTRAR'S	and all						





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	Pages	
	permit.	
physician.	filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages	
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tuted within 24 hours after death. Page 6 may be retained by the hospital or attending physicia	5 should	
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Jeath. P.	funeral	
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

mufic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death TO THE FUNERAL DIRECTIOR. After this certificate has been signed by the attention of the property of t

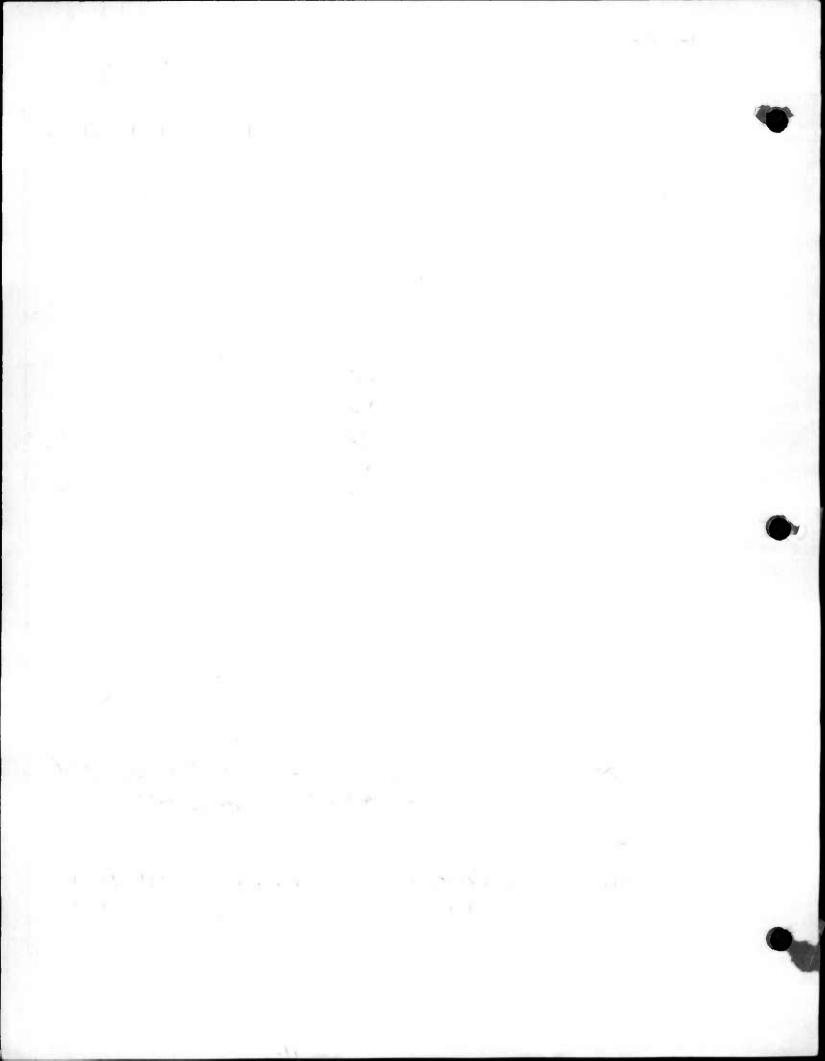
X Items:23 Items:1 & 6	part 1, 2/	per MEO .	12/3/91 G - 68	32 reb	C	11	20122
			MENT OF HEALTH	AND MENTA	L HYGIENE	' i ,	30433
REGISTRAR 1. DECEDENT'S NAME		CERTIFI	CATE OF DEA				
RANDAI, Randall	THIMOTH	v	DUNTON	2. DAT			3. TIME OF DEATH
		(In yrs. lest birthday)	IF UNDER 1 YEAR IF UNDER	24 HRS 7. DATE	0.5 OF BIRTH	199	BIRTHPLACE (State or Foreign
218-78-7305	1 M 2 F 32		MONTHS DAYS HOURS	MIN. (Mon	th, Day, Year)		Country) M D
9e. FACILITY NAME (If not institution, give street	et and number)		9b. CITY, TOWN OR LOCATI	ON OF DEATH	700	9c. COUNTY	OF DEATH
#10 WOODSTREAM	ROAD #4		OWINGS N	ILLS		BAL	TIMORE
10e. STATE 10b. COUNTY	-2000	10c. CITY	, TOWN OR LOCATION				10d, INSIDE CITY LIMITS?
MD			Balto.				1 YES 2 NO
305 N. Cal	houn s	street	10f. ZIP COO	223		10g. CITIZE	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Nover Merried 2 Merried	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ABMED	13. WAS DECENDENT O			r No- 14	. RACE — American Indian, Black, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR		1 - YES 2 W NO		, steely		Specify: BLack
15. DECEDENT'S EOUCA (Specify only highest grade co	TION ompleted)	(Give kind of w	JSUAL OCCUPATION ork done during most of worki	ng. 16	b. KIND OF BUSIN	NESS/INOUS	TRY
Elementary/Secondary, (0-12)	College (1-4 or 5+)	Mile. Do NOTAISE	retired.)	has! "	Snin	da	
17. FATHER'S NAME (First, Middle, Last)		1.242.0		71002	OBYT	المركز	
Charence A	. Dur	ton Si	e. E	Lain.	C C	/	nan
190. INFORMANT'S NAME (Type/Print)	unton	196. MAILING	ADORESS (Street and Number	hours Route Nur	nber, City or Town,		223
20s. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Seminary 4 Donation S Other (Second		b. PLACE AND DATE O	F DISPOSITION (Name of place)	OA.	TE 20c. 1:00	ATION — CITY	or Town, State
21. SIGNATURE OF FUNERIAL BEAVIOR LICES	HSEE . A	- 4	22. NAME AND ADDRE	SS OF FACILITY	1730	1.20	Al Al
+ KIROFALEY	Hulle		Sept N	liller ?	F.H.	BRAG	dwais
23. PART I. Enter the diseases, or conshock, or heart failure. Li	mplications that cause	ad the death. Do no	ot antar the moda of dy	ing, auch as ca	rdiac or raspira	tory arrest	
IMMEDIATE CAUSE (Final							Intarval Batween
disease or condition resulting in death)	Diabetic	Ketoacid	osis				
	DUE TO (OR AS	A CONSEQUENCE OF):				
Sequantially ilat conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):				
cause. Entar UNDERLYING CAUSE (Disease or Injury							
that initiated events	OUE TO (OR AS	A CONSEQUENCE OF):				
resulting in daath) LAST							
PART II. Other significant conditions	contributing to death	but not rasulting in	n the undarlying cause	given in Part I.	24s. WAS AN A	UTOPSY	24b. WERE AUTOPSY FINDINGS
					YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE
					1		OF DEATH?
							_
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			DEATH (Check only o	one)		
1 X YES 2 NO	I Inpetient 2 ER/Out	tpetient 3 DOA	OTHER: 4 Nursing Home 5 N R	eeldence 6 🗆 Oth	er (Specify)		
27. MANNER OF GEATH Naturel Parkling	28e. OATE OF INJURY (Month, Day, Year)	I INJE	JRY WORK?	/ [SCRIBE HOWIN	URY OCCUP	chong ne est
2 Accident Investigation	11-5-		MM 1 YES 2		0 = 0 = 0 (1	home
3 Suicide S Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spi	IY — At home, ferm, et ecify) Nome (/	Appartment	, CH	CATION (Street en y or Town, State) STY (Qin.	Apt .	Ryral Route Number, Mills MD
29e. CERTIFIER 1 CERTIFYING PHYSICI.	AN: To the best of my kno	wledge, death occum-	d at the time, date end place		,	1	1.14() 1.7
							euse(e) end menner ee stated.
29b. SIGNATURE AND TITLE OF CERTIFIER				ENSE NUMBER			IGNED (Month, Day, Year)
200,000	3 9 Ch	uto no		.C.M.E.			06/1991
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF O	EATH (ITEM 27) (Type,			100	/	

PENN STREET

32. REGISTRAR'S SIGNATURE whia Davidson Rendall

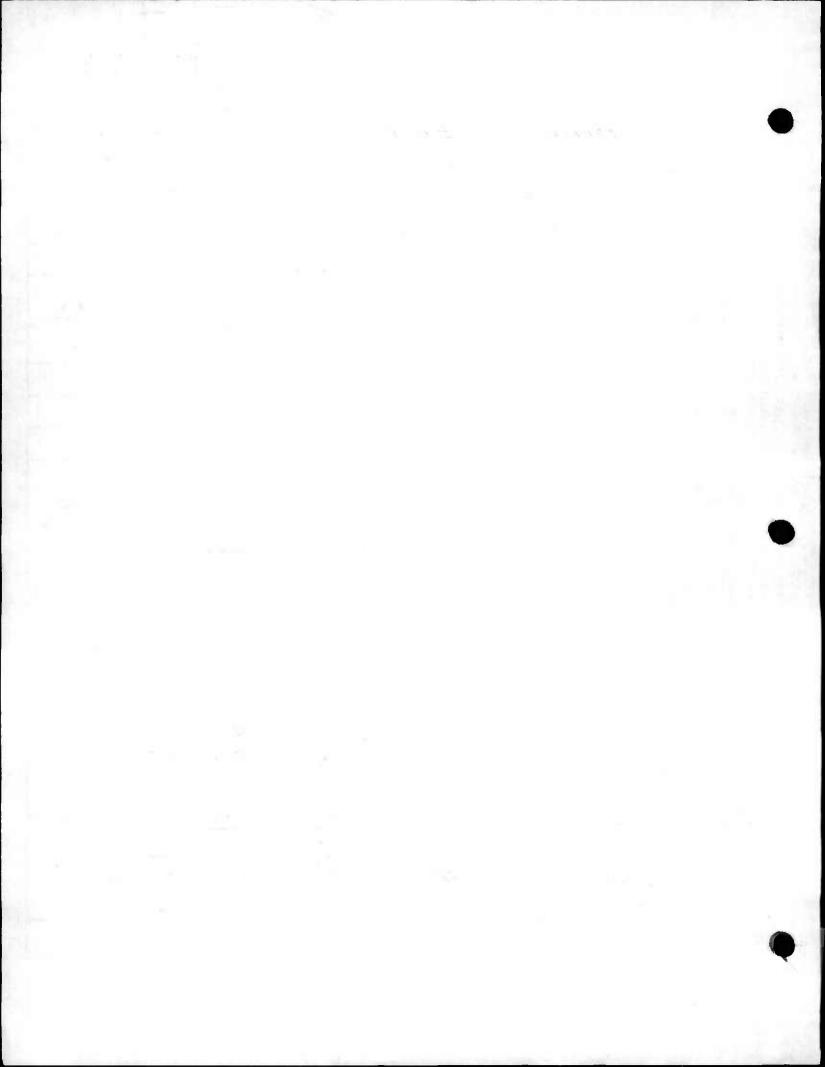
1991

BALTIMORE, MARYLAND 21201



1 - STATE REGISTRAR	STATE OF MARYLA		T OF HEALTH AND	MENTAL HYGIEN REG. NO		
1. DECEDENT'S NAME (First, Middle, Last)	60 1	FARLE		2. DATE OF DEATH DO TO	AY YEAF	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 214-29-9454 9a. FACILITY NAME (If not institution, give str	5. SEX 8. AGE (In	YRS. MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN. TY, TOWN OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year)	Cos	Maryland
RESIDENCE OF DECEDENT	Ca Milla	10c, CITY, TOWN	OR LOCATION		born	10d, INSIDE CITY
mo. B.	Momone		paustone			LIMITS? 1 XYES 2 NO
100. STREET AND NUMBER 3 SULKY CT	Ar- 101		21133		U.S.	A .
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12/WAS DECEDENT EVER IN FORCES? 1 K YES IF YES, GIVE WAR OR DAT WORLD WAR		I. WAS DECENDENT OF HISPA II yes, specify Cuban, Maxic 1 YES 2 NO Speci	en, Puarto Ricen, atc.)		ACE — American Indian, lack, White, atc.
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	ATION	16a. DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired Parts D	e during most of working)		siness/industr	
17. FATHER'S NAME (First, Middle, Last)		- 41 00 2		AME (First, Middle, Meiden		morac
Albert Roming	0		Edi	th Owens		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRE	SS (Street and Number or Rural	Route Number, City or Tov	vn, State, Zip Code))
Janet I. Smit. 20. METHOD OF DISPOSITION 1 © Burlal 2 Cremation 3 Remote 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	oval from State 20b.	PLACE AND DATE OF DIS emetary, crematory or othe Veteran C	SPOSITION (Name rplace) Cem/Garrisor R. NAME AND ADDRESS OF FR	DATE 20c. CO n 1 1/5 Owi ACILITY Nutter	ngs Mi Funer	11s, MD al Homes In
Velmon	K. 13a	lly	2501 Gwynn: Baltimore,	Marvland	arkway 2121	6
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	Disem.E			
PART II. Other significent condition	s contributing to death bu	it not resulting in the	underlying cause given in		RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL						
EXAMINER?	HOSPITAL:	OTH				
27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	lursing Home 5 CResidence 28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCURE	D
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, atc. (Special	At home, farm, street, f	actory, office	281. LOCATION (Street City or Town, State	and Number or Ru	ral Route Number,
CONSCR OTHY	CIAN: To the best of my knowlers: On the basis of examination					ise(a) and manner as stated.
29b. SIGNATURE AND TUBLE OF CERTIFIE	R	m	29c. LICENSE N	UMBER		NED (Month, Day, Year)
the +	Leng /1	2	0217	57	101	37/2/
30. NAME AND ADDRESS OF PERSON WH	Drown 1	7.4. 6	fero con	my car	40 p.70	e
31. DATE FILED (Month, Day, Year) NOV 07 1991	32. REGISTRAR'S SIGNA					

DHMH-18 Rev 1/89



BALLIMORE, MARTLAND	s after death. Page 6 may be retained by the hosp	by the funeral director, page 5 should be detached removal.	dical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOA 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a micror death. Page 6 may be retained by the hosp	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached by filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

WIE

1991

31. DATE FILED (Mönth, Day, Year)

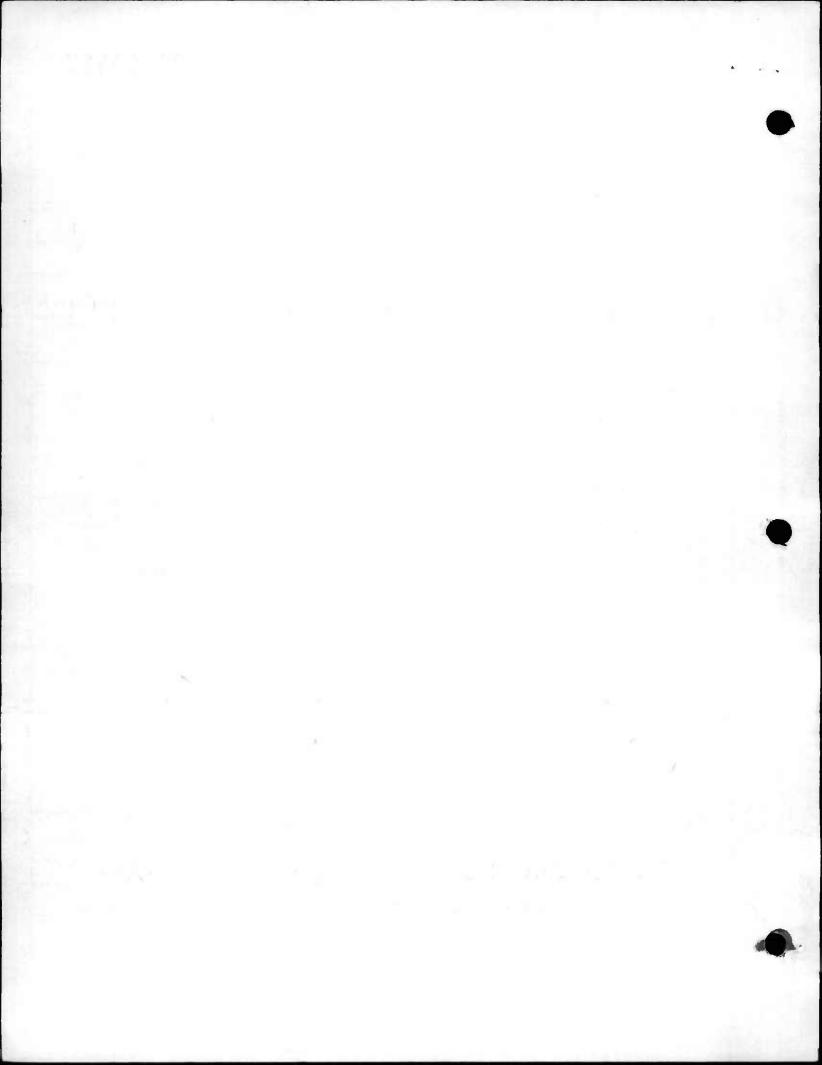
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32 REGISTRAR'S SIGNATURE la Davidson-Randelle

	FOR	STATE OF MARYLA	ND / DEDAR	TMENT OF H	EALTH AND A	JENTAL UVCIE	-	30435
	1 - STATE REGISTRAR	SIAIE OF MANTEA		CATE OF		REG. N		
	1. DECEDENT'S NAME (First, Middle, Last)	-				2. DATE OF GEATH		3. TIME OF DEATH
	John Lewis					Oct. 25	, 199	1 3:15 pm
	HI. 00 1001	1(XM2□F 81	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year) OCt. 27,	1909	B. BIRTHPLACE (State or Foreign Country) Maryland
TOR	9a. FACILITY NAME (If not institution, give st 3232 Old York				e Hall	ATH	1700 0 00000	ry of CEATH Limore
DIRECTOR	RESIDENCE OF DECEDENT 10h. STATE 10h. COUNTY Maryland Balt			n town on Locat hite Ha	1.0			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER 3232 Old York	Road		101	21161			EN OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, sp	ENDENT OF HISPAN ecify Cuben, Mexical 2 NO Specify	IIC ORIGIN? (Specify n, Puerto Rican, etc.)	res or No— 1	14. RACE — American Indien, Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		18e. DECEDENT'S (Give kind of v life. Do NOT us Farme	USUAL OCCUPATION WORK done during more retired.)	DN st of working	- 11	y Farn	
BE COM	17. FATHER'S NAME (First, Middle, Last) J. Victor ENSO	or				ME (First, Middle, Meld a Ensor	en Surname)	
5	19a. INFORMANT'S NAME (Type/Print) Dorcas E. Sch	aeffer				Number, City or 1		MD 21161
	20e METHOD OF DISPOSITION 1 \(\tilde{D} \) Burial 2 \(\tilde{C} \) Cremation 3 \(\tilde{R} \) Remote that \(\tilde{D} \) Denote the second of the second	oval trues State W	PLACE OF DISPOS	perty C	netery, cremetory or Cemetery	20c. Wh	ite H	Ity or Town, State [all, MD
	21. SIGNATURE OF FUNDIAL BERVICE LIC	Hartenst	èmi	J.J.	Harten	stein M	ortua	ry, Inc.
	IMMEDIATE CHISE (FIAN)	CON COST	ch ilne.	1400=	Farin			interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONT	SCLETOT CONSEQUENCE OF	n:	Anoro -	VASCUL	n 01	1 5 6051
PHYSICIAN: MEDICAL CE	PART II. Other significant condition	a contributing to death bu	t not reaulting	in the underlyin	g cause given in	PERI	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpa	H 0 200	OTHER:	LACE OF DEATH (Ch			
	27. MANNER OF DEATH 1.27 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIM	E OF 28c. IN.	Residence FURY AT DRK? YES 2 NO	6 ☐ Other (Specify) 28d. DE\$CRIBE HO	W INJURY OCC	URED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Specif	— At home, farm,			281. LOCATION (Stre City or Town, Str	et and Number o	or Aural Route Number,
COMPLETED	100	CIAN: To the best of my knowle						d.
TO BE C	296. SIGNATURE AND TITLE OF CENTIFIED	bed MD			29c. LICENSE NUI	4.1	29d, DATE	SIGNEO (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WA	D COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type	Print)	A CONTRACTOR OF THE CONTRACTOR			1 1

PHOENIX

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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING THE WASTERN OF ATTENDING THE WASTERN OF THE HOSPITAL OR ATTENDING T	TO THE FUNERAL DIRECTOR: Amending by the been somed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit. Pages 1 2 should	be filed within 72 hours after earth with the control of the contr	IMPORTANT: If Item 28 is married, at them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND	/ DEPAR	RTMENT OF	HEAUT	H AND	MENTAL	HYGIEN REG. NO	IE	30	+36
	1. DECEOENT'S NAME (First, Middle, Lyst) WILLIAM G. FOW	LER						2. DATE O		AY O	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. 96X	6. AGE (In yrs. I	last birthday)	IF UNDER 1 YEA	R IF UND	ER 24 HRS.	7, DATE O	F BIRTH		8. BIRTHP	LACE (State or Foreign
	212-26-6979 9e. FACILITY NAME (If not institution, give	1 ₹ PM 2 □ F	62	YAS.	MONTHS DAY			FEB.	7,192		WEST	MINSTER, MD
O. H	ST. AGNES HOSPIT				96. CITY, TOY BAL	'IMORI		EATH	•	9c. COU	NTY OF DE	ATH
[RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	v		T 40: 017								
DIRECTOR	MARYLAND			10c. CII	Y, TOWN OR LO						- 1	IOd. INSIDE CITY LIMITS? TX YES 2 NO
A	10e. STREET AND NUMBER					10f. ZIP CO	OCE			10g. CIT	IZEN OF WI	IAT COUNTRY?
FUNERAL	1804 WICKES AVE					2	21230				U.S	.A.
E	11. MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. A	NO	13. WAS	DECENOENT	OF HISPAN	VIC ORIGIN?	(Specify Year)	or No-	14. RACE -	- American Indian, White, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE V	YES 2 WAR OR DATES	J		ES 2X N			can, etc.)		Specify	
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	180. 0	DECEDENT'S	USUAL OCCUP	ATION	tina	16b. F	UNO OF BU	SINESS/INC	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5		ife. Do NOT u	se retired.)	most or wor	King					
NO	17. FATHER'S NAME (First, Middle, Last)			BRAKI	EMAN	10 MC	THER'S NA	ME (First, Mid	CHESS		YSTEM	
BE C	EDGAR FOWLER					- 1		MAY B		Sumeme)		
5	190. INFORMANT'S NAME (Type/Print)		1	19b. MAILING	ADDRESS (Stre					n, State, Zip	Code)	
-	DORTHY T. FOWLER	3		1804	WICKES	AVEN	NUE,	BALTI	MORE,	MD.	2123	0
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Rem	oval from State	cemetery c	E AND DATE	OF DISPOSITION	(Name of		OATE			City or Tow	
	4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	arinee.	MOREI	LAND N	<u>MEMORIA</u>			11/8	HI	LLENI	DALE	
	O CLUSS Z	Z I	hea			AND ADDR		CILITY AL HO	ME IN	c.		
	Numico	- and	TO !		4107	WILK	ENS A	AVENU	E,BAL	TIMOE	RE, M	D. 21229
	23. PART I. Enter the diseases, or ahock, or heart feliure. IMMEDIATE CAUSE (Finei diease or condition resulting in desth)	e. EMP	COR AS A CONS	10. A1	ND CHI	RONIC		NCHIT		ratory sri	rest,	Approximete interval Between Onset and Deeth
7			R BULM		,							
2	Sequentially list conditiona, if any, lesding to immediate	DUE TO	(OR AS A CONSI	EOUENCE OF	F):							
S S	cause, Entar UNDERLYING CAUSE (Diseasa or Injury	c cff	RONIC .	CIGARE	ETTE AF	USE						
CERTIFICATION	that initiated events resulting in deeth) LAST		(OR AS A CONSI		f):							
H	resulting in deeth) LAST	d	Huten	-								
PHYSICIAN: MEDICAL C	PART II. Other eignificent condition	s contributing to	desth but not	resulting	in the underly	ing ceuse	given in		4a. WAS AN PERFOR	MED?	0	YERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ż											1 '	YES 2 NO
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26	PLACE OF	DEATH (Che	ck only one)				
\SI(1 YES 2 NO	HOSPITAL: 1 M Inpatient 2	ER/Outpatient	3 🗆 ĐOA	OTHER: 4 \(\text{Nursing H} \)	ome 5 🗆 1	Residence	8 Other (Specify)			
H	27. MANNER OF OEATH	28e. OATE OF (Month, D	INJURY ay, Year)	28b. TIM		NJURY AT		28d. OESCI	IBE HOW I	NJURY OCC	CURED	
l da	1 Natural 5 Pending 2 Accident Investigation				M 1 [YES 2	□ NO					
8	3 Suicide 8 Could not be determined determined determined determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)						ite Number,					
COMPLET	29e. CERTIFIER (Check only one)	CIAN: To the best of	my knowledge, d	leath occurre	ed at the time, d	ate end plac	e, end due	to the ceuse	(a) and men	ner ee atat	ed.	
8	2 MEDICAL EXAMINE		caminetion end/or	Investigatio	n, in my opinior	, death occi	ured at the	time, date ar	d piece, en	d due to th	e ceuse(s) s	ind manner ee stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIEF	for Dr. 6	ierstenk	elith		29c. LI	CENSE NUM	BER			SIGNED (A	fonth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHI	O COMPLETEO CAUS	SE OF DEATH (ITI	EM 27) (Type,	Print) 300 cat	on Av	enue.	Bas	tmore			-29
	31. DATE FILEO (Month, Day, Year)	Julia David	AS SIGNATURE					-		1		



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BALTIMORE, MARYLAND 212	offer death Dane & may be retained by the honoited or age
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ä DIVISION OF VITAL RECORDS, P.O.

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 23 after death. Page 6 may be retained by the hospital or attention physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per he filed within 72 hours after death with the State Dent of Health and Mental Hydiene prior to fundal cremation or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
IN THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certif	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur be fled within 72 hours after death with the State Dent of Health and Mental Hoslene prior to fundal companion or remandal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or oth

BY ETED.

COMPLI

BE 2

Pages 1, 2, 3 should

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle Last) Pauline 2. Date of Death MONTH DAY November 4, 1991 3. TIME OF DEATH Fisher 8:33am M 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTNPLACE (State or Foreign 218-18-4080 DAYS HOURS 1 M 2 F 75 YRS. 16 MD 96. CITY, TOWN OR LOCATION OF DEATH Baltimore City 9c. COUNTY OF DEATH Maryland General Hospital FUNERAL DIRECTOR RESIDENCE OF DECEDENT 10h. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? BALX mp 1 1 X59 8 1 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10a. CITIZEN OF WHAT COUNTRY? USA 21213 CRUSTAL 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—
If yea, specify Cuban, Mexican, Puarto Rican, etc.)
1 YES 2 Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 1 NO 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES В 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highe 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) JAMES JESSIE BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number vn, State, Zip Code) 2 EUGENE 1100 21205 20a. ME HOD OF DISPOSITION 20b. PLACE AND DATE OF OISPOSITION (Name of DATE 20c. LOCATION - City or Town, State cemetery, cremetory or other GARRISON 4 ☐ Donation 5 ☐ Other (Specify) FOREST VA 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Betts Funeral Home 1129 N-CAROLINE 21213 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or haart failure. List only one cause on each line. intarvai Between IMMEDIATE CAUSE (Final Onset and Death disease or condition reaulting in death) DUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, laading to immediata 1-11 cause, Entar UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PHYSICIAN: MEDICAL

PART II. Other algnificant condition	a contributing to death but not in the contribution of the contrib	Per D	Coff G	Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 24 NO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 □ NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	OTHE			
27. MANNER OF OEATN	28a. DATE OF INJURY	28b. TIME OF	rsing Nome 5 Residence		
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE NOW INJURY OCCUI	RED
3 Suicida 8 Could not be	Suicide 8 Could not be 28a. PLACE OF INJURY — At home, larm, streat, factory, office 28f. LC		281. LOCATION (Street and Number or City or Town, State)	Rural Route Number,	

29a. CERTIFIER

(Chart only 1) CERTIFYING PNYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

2 WEDICAL EXAMINER: On the bar	sis of exemination and/or investigation, in m	y opinion, d	eath occured at the time, data and place, an	d due to the cause(s) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	2	1	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)

Auch	Wolld	MI	4

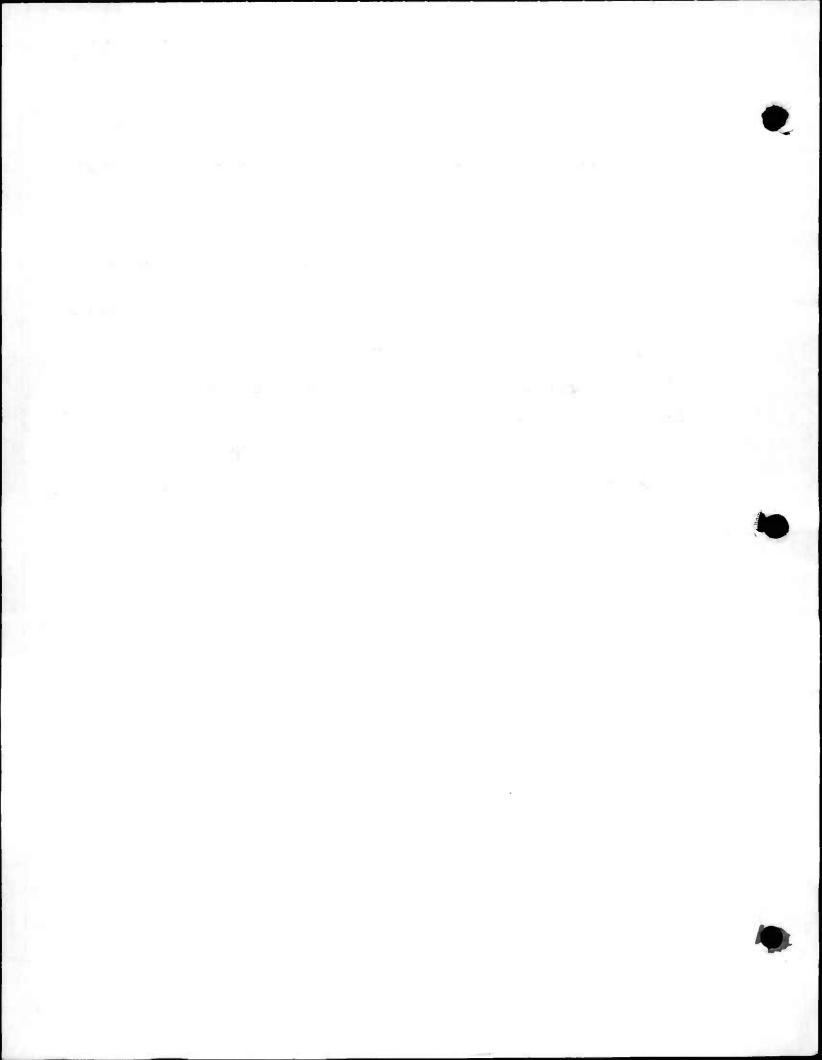
2017	29c. LICENSE NUMBER	29d.
ハリ	D26749	▶

	29d.	DATE SIG	NED (Month, Day,	Year)
4	▶	111	610	1

1991

1. DATE F	ILED (Month,	Day, Year)		32. REGIS	TRAR'S SE	GNATURE		
39	30	FAL	LS	(Pi)		-	MDala	1
						DEWLIN GLICH ST		

Julia Savidson-Randalle



,	1 0400 310								1 0	01.20
	ITEMS: 20b,c						- BACNYAI	_	4 .00	0438
	1 - STATE REGISTRAR	SIAIE UP N	MARYLAND / DE			DEATH AN	U MENIA	REG. NO.	=	
1	1. DECEDENT'S NAME (First, Middle, Last)							OF DEATH		3. TIME OF DEATH
	ROBERT		S .	FR.	AZIER		1 1	03		1 2:08 p M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last bin	thday) IF U	NDER 1 YEAR	IF UNDER 24 HF	RS. 7. DATE	OF BIRTH	8.1	BIRTHPLACE (State or Foreign Country)
	214-58-7824	1 M 2 🗆 F	40	YRS.	INS DATE	HOURS MI	8	-3-5	1	MD
_	9e. FACILITY NAME (If not institution, give stre			9b.		DR LOCATION O			9c. COUNTY	OF DEATH
ğ	2133 EAST OLI	VER STE	REET		BAL	TIMOR	.E			
DIRECTOR	10e. STATE 10b. COUNTY		10	Oc. CITY, TO	WN OR LOCAT	ION				10d. INSIDE CITY
	MO		/	BAL	TIM	er-				1 TES 2 NO
FUNERAL	10e. STREET AND NUMBER)/ :			101	. ZIP CODE	4.5		10g. CITIZEN	OF WHAT COUNTRY?
E I	2133 E. U.	LIVER	57.			212				USA
5	11. MARITAL STATUS 1 Never Merried 2 Merried	FORCES? 1	T EVER IN U.S. ABMED	°	13. WAS OEC	ENOENT OF HI ecity Cuben, Me 2 NO S	SPANIC ORIGIN exican, Puerto I	l? (Specify Yea Rican, etc.)	or No— 14.	RACE — Amarican Indien, Black, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE V	WAR OR DATES		1 YES	2 W NO S	pecify:			BLACK
0	15. DECEOENT'S EDUC (Specify only highest grade of	ATION completed)	16e. DECED	DENT'S USUA	AL OCCUPATION	ON ast of working	16b	. KIND OF BUS	INESS/INDUST	RY
	Elementary/Secondar (0-12)	College (1-4 or 5	life. Do	NOT use retir	red.)			TIL	1	
COMPLETED				-	A bo	-		-NO	USFR	y
1 - 1	17. FATHER'S NAME (First, Middle, Last)	FONT	IER	5-		18. MOTHER'S	S NAME (First, I	Middle, Maiden	Surname)	and and
8	19a_INEORMANT'S NAME (Type/Print)	KAZ		IAILING ADD	PESS (Street)	and Number or R	Sural Bouta Num	her City or Town	State Zio Co	TYMONS
유	PRILINE L	VNCH	2	133	1	131	ier s	7. 1	34170	MD 21213
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Remov		20b. PLACE AND				OAT	E 20c. LO	CATION — City	or Town, State
	4 Donetion 5 Other (Specify)	val from State	cemetery, cremate GREEN		Cem.		11/9	Bal	to., M	d.
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE			22. NAME A	ND ADDRESS O	F FACILITY			
	Betts Fune	ral Home	9		1129	N. Ca:	roline	St. B	alto.,	Md. 21213
	23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,									
	IMMEDIATE CAUSE (Final	A Strong one can	ase on each line.			0	(Intervat Between Onset and Death
	disease or condition reaulting in death)	Deg.	vired I	-Mary	s de	Picrenc	1920	elone		
		one to	(OR AS A CONSEQUE	NCE OF):			5			
RTIFICATION	Sequentially list conditions,		(OR AS A CONSEQUE	NCE OF:			<u> </u>			
E I	If any, leading to immediate cause. Enter UNDERLYING									
트	CAUSE (Disease or Injury that Initiated eventa	DUE TO	(OR AS A CONSEQUE	NCE OF):						
E	reaulting in death) LAST	ı								
LC	PART II. Other aignificant conditions	s contributing to	death but not resu	uiting in th	e underlyin	g cause give	n In Part I.	24a. WAS AN		24b. WERE AUTOPSY FINDINGS
MEDICA								PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
율								1 123	X	DF DEATH?
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					LACE OF DEATI	H (Check only or	ne)		
Si	TY YES 2 NO	HOSPITAL: 1 Inpatient 2	☐ ER/Outpetient 3 ☐		HER: Nursing Hor	ne 5 🏋 Reelde	nce 6 🗆 Othe	r (Specify)		
27. MANNER OF DEATH 27. MANNER OF DEATH 28. OATE OF INJURY (Month, Day, Year) 28. TIME OF INJURY WORK? 1 YES 2 NO 28d. OEŞCRIBE HOW INJURY OCCUREO							NJURY OCCUR	EO		
8	3 Suicide 6 Could not be 256. PLACE OF INJURY — At home, ferm, street, factory, office 26f. LDCATION (Street and Number or Rural Route Number, Unit of Number, State) City or Town, State)							Hural Houte Number,		
I ⊢ I	29a CERTIFIER					- VID				
COMPLE	(Check only		f my knowledge, desth							euse(e) end menner ee stated.
8	286. SIGNATURE AND TITLE OF CONTIFIER		^	igenton, ill	y opinion,			one perce, en		
BE	M of Children	rel M	()			29c. LICENSE	ENUMBER		10.	IGNEO (Month, Day, Year)
0	10000	~~~	אנו			0.0	• EI • 15 •		,	1/04/1991



MARON

31. DATE FILED (Month, Day, Year)
NOV 0 7 1991

Col

BALTIMORE, MARYLAND 21201

PENN STREET

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22. AEGISTRAR'S SIGNATURE who Davidson-Randows

4 2 4 5 1. 1. 1. 1. 1. 1. LAINE FINGERING land for the care so say they are to Hammens. That are by your some some

HYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician,	this certificate has been signed by the attending place transfer completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	in the state dept. or region and mental regions print to buttal, detribution, or fembras. d, or flem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cert	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending	De lice when it item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical ey

	1 - FOR STATE REGISTRAR				RTMENT OF	HEALTI	H AND N	MENTAL HYGIEN REG. NO	E	30439
	1. DECEDENT'S NAME (First, Middle, Lest)	PEARL CR	EAMER FA	LKK				2. DATE OF DEATH		YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 218-48-3295	5. SEX	1 M 2 F 8 3 YRS. MONTHS DAYS HOURS MIN.					7. DATE OF BIRTH (Morth, Day, Year) 1-31-08		B. BIRTHPLACE (State or Foreign Country) Maryland
000	9e. FACILITY NAME (If not Institution, give s	and the second			9b. CITY, TOW		TION OF DE		9c. COUNT	TY OF DEATH
Į į	GREATER BALTIMO	GREATER BALTIMORE MEDICAL CENTER				1			Balt	imore
DIRECTOR	10e. STATE 10b. COUNTY				Y, TOWN OR LO	CATION				10d. INSIDE CITY
	Maryland Balt	imore		10	wson	10f. ZIP CO	DE		1	1 - YES 2 X NO
FUNERAL	302 E. Joppa Rd					21204			U.S.	EN OF WHAT COUNTRY?
I E	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13. WAS I	ECENDENT	OF HISPANI	C ORIGIN? (Specify Yes	or No- 1	4. RACE — American Indians, Black, White, etc.
₽	3 Widowed 4 Divorced	IF YES, GIVE V			10	ES 2 NO	Specify	, Puerto Hican, atc.)		specify: White
Ī	15. OECEDENT'S EDUC (Specify only highest grade	completed)	(G	CEDENT'S	USUAL OCCUP work done during se retired.)	TION most of work	king	16b. KIND OF BU	SINESS/INDU	STRY
COMPLETED	Elementery/Secondary (0-12) 12 yrs	College (1-4 or 5	-)	me M				Own Ho	ome	
CO	17. FATHER'S NAME (First, Middle, Last)				-			RE (First, Middle, Malden	Sumame)	
BE	William 190. INFORMANT'S NAME (Type/Print)		Proctor				earl		Snyder	
2	Ronald E. Creamer							oute Number, City or Tow		Code)
	20e METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remo	oval from State	20b. PLACE	ND DATE	OF DISPOSITION					ty or Town, State
	4 Donellon 5 Other (Specify)		Dulan	iey V					onium	, Md.
	· They	1/	161		Ruck 1050	York	c Rd.	uneral Hon Towson. M	1d. 21	204
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Onset and Desth disease or condition resulting in death) Due to (or as a consequence of):									
z	was an arrest and	A	SCVK)	r):					30 YR
ATIO	Sequantially list conditions, if any, laading to immediata cause. Entar UNDERLYING	DUE TO	(OR AS A CONSEC	UENCE O	F):					
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST d.									
	PART II. Other algolificant conditions	contributing to	death but not re	sulting i	n the underly	ing cause	given in P	Part I. 24s. WAS AN PERFOR	AUTOPSY MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
: MEDICA	P/V	EUMO	MA					1 YES 2		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOODITAL				PLACE OF I	DEATH (Chec	k only one)		
IYSI	1 U YES 2 2 70		ER/Outpatient 3			ome 5 🗆 R	esidence 6	☐ Other (Specify)		
ву РНУ	1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, Da	INJURY sy, Year)	28b. TIMI INJ	URY	NJURY AT YORK? YES 2 [28d. DEŞCRIBE HOW II	NJURY OCCU	RED
8	3 Suicide 6 Could not be 4 Homicide datermined	26e. PLACE Of building,	F INJURY — At horetc. (Specify)	ne, farm, s	treel, lactory, of	lice		281. LOCATION (Street a City or Town, State)	nd Number or	Rural Route Number,
COMPLET	2 MEDICAL EXAMINER	IAN: To the best of : On the beste of ex	my knowledge, des amination end/or in	th occurre	d at the time, do	te end plece	e, end due to	o the ceuse(e) end men	ner ee stated	euse(e) end menner ee steted.
TO BE	296. SIGNATURE ON TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	COMPLETE	ND			29c. LIC	233/	PER P	29d. DATE S	SIGNED (Month, Day, Year)
	N. KOSENBLUM	63	01 1		Prim) HARL	EZ	ST	BAC	10	21212
	NOV 07 1991 Julia Savidson-Randoll									

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF H	EALTH AND I	MENTAL HYGII		301	s 4 0		
	1. DECEDENT'S NAME (First, Middle, Last) CHARLESE G	RAVES, SR				2. DATE OF DEATH			ME OF DEATH		
	4. SOCIAL SECURITY NUMBER 217–38–1590		I DINCE THE PROPERTY OF THE PR						E (State or Foreign		
TOR TOR	9a. FACILITY NAME (If not institution, give s	LTIMOR		9c. COUNTY	OF DEATH						
DIRECTOR		10b. COUNTY 10c. CITY, TOWN OR LOCATION							INSIDE CITY LIMITS? YES 2 NO		
FUNERAL	1919 W. Saratoga	Street		101.	ZIP CODE			N OF WHAT C			
B≺	11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	13. WAS DECE	cify Cuban, Mexican	IIC ORIGIN? (Specify n, Puerto Rican, etc.)	Yas or No 14	Black, White	nerican Indian, a, atc. Black		
COMPLETED	15. DECEOENT'S EOU (Specify only highest grade Elamentary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during mos	N t of working		ty Of Bal				
BE CO	17. FATHER'S NAME (First, Middle, Last) N/A				18. MOTHER'S NAI	ME (First, Middle, Maid	len Sumame)				
5	190. INFORMANT'S NAME (Type/Print) Emily Graves		4552 F	en Lucy R	Road Bal	timore, Md	iown, State, Zip Co 21229	ode)			
	20s. METHOD OF DISPOSITION 1 A Burial 2 Cremation 3 Ram 4 Donelion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	oval from State ceme	PLACE AND DATE OF Hery, crematory or othe King	Memorial	Park	11991	LOCATION — CITY Randallst				
	· Kown May	garet Ki	//	4	March F/H 300 Waha	West					
Z	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DUE TO (Oh AS A	the death. Do no ch fine.	t enter the mod	le of dying, such	n as cardiac or rec	spiratory arrest		Approximate Interval Between Onsat and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.										
MEDICAL	PART II. Other eignificant condition	cause given in I	Part I. 24a. WAS. PERF 1 VES	AN AUTOPSY ORMED? 2 440	AVAILA COMPI OF DE	AUTOPSY FINDINGS ABLE PRIOR TO LETION OF CAUSE ATH? YES 2 NO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? X (A) YES 2 \(\subseteq NO	HOSPITAL: 1 Inpatient 2 ER/Outpet			CE OF DEATH (Che	ck only one) 8 Other (Specify)					
ETED BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined	MANNER OF DEATH Netural 5 Pending						28d. DEŞCRİBE HOW INJURY OCCURED SUBJECT HANGED SELF 281. LOCATION (Street and Number or Rural Route Number,			
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSII 2X MEDICAL EXAMINE	CIAN: To the best of my knowle R: On the basis of examination	dge, death occurred end/or investigation,	at the time, data a	ind place, and due t	to the cause(s) and n	nanner as stated,		nanner as stated,		
BE	29b. SIGHTURE AND TITLE OF CENTIFIER				29c. LICENSE NUM OCMI	BER	29d. DATE SI				
ТО	M1411100 1.160	COMPLETED CAUSE OF OEAT	PENN S		BALT	IMORE, MA	ARYLANI	D 21	201		
	NOV 07 1991 July	32. REGISTRAR'S SIGNAT									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within eximinate death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

30441 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 04 DAY 91 11 John F, Humphrey 6:55 P. 8. BIRTHPLACE (State or Foreign Country) 7. DATE OF BIRTH (Morth, Day, Year) 05-25-22 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 230-18-3712 1X M 2 F 69 North Carolina 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Solomons Nursing Center Prince Frederick Calvert RESIDENCE OF DECEDENT 10d. INSIDE CITY 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10e. STATE Calvert Md. Lusby 1 TYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 11600 Big Bear Lane 20657 USA 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cuban, Mexican, Pu 1 YES 2 NO Specify: 1 Never Married 2 Married Specify: White BY 3 Widowed 4 X Divorced ETED | 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY live kind of work done during most of working.
Do NOT use retired.)
Custodian (Specify only highest grade compl Elementary/Secondary (0-12) Collega (1-4 or 5+) County Government COMPL ? 17. FATHER'S NAME (First, Middle, Last) Humphery 18. MOTHER'S NAME (First, Middle, Maiden Surname) Leleah Dollar 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 8235 Fairwood Dr. Pasadena, Md. 21122 Chester Beatty 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State P☐ Buriel 2 ☐ Cremation 3 ☐ Removal from State
4 ☐ Dongtion 5 ☐ Other (Specify) 11/8/91 Shipley Cemetery Sullivan Co., Tenn. 22. NAME AND ADDRESS OF FACILITY
Bruzdzinski Funeral Home PA 21. SIGNATURE OF FUNERAL SERVICE LICENSE 1407 Eastern Ave. Baltimore, Md. 21221 23. PART i. Enter the diseases, or complications that caused the death. Do not antar tha mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on sech line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition resulting in death) SEPSIS 24 hours DUE TO (OR AS A CONSEQUENCE OF): 4 years CARCINOMA PROSTATE WITH METS CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING 4 years ANEMIA CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL COMPLETION OF CAUSE 1 YES 2 XNO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 TYES 2 NO ng Home 5 🗆 Residence 6 🗆 Other (Specify) 4 KNurs 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 27. MANNER OF DEATH 28d. DEŞCRIBE HOW INJURY OCCURED 28b. TIME OF 1 Natural
2 Accident 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER

**Complement of the course o 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D 36969 D1114191 PHYSICIAN 2 203B4 WHO COMPLETED, CAUSE OF DEATH (ITEM 27) (Type, Print)

11840 H.G. TRUMAN RO

MATHEW

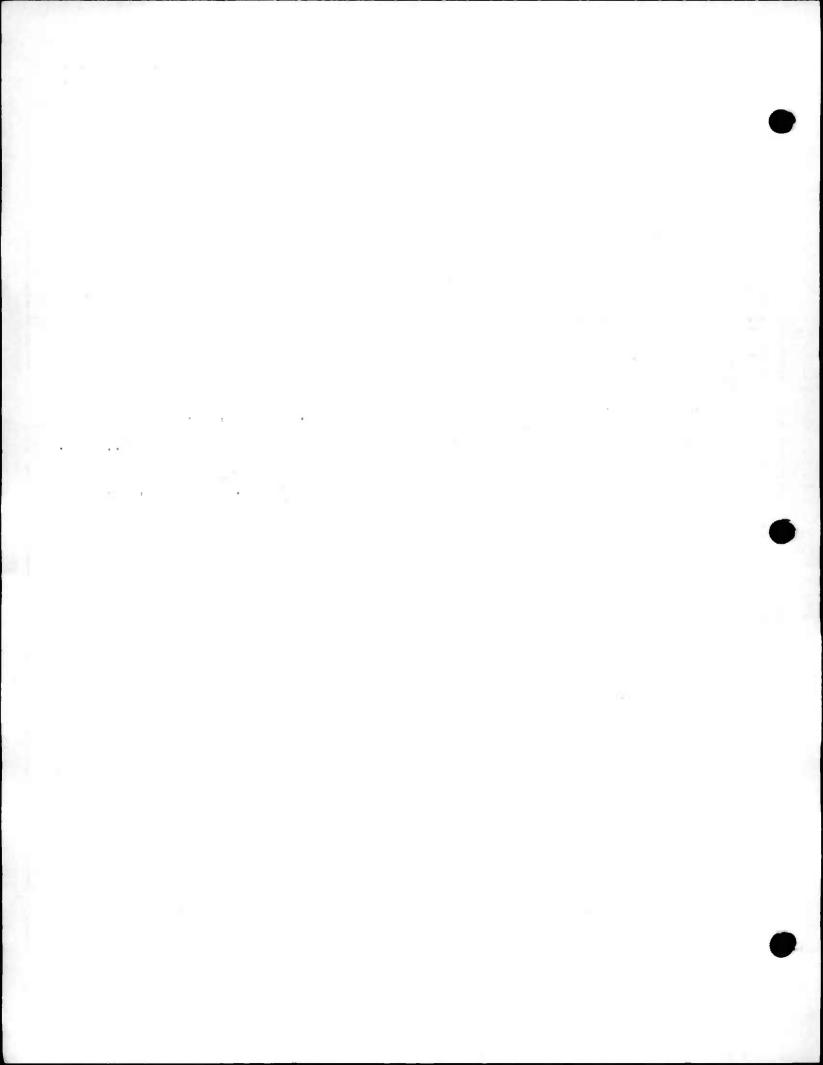
3. REGISTRAP'S SIGNATURE the Day doon - Handall

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FOR

BALTIMORE, MARYLAND 21215-0020 ours after death. Page 6 may be retained by the hospital or atten-TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or #TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Items:23 part I & II,27 per MEO 11/21/91 G-681 reb
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- REGISTRAR		CERTIF	ICATE OF	DEATH	REC	G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) RAYMOND B. 1	HOLLOMAN				2. DATE OF DE	ATH	OVENE !	3. TIME OF DEATH 5:30 P
	4. SOCIAL SECURITY NUMBER 212-58-5002	1 🖫 M 2 🗆 F 3	E (In yrs. lest birthday) 9 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day, JUNE 27	Year)	Countr	IPLACE (State or Foreign ov) TH CAROLINA
DIRECTOR	9a. FACILITY NAME (if not institution, give: 1702 WILKIN	96. CITY, TOWN BA	TIMORE	EATH		UNTY OF D			
띮	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Υ	10c, C/T	Y, TOWN OR LOCA	TION				10d. INSIDE CITY
	MARYLAND	ALTIMORI					LIMITS?		
FUNERAL	100. STREET AND NUMBER 1702 WILKENS AV	10	21223			S.A.	WHAT COUNTRY?		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	If yea, sp	ENDENT OF HISPA ecify Cuban, Maxic 2 X NO Speci	an, Puarto Rican, a	olfy Yea or No —	Black	E — American Indian, k, White, atc. lly: WHITE		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	ICATION e completed) College (1-4 or 5 +)	18a. DECEDENT'S (Give kind of life. Do NOT us	USUAL OCCUPATION work done during mose retired.)	ON st of working	16b. KINO	OF BUSINESS/IN	IDUSTRY	
MPL	9TH GRADE		RODMAN	(IRONWOF	K)	IRON			
00	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, i			
BE	RAYMOND R. HOL	LOMAN	Service and the service and th			MA CHAVI			
2	JACK HOLLOMAN			WILKENS					22
	20a. METHOD OF DISPOSITION 1 □XBurlal 2 □ Cremation 3 □ Ram		1702	OF DISPOSITION (Ne			Oc. LOCATION -		
	4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIE		LOUDON PA	RK CEMET	ERY	11/9	BALTIN	MORE	
	Vamilla	7/	/	HUBBA	RD FUNE	RAL HOME		0.0.0	MD. 21229
VTION	23. PART I. Enter the diseasea, or complications that caused the deeth. Do not enter the mode of dying, auch as cerdiec or reapiratory arrest, about, or heert feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Due to (or as a consequence of): Sequentially list conditione, if any, leeding to immediate Due to (or as a consequence of):								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST	c DUE TO (DR AS	S A CONSEQUENCE OF	F):					
	PART II. Other significent condition	is contributing to deeth	but not resulting	in the underlying	cause given in	Pert I. 24a. W	AS AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	Fatty metamo					I P	ERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch	heck only one)		1	
YSI	XX YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/O	utpetient 3 DOA	OTHER: 4 Nursing Hom	A X Rasidenca	8 Other (Specif	(y)		
ВУ РН	27. MANNER OF DEATH Natural 5 Pending Accident Investigation	28a. DATE OF INJUR (Month, Day, Year		URY WO	JRY AT RK? ES 2 ND	28d. DESCRIBE	HOW INJURY O	CURED	
	3 Suicide 8 Could not be detarmined	28e. PLACE OF INJUI building, atc. (Sp	RY — At home, term, a pecify)	street, factory, offic	1	28f. LOCATION (City or Town,	Street and Numbe State)	er or Rural R	loute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICAL EXAMINE	ICIAN: To the beat of my kno	owledge, death occurre	ed at the time, date	and place, and due	to the cause(a) as	nd manner as ata	ated. the cause(a)	and manner as stated.
띪	396. SIGNATURE AND TITLE OF CERTIFIE	D			29c. LICENSE NUI		29d. DA1		(Month, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF I	DEATH (ITEM 27) (Type,	Print)	- OOM	E #47	1 1	,	1991
-	A.M. D(XON 31. DATE FILED (MONTH, Day, Warr)	37. HEQISTRAN'S SIG	DNATURE	TREET	BAL	TIMORE	, MARYI	LAND	21201
	NOV 07 1991	gelia Davidson	- Andrese						

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

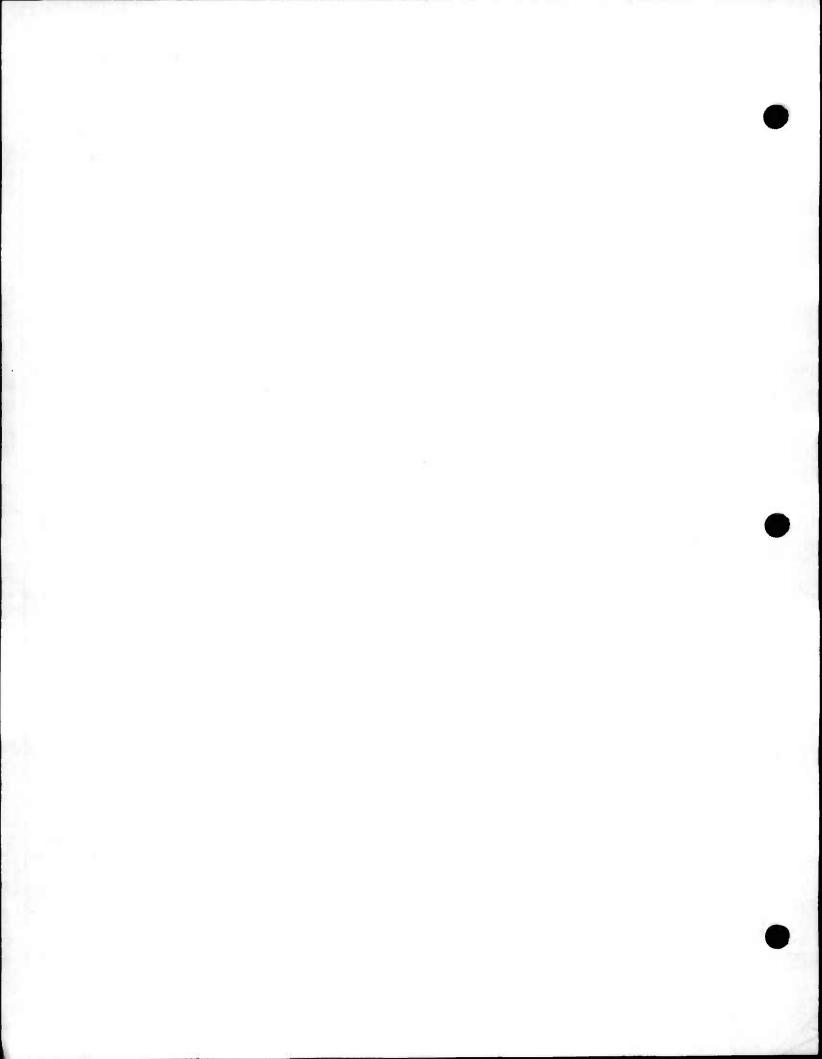
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

OFFICIAL OF DEATH	FOR STATE REGISTRAR	TAL HYGIENE
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	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	3. TIME OF DEATH				
	JAMES HUMPHRE	Y		10 27	91 11:20 PM				
			UNDER 1 YEAR IF UNDER 24 HRS.		8. BIRTHPLACE (State or Foreign				
	220-11-7471 ¹\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		NTHS DAYS HOURS MIN.	(Month Day Year)	909 Georgetown				
~	9a. FACILITY NAME (If not institution, give street and number)	96	CITY, TOWN OR LOCATION OF D	EATH 9c.	COUNTY OF DEATH				
DIRECTOR	SPELLMAN NURSING CARE CENTER	C	HEVERLY	PR PR	INCE GEORGE'S				
Ĭ Į	10a. STATE 10b. COUNTY	10c. CITY, TO	OWN OR LOCATION		10d. INSIDE CITY LIMITS?				
	Maryland Prince George's	Cheve			1 X YES 2 NO				
FUNERAL	100. STREET AND NUMBER 6341 Landover Rd #202		101. ZIP COOE 20785		CITIZEN OF WHAT COUNTRY?				
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER FORCES? 1 YE FORCES? 1 YE IF YES, GIVE WAR OR	IN U.S. ARMED S 2 ZINO DATES	13. WAS DECENDENT OF HISPAI If yes, specify Cuben, Maxica 1 YES 2XXNO Specif	in, Puerto Rican, atc.)	o- 14. RACE - American Indian, Black, Whife, afc. Specify: Black				
	15. DECEOENT'S EDUCATION	16a. DECEDENT'S USU	JAL OCCUPATION	16b. KIND OF BUSINES:					
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)		done during most of working tired.)						
MP	3rd 17. FATHER'S NAME (First, Middle, Last)	Ferry Bo	at Controller						
				ME (First, Middle, Maiden Surna) a Fisher	me)				
BE	Leonard Humphrey 19a. INFORMANT'S NAME (Type/Print)	401 4441 1110 40	ORESS (Street and Number or Rural						
임	Othelia Humphrey		ndover Rd #202						
		Ob. PLACE AND DATE OF D			N — City or Town, Stata				
			nine-i		lover. MD				
1	21. BIGMATURE OF PUNERAL SERVICE LICENSEE	,	22. NAME AND ADDRESS OF FA	CILITY					
	MANUG. MO	11			ash., DC 20020				
	23. PART /. Enter the diseases, or complications that seus	ed the death. Do not	enter the mode of dying, suc	h as cardlec or reapirator	y errest, Approximate				
	shock, or heart fellure. List only one cause on	aech line.			Intervel Between				
	disease or condition								
	DUE TO (OR AS A CONSEQUENCE OF): Pt. WAS NO CODE (DNR.)								
CERTIFICATION	Sequentially list conditions,								
\¥	if any, leading to immediate cause. Enter UNDERLYING								
Ĕ	CAUSE (Disease or Injury that initiated events OUE TO (OR AS A COMSEQUENCE OF):								
ERT	resulting in death) LAST	'slive	reart A	outure.	;				
	PART II. Other eignificent conditions contributing to death	but not redulting in ti	he underlying cause given in	Part I. 24s. WAS AN AUTO	PSY 24b. WERE AUTOPSY FINDINGS				
EDICAL	Deneulia. Ind-	Woder	1: diagrash	PERFORMED?	AMAILABLE PRIOR TO				
	Coticenno por	1-204	To Vicenci	1 - YES 2 0	O DF DEATH?				
. M	Agi Intigral	1 0000	Magao		1 USF 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF OEATH (Ch	eck only one)					
Sic	EXAMINER? 1 YES 2 NO 1 Inpution 2 ER/O	utpetient 3 DOA	HER:						
H	27. MANNER OF DEATH 28a. DATE OF INJUR	Y 28b. TIME OF	F 28c, INJURY AT	28d. DESCRIBE HOW INJURY	OCCURED				
	1 Netural 5 Pending (Month, Day, Year) INJURY	WORK?						
ВУ	3 Suicide 28a. PLACE OF INJU	RY — At home, farm, stree		28f. LOCATION (Street and Nu	Imber or Rural Route Number				
ETED	4 Homicide determined building, atc. (S	secify)		City or Town, State)	-				
7	29e. CERTIFIER (Check only (Check only 1) CERTIFYING PHYSICIAN: To the best of my kne	owledge, death occurred at	the time date and place, and due	to the cause(s) and magnes of	and a second				
COMPL	(Check only one)								
	29b. SIGNATURE AND TITLE OF CERTIFICATION		29c, LICENSE NUI		DATE SIGNED (Moret) Day, Year)				
) BE	S Janolalla 190	to, M	D h D-3	4525	10/28/01.				
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Prin	TOS NAPY MY	=10=1-	110 00770				
	31. DATE FILED (Month, Day, Year) 32 REGISTER'S SK	CWHY;	# 1 INKE	ENISCHI	11/10-20110				
-	NOV 07 1991 June Davids	n-Handell							





DHMH-16 Rev 1/89

The are requires that the death certificate be executed within 24-hours after death. Page 6 may be retained by the hospital or attending physician.

Since has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should state bear, of Health and Mental Mygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDED TO THE FUNERAL DIRECTION AND be filed within 72 hours after the IMPORTANT: If Item 28 is man MOISIAID

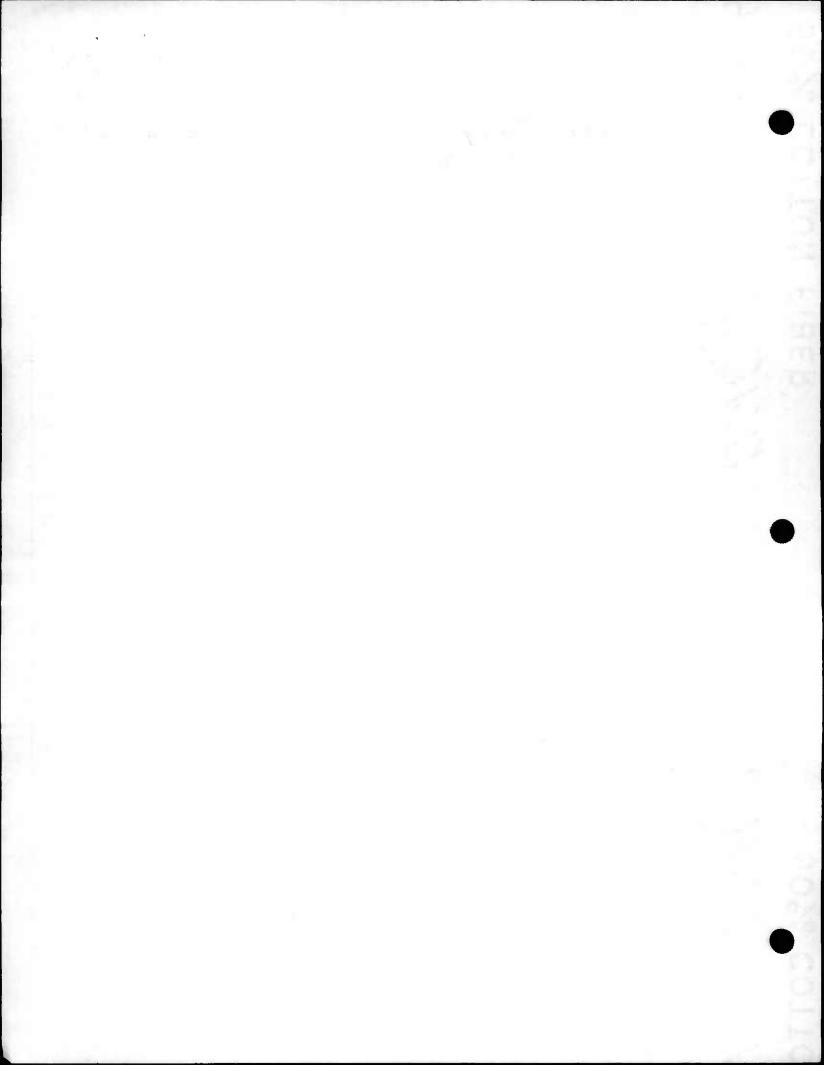
or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARY	AND / DEPAI CERTIF					MENTAL HYGIEN REG. NO		J	Odda
	1. DECEDENT'S NAME (First, Middle, Last)	JANEN		IOAIL	0.	DEA		2. DATE OF DEATH	ž (YEAR	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER 213-34-6577	5. SEX 1 M 2 KF	(In yrs. last birthday) YRS.	MONTHS	DAYS	IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Year)		Country	irginia
TOR	9a. FACILITY NAME (If not institution, give st	reduced (in	\	9b. CITY, 1	-	R LOCATI		ATH	9c. COU	NTY OF DE	Almore
DIRECTOR	Maryland 10b. county		-	TY, TOWN OR altin							10d. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	3230 Tioga Pa	rkway		Low			215			USA	HAT COUNTRY?
Β¥	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 K) NO	10.5	yes, spe	city Cube	n, Maxicar Specify	IC ORIGIN? (Specify Ye 1, Puarto Rican, etc.)	a or No	Black, Specify	- American Indian, White, etc.
LETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	Ilfo. Do NOT	work done du use retired.)	uring mod	et of world	Ĭ	18b, KIND OF BU			
E COMPL	High School 17. FATHER'S NAME (First, Middle, Last) John Massev		I Cus	todia	an		HER'S NA	Balto (ME(First, Middle, Meide) ude Simm	1 Sumame)	Pub	lic Schoo
TO BE	19a. INFORMANT'S NAME (Type/Print) John Janey						or Rural F	Toute Number, City or To	wn, State, Zi		21215
	29s. METHOD OF DISPOSITION AND Burla! 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometer); cramatory or other place) MD Nat'l Memorial Park Laurel, Maryland										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Really 22. NAME AND ADDRESS OF FACILITY Mutter Funeral Homes in 2501 Gwynns Falls Parkway Baltimore, Maryland 21216									. Homes inc	
	23. PART I. Enter the diseases, or complications that caused the death. to not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO									WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	toottoot 3 🗆 DOA	OTHER	:			eck only one)			
ву Рну	27. MANNER OF DEATH 1 Natural 6 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b, Ti		26c. INJ			6 ☐ Other (Specify) 28d. DE\$CRIBE HOW	INJURY OC	CUREO	
G	3 Suicide 6 Could not be determined	28e. PLACE OF INJUR building, etc. (Sp	tY — At home, farm ec/ly)	, street, factor	ry, office			261, LOCATION (Street City or Town, State	and Numbe	r or Rural R	oute Number,
COMPLET		CIAN: To the best of my kno									and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIES	llens ~	0			29c. LIC	ENSE NUM	18ER 2.57	29d. DA	signed	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WH		DEATH (ITEM 27) (Ty)		h	2,1	P N.			1 1	

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randell

51. DATE FILED (Month, Day, Year)

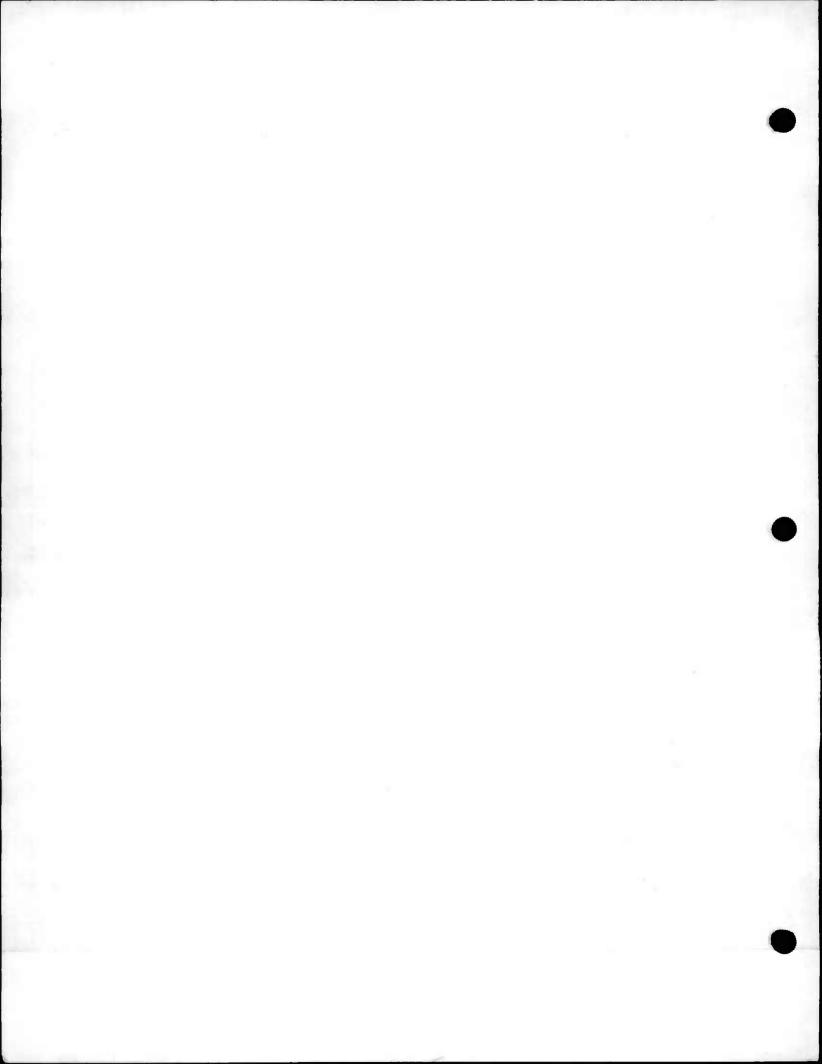
1991



STATE OF	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
	CE	ERTIFICATE	O	F DEAT	TH		REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPART	MENT OF HEALTH AND I	MENTAL HYGIEN	E	00440				
	1. DECEDENT'S NAME (First, Middle, Last)	10111501		2. DATE OF DEATH DA	Y YE	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 5	S. SEX 8. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	Z DATE OF BIRTH	1991	1.47 P M				
	210 01 -204	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	IF UNDER 1 YEAR IF UNDER 24 HRS. HOURS MIN.	(Month, Day, Year) - (ountry) Md				
R	Balt) Co Gen	eral Hospital	Randalls tou		9c. COUNTY	OF DEATH				
S	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	I the CITY	TOWN OR LOCATION			10d. INSIDE CITY				
DIRECTOR	Md					LIMITS?				
FUNERAL	10a. STREET AND NUMBER	les Curile	101. ZIP CODE	380	10g. CITIZEN	OF WHAT COUNTRY?				
UN.	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 ☐ YES 2 (X)NO	13. WAS DECENDENT OF HISPAI If yes, specify Cuban, Mexica		or No- 14.	RACE — American Indian, Black, White, etc.				
BY	1 X Never Married 2 Married 3 Widowed 4 Divorced	IF YES, OIVE WAR OR DATES	1 YES 2 NO Specifi		1	specify: Black				
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co		rk done during most of working	16b. KIND OF BUS	SINESS/INDUST	ЯY				
PLE	Elamentary/Secondary (0-12)	College (1-4 or 5+)								
8	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)					
H (190. INFORMANT'S NAME PApe/Print)) n S un	DDRESS (Street and Number or Rural	Boute Number City or Tow	Taur	(6) , 7/208				
2	Cyd Reed	460	O Debilen	Circle A	otc	Baltond				
!	20a. METHÔD OF DISPOSITION 1 Burial 2 Cremation 3 Removi 4 Donation 5 Other (Specify)	al from State	FION (Name of cometery, cremetery or G MOM POLY	the Ra	hdalls	or Town, State				
	21. SIGNATURE OF FUNERAL SERVICE LICEN	(SEC)	22. NAME AND ADDRESS OF FA	CILITY 4 11 10 st	-					
	Turley	Chron	riacci = 1-	4300 1	labo	sh Ave				
	shock, or heart fellure. Lis	mplications that caused the death. Do no at only one cause on each line.	it enter the mode of dying, suc	ch'ea cerdiec or reap	iratory arreat,	Approximete Interval Between Onset and Deeth				
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	acoust 1 Inmon 200	in Syndom	,		1 Ve				
	Due TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
S	CAUSE (Disease or Injury									
H	that initiated events reaulting in death) LAST	bue to (on as a consequence or).								
	PART II. Other algnificant conditions	contributing to death but not resulting in	the underlying cause given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS				
SICAL	Can Do	essu.		PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
MED	Ment	Medicin				1 TYES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C	heck anth age)						
SIC			OTHER: 4 Nursing Home 5 Residence							
F	27. MANNER OF DEATH 1 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year) 28b. TIME INJU	RY WORK?	28d, DESCRIBE HOW	NJURY OCCUR	ED				
BY	2 Accident Investigation	investigation M 1 VES 2 NO 28 PLACE OF IN HIDY At home from stead feature effice. 28 PLACE OF IN HIDY At home from stead feature effice.								
E	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Specify)		City or Town, State						
COMPLETED	Corner ormy	AN: To the best of my knowledge, death occurred								
8	MEDICAL EXAMINER:	On the basis of examination and/or investigation								
BE	296. SIGNATURE AND TITLE OF CERTIFIER	Ready Made 1 12 Jane	29c, LICENSE NU	2 (I	PA A	ONED (Month, Day, Year)				
10	30. NAME ON ADDRESS OF PURSON WHO	COMPLETED CAUSE OF DEATH (ITEM 27) (Type,	Print)	40	1 11/16					
	STANKEY 2 GO SON	1/32. REGISTRAR'S SIGNATURE	Charaft IN	52_						
	101 07 1001 Lilia	Milan Bando DO								





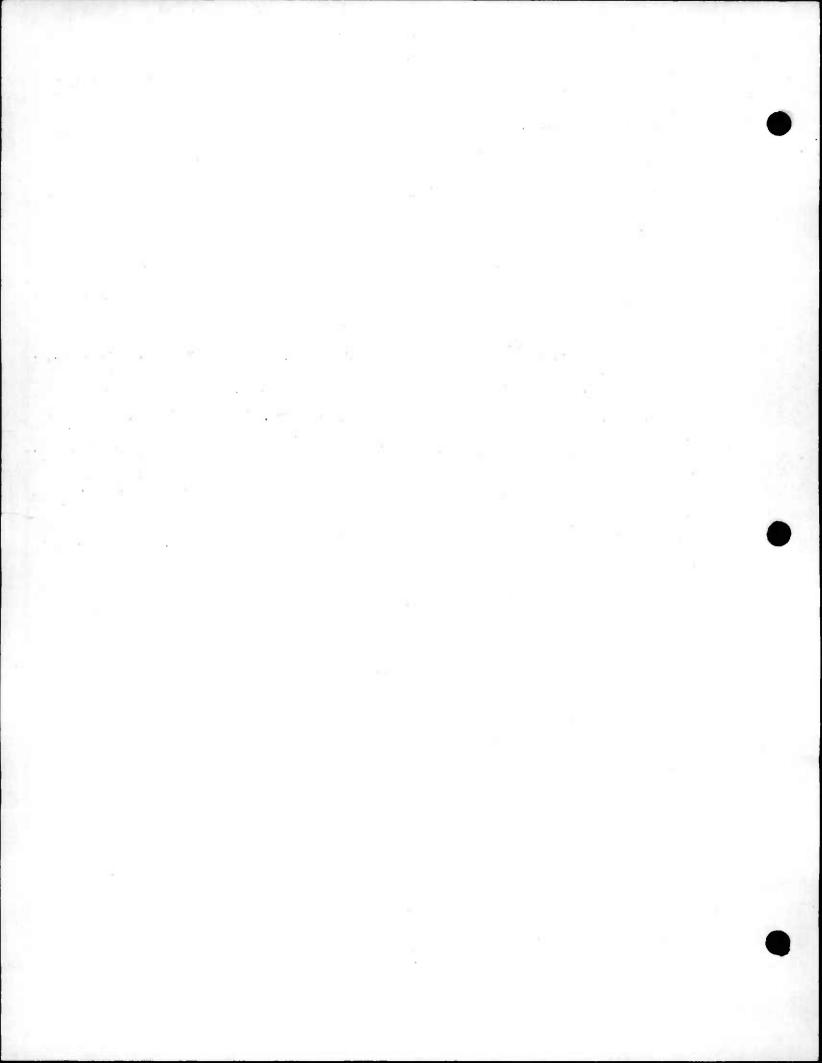
THE FORTHAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the by the completely filled in by the funeral director, page 5 should be detached for use as the by the completely filled in by the funeral director, page 5 should be detached for use as the by the completely filled in by the funeral director, page 5 should be detached for use as the by the completely filled in by the major, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1. DECEDENT'S NA	ME (First, Middle, Last)	inda Ha		ertif n Ja				1	2. DATE OF C	EATH DAY	,	5 ⁴ 9	TIME OF DEATH
4. SOCIAL SECURIT		5. SEX	6. AGE (In yrs. Is	ast birthday)	IF UNDER	1 YEAR	IF UNDER 2		7. DATE OF B	Magel			CE (State or Foreign
	2-7173	1 M 2 XF	48	YRS.			N/S		9-16	-43		ashi	ngton I
	County		Hospi	tal		r, town of	ia.	N OF DEAT	TH		Howa:		Н
RESIDENCE C	F DECEDENT	~		T	Y. TOWN	20120							
Maryl	2000	oward		10.00	olur								I. INSIDE CITY LIMITS? YES 2 NO
10e. STREET AND N	UMBER					101	ZIP CODE				10g. CITIZE	-	COUNTRY?
	Castlem	ore Dr.					2104	4		à	Ű.	SA	
11. MARITAL STATU 1 Never Married 3 Wildowed 4	2 Merried		TEVER IN U.S. A YES 2 NAR OR DATES	NO		If yes, spe		, Mexican,	ORIGIN? (S) Puerto Rican		or No — 1		American Indian, hite, etc. hite
(Sp	15. DECEDENT'S EDU		16a. D	ECEDENT'S Give kind of fe. Do NOT u	USUAL O	CCUPATIO	IN st of working		16b. KIN	OF BUSI	NESS/INDU	TRY	
Elementary/Seco		.S. Sci	ence "				rvis		H	יינ חוודר	3 (10	SII	n Newsp
17. FATHER'S NAME		, b, bcl	ence	Dal	.es .	supe			E (First, Middle			. Du	II Newst
Walt	er E. H	anneman	n) Ha	nnemann
19a. INFORMANT'S			1	9b. MAILING	ADDRES	S (Street a	nd Number o	or Rural Ro	ute Number, C	ity or Town	State, Zip C	ode)	040
	Walter E. Hannemann 1109 Kirkland Ave. Takoma Pk Md.20912												
20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. Location — city 1 M Burisi 2 Cremation 3 Removal from Stata 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. Location — city Story Places Ohn's Cemetery Ellicometers													
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Slack Funeral Ellicott City,							Home Md.						
23. PART I. Ente	or the diseases, or ck, or heart failure.	complications the	st caused the duse on each lin	deeth. Do	not enter	r the mo	de of dyln	g, such	ss cerdiec	or respir	etory arres	st,	Approximate Interval Between
IMMEDIATE CAL		0											
disesse or cond	ntion			5	= 17								
		O. Ker	OR AS A CONS	EOUENCE C	F91)	ark							S 224>
disesse or cond resulting in dear	th)	a AZC	Pirato OR AS A CONSI	EOUENCE C	F9:)	476	-1115	+ 6r	120	frm	· 1 4 4 -	₹	
disesse or cond resulting in das Sequentially list if any, leading to	conditions,	b. Res	OR AS A CONS	EOUENCE O	, Ç ,	142		160	ders	frm	of co	₹	5 2242
disesse or cond resulting in dasa Sequentially list	conditions, o immediate IDERLYING or Injury	3 5 A 2 C	O (OR AS A CONSI	EOUENCE O	F:	142		x 600	125	m e f	· f c.	₩	5 2242
disesse or cond resulting in dear Sequentially list if any, leading to cause. Enter UN CAUSE (Disease	conditions, o immediate in incention or injury ents	3 5 A 2 C	OR AS A CONS	EOUENCE O	F:	142		x 600	125	f s m	of co	¥	5 2242
disease or condresulting in dear Sequentially list if sny, leading to cause. Enter UN CAUSE (Disease that initiated ev- resulting in dear	conditions, o immediate in incention or injury ents	b. A & E OUE TO C. DUE TO d.	O (OR AS A CONSI	EOUENCE O	OF):	1347	k .			M s AM.			5 2242
Sequentielly list if sny, leading to cause. Enter UN CAUSE (Disease that initiated ew resulting in dear	conditions, o immediate IDERLYING or Injury ents th) LAST	b. A & c DUE TO d	O (OR AS A CONSI	EOUENCE O	OF):	n' v (r	k .		art 1. 24s	. WAS AN /	NUTOPSY MED?	24b. WE	S 2 ~ 4 > 2 Y F > 2 Y
Sequentielly list if sny, leading to cause. Enter UN CAUSE (Disease that initiated ew resulting in dear	conditions, o immediate IDERLYING or Injury ents th) LAST	b. A & c DUE TO d	O (OR AS A CONSI	EOUENCE O	OF):	n' v (r	k .		art 1. 24s	. WAS AN	NUTOPSY MED?	24b. WE AM CCC	S 247) 2 Yr) RE AUTOPSY FINDING TO
Sequentielly list if sny, leading to cause. Enter UN CAUSE (Disease that initieted eversuiting in deal PART II. Other a Part II.	conditions, o immediate IDERLYING or Injury ents th) LAST	b. A & c DUE TO d	O (OR AS A CONSI	EOUENCE O	OF):	n' v (r	k .		art 1. 24s	. WAS AN /	NUTOPSY MED?	24b. WE AM CCC	S 2 ~ 4 > 2 Y F > 2 Y
Sequentially list if sny, leading to cause. Enter UN CAUSE (Disease that initiated ew resulting in deal PART II. Other s	conditions, o immediate iDERLYING or Injury ents th) LAST	b. A & c DUE TO d	O CARCIÓN O COR AS A CONSI O COR AS A CONSI	EDUENCE O	of): In the unit of the unit o	nderlying 26. PL	g cause gl	Iven in Pr	art I. 24a 1 [. WAS AN A PERFORI	NUTOPSY MED?	24b. WE AM CCC	S 2 ~ 4 > 2 Y F > 2 Y
Sequentielly list if sny, leading to cause. Enter UN CAUSE (Disease that initiated eweresulting in deal PART II. Other a Parc.	conditions, o immediate incomplet	b. A & c DUE TO c. DUE TO d	O (OR AS A CONSI	EOUENCE C	OFF): In the unit of the unit	nderlying	g cause gl	ATH (Chec. 8	art I. 24e 1 [k only one)	. WAS AN A PERFORI	WTOPSY MED? YNO	24b, WB AM CCC OF	S 2 ~ 4 > 2 Y F > 2 Y
Sequentially list if any, leading to cause. Enter UN CAUSE (Disease that initiated eversuiting in deal PART II. Other a Part III. Other a Part III. Othe	conditions, o immediate IDERLYING or Injury ents th) LAST Identificant condition of the co	b. A & c DUE TO c. DUE TO d	O COR AS A CONSI	EOUENCE C	OFF): In the unit of the unit	nderlying 26. PL R: rsing Hom 28c. INJ	ACE OF DE	ATH (Chec.	art I. 24a 1 [. WAS AN A PERFORI	WTOPSY MED? YNO	24b, WB AM CCC OF	S 2 ~ 4 > 2 Y F > 2 Y
Sequentially list if smy, leading to cause. Enter UN CAUSE (Disease that initiated expressions) PART II. Other a Part Cause. EXAMINER? 1 YES 2 MANNER OF DE	conditions, o immediate incomplet	b. DUE TO DUE TO d	O (OR AS A CONSI	EOUENCE O	OF): In the under the second of the second	nderlying 26. Pt R: rsing Hom 28. INJ WO 1 □ 1	ACE OF DE	ATH (Chec	art I. 24e 1 [. WAS AN II PERFORI PERFORI VES 2 Octivity BE HOW IN	NUTOPSY MED?	24b. WE AM CCC OF	ERE AUTOPSY FINDINAL ABLE PRIOR TO MPLETION DF CAUSE DEATH? YES 2 NO
Sequentially list if smy, leading to cause. Enter UN CAUSE (Disease that initiated eversuiting in deal PART II. Other a Part III. Other a	conditions, o immediate IDERLYING or Injury ents th) LAST Significant condition of the cond	b. DUE TO C. DUE TO d	OF INJURY — At I., atc. (Specify)	EOUENCE C	OTHE 4 Nu ME OF JUURY M	26. PL R: rsing Hom 1 Utory, office	ACE OF DE 5 G Ree KY AT RK? (ES 2 G	ATH (Chec	art I. 24a 1 [Other (Sp 28d. DESCRII City or 76	. WAS AN A PERFORI PERFORI PER 2 PER	JUTOPSY MED? JANO JURY OCCU	24b. WE AM CC OF 1 (S 2 443
Sequentially list if smy, leading to cause. Enter UN CAUSE (Disease that initiated ew resulting in deal PART II. Other a PART II. Other a PART II. Other a PART II. Other a PART II. Other a PART II. Other a PART II. Other a PART II. Other a PART II. Other a PART II. Other a PART II. Other a PART II. Other a PART II. Other a PART II. Other a PART II. Other a PART II. Other a PART III. Other a PART II. Other a PART III. Other III. Other a PART III. Other III. Othe	conditions, o immediate possible in the immediate possible in the immediate possible in the immediate possible in the immediate possible in the immediate possible investigation as Certifying Physical Certifying Physical Certifying Physical Immediate physical Certifying Physical Certifying Physical Certifying Physical Certifying Physical Certifying Physical Certifying Physical Certifying Physical Certifying Physical Certifying Physical Certifying Physical Certifying Physical Certifying Physical Certifying Physical Certifying Physical Certification (Certification Certific	b. DUE TO DUE TO d	OF INJURY — At I	EOUENCE C	OTHE 4 Nu ME OF JURY M	26. PL R: rsing Hom 28c. INJ 1	ACE OF DE 5 Res 5 Res 6 2 and place,	ATH (Chec	art I. 24a 1 [Other (Sp City or 76	. WAS AN A PERFORI PERFORI YES 2 ocity) BE HOW IN N (Street airwn, State)	JURY OCCU	24b. WE AM CC OF 1 / 1	ERE AUTOPSY FINDIN ARLABLE PRIOR TO MMPLETION DF CAUS DEATH? YES 2 NO
Sequentielly list if sny, leading to cause. Enter UN CAUSE (Disease that initieted ever resulting in deal PART II. Other a Part II. Other a Part III. Other	conditions, o immediate possible in the immediate possible in the immediate possible in the immediate possible in the immediate possible in the immediate possible investigation as Certifying Physical Certifying Physical Certifying Physical Immediate physical Certifying Physical Certifying Physical Certifying Physical Certifying Physical Certifying Physical Certifying Physical Certifying Physical Certifying Physical Certifying Physical Certifying Physical Certifying Physical Certifying Physical Certifying Physical Certifying Physical Certification (Certification Certific	b. DUE TO C. DUE TO d	OF INJURY — At I	EOUENCE C	OTHE 4 Nu ME OF JURY M	26. PL R: rsing Hom 28c. INJ 1	ACE OF DE 5 Res 5 Res 6 2 and place,	ATH (Chec. 8 : NO : and due to d at the ti	art I. 24a 1 [Other (Sp 226d, DESCRII 226f, LOCATIO City or 76 the cause(a me, data end	. WAS AN A PERFORI PERFORI YES 2 ocity) BE HOW IN N (Street airwn, State)	JURY OCCU	24b. WE AM CCC OF 1 1 RED	RE AUTOPSY FINDIN ARLABLE PRIOR TO MMPLETION DF CAUS DEATH? YES 2 NO

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22-peasing a general and the

31. DATE FILED (MONTH). Desymptosis 1991



BALTIMORE, MARYLAND 21203-

met permit. Pages 1, 2, 3 should

examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
e funeral director, page 5 should be detached for un	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for un
death. Page 6 may be retained by the hospital or	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 acres after death. Page 6 may be retained by the hospital of

CAROLINA CUSTODIO,

31. DATE FILEO (Month, Day, Year)
NOV 0 7 1991

M.D.,

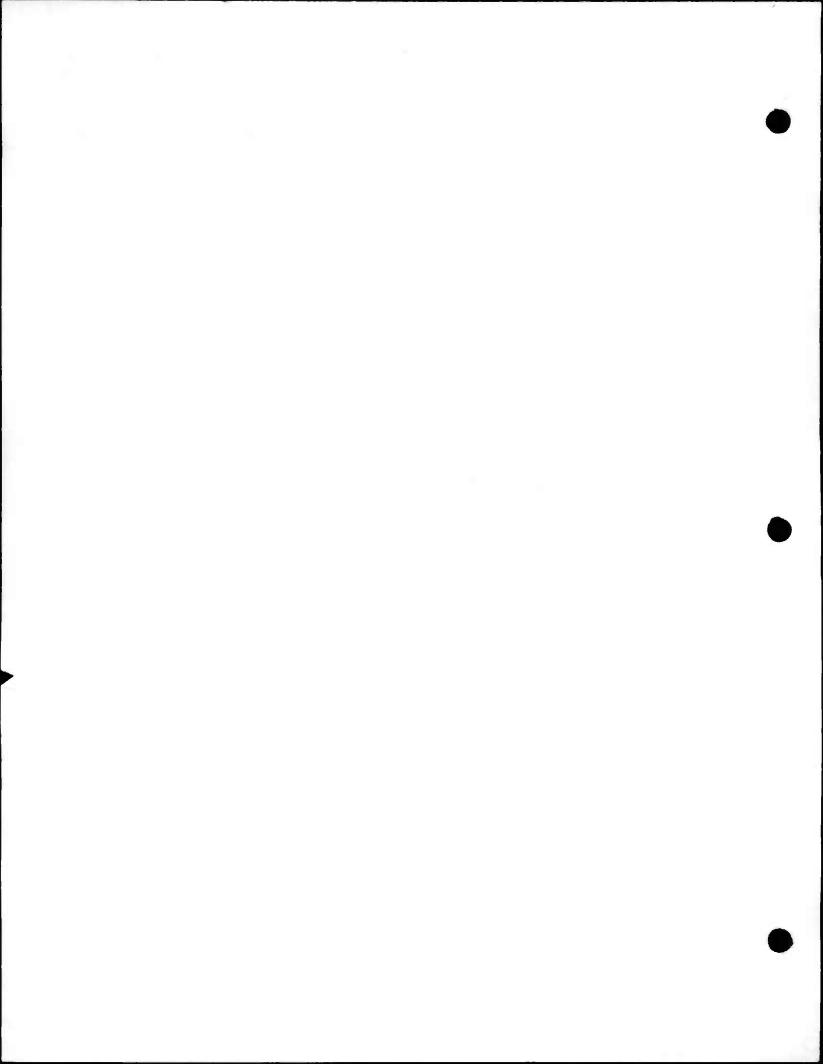
32. REGISTRAR'S SIGNATURE

	LWE :						91	30441		
	FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH DA	Y YE	3. TIME OF DEATH		
	JAMES WILLIAM JOHNS					NOVEMBER !	5 1991	8:30 Am		
		E M 2 □ F	yrs. lest birthday) 61 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) 02-10-30	0	SHITHPLACE (State or Foreign country) ARYLAND		
TOR	VA MEDICAL CENTER 1			FORT HO		Ain	BALTIN			
DIRECTOR	10e. STATE 10b. COUNTY MARYLAND BALTIMO	ORE		Y, TOWN OR LOCAT	TION			10d. INSIDE CITY LIMITS? 1 YES 2XX NO		
VERAL	10e. STREET AND NUMBER 4436 SCOTIA ROAD				21227		U.S.A			
BY FUNERAL	11. MARITAL STATUS 1	WAS DECEDENT EVER IN FORCES? 1 (X) YES IF YES, GIVE WAR OR DA' KOREAN	U.S. ARMED 2 NO TES	If yee, ap		IIC ORIGIN? (Specify Yes n, Puerto Ricen, atc.) /:	or No 14.	RACE — American Indian, Black, White, etc. Specify: WHITE		
COMPLETED		ION	(Give kind of life. Do NOT u	USUAL OCCUPATION of done during mose retired.)	ON st of working	166. KIND OF BUS				
COMP	1.2 17. FATHER'S NAME (First, Middle, Last) JEROME JOHNSON		SIGN M	ECHANIC	16. MOTHER'S NA ONEIDA	ME (First, Middle, Maiden	Sumame)			
TO BE	190. INFORMANT'S NAME (Type/Print) NANCY JOHNSON (WI	FE)			and Number or Rural I	Route Number, City or Tow				
	NANCY JOHNSON (WIFE) 20g. NETHOO OF DISPOSITION 1 A Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Season) 20g. NETHOO OF DISPOSITION (Name of cametary, crematory or A Donation 5 Other (Season) 20g. PLACE OF DISPOSITION (Name of cametary, crematory or A Donation 5 Other (Season) 20g. CROWNSVILLE, MD.									
	21. SIONATURE OF FUNERAL SERVICE LICENS	1 3/1						FUNERAL HOMES		
	23. PART I. Enter tha disessea, or complications that caused tha death. Do not enter the mode of dying, such se cerdiec or respiretory errest, shock, or heart failure. List only one cause on sech lina. Approximate interval Between Onset and Death									
NOI	Sequentially list conditions, if any, leeding to immediate b. RIGHT MIDDLE LOBE LUNG ABSCESS OUE TO (OR AS A CONSCOUENCE OF):									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Diseasa or Injury that Initiated events resulting in death) LAST	CIRRHOSIS DUE TO (OR AS A								
CER	d							<u> </u>		
EDICAL	PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceues given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 1 1 1 1 1 1 1 1 1 1 1									
Σ								1 √YES 2 □ NO		
PHYSICIAN:		IOSPITAL:	milent 2 🗆 DOA	OTHER:	LACE OF OEATH (Ch					
	27. MANNER OF DEATH 1 X Natural 5 Pending	X Inpatient 2 ☐ ER/Outp 26e. DATE OF INJURY (Month, Day, Year)	26b. TII	ME OF 28c. IN	JURY AT ORK? YES 2 NO	6 Other (Specily) 28d. DESCRIBE HOW	INJURY OCCUR	ED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, etc. (Spec	— At home, ferm,			261. LOCATION (Street City or Town, State	end Number or i	Rural Route Number,		
COMPLET	onel	N: To the best of my knowl						suse(e) and manner se stated.		
E CO	29b. SIGNATURE AND TITLE OF CERTIFIER		-		29c. LICENSE NU			ONED (Month, Day, Year)		
TO BE	30. NAME AND ADDRESS OF PERSON WHO C	1 10	ATH (ITEM 27) (TVD	e, Print)		÷ —-	▶ 11-			

VA MEDICAL CENTER, FORT HOWARD, MD

DHMH-16 Rev 1/89

21052



DIVISION OF VITAL RECORDS, F.O. BOX 88/80, BALTIMORE, MARYLANI	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	2	2	Pe	Ξ

	FOR 1 - STATE REGISTRAR	STATE OF M					MENTAL HYG		30448	
	1. DECEDENT'S NAME (First, Middle, Lest)			ERTIFIC	CATE OF	DEATH	REG.		A THE 05 05 15	
	HARRY	L.			KRAMEF	R SR.	MONTH	DAY	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. le:		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTI		91 7:25 B. BIRTHPLACE (State or Fore	a M
	218-36-4895 9a. FACILITY NAME (If not institution, give a	1 M 2 F	51	YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Ye	40 1	Country)	orger
R					BALTI		EATH	9c. COUNT	TY OF DEATH	
5	SAINT AGNES HOSPITAL				DALII	MOKE				
RE	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LO					LOCATION 10d. INSIDE CITY LIMITS?				
FUNERAL DIRECTOR	Maryland Baltimore 10c. STREET AND NUMBER			Baltimore City				10a, CITIZI	1 YES 2 N	NO
ER	4201 Spring Avenu	10				01.00	-			
S	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AF	MED	13. WAS DEC	2122 ENDENT OF HISPA	NIC ORIGIN? (Specif	y Yea or No — 1	4. RACE — American Indian	n,
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced				If yes, specify Cuban, Maxi			ican, Puerto Rican, etc.) Black, White, e Specify:		
	15. DECEDENT'S EDUC (Specify only highest grade	ATION Completed)	18a, DE	CEDENT'S US	UAL OCCUPATION	ON	16b. KIND OI	BUSINESS/INDU	White	
COMPLETED	Elementary/Secondary (0-12)	Elementary/Secondary (0-12) College (1-4 or 5 +)			Ive kind of work done during most of working Do NOT use retired.)					
O	17. FATHER'S NAME (First, Middle, Last)			nstruc	flon	16. MOTHER'S NA	ME (First, Middle, Ma	ilding		
ш	Joseph A. Kramer							,		
8	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING AD	ODRESS (Street e	nd Number or Rural	aret F. (Town, Stata, Zip C	2odel	
2	Ruth Wetzel Krame			4201	Spring	Avenue	Halethor			
ļ	20s. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of Compating of State Compating of Stat									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY								Į	
	Ambrose Funeral Home, Inc. 1328 Sulphur Spring Rd. 21227									
	23. PART . Enter the diseesea, or c	omplicatione that	ceused the de	eath. Do not	enter the mod	de of dying, suc	h es cerdiac or r	eapiratory erre	at, Approximat	te
	IMMEDIATE CAUSE (Finel	Interval Betw AUSE (Fine) HYDERTENCIVE CADDIOVACCIII AD DICEACE								
7	disease or condition	HYPERT	ENSIV	E CAR	DIOVAS	SCULAR	DISEASE			Death
		l,	ENSIV		DIOVAS	CULAR	DISEASE			Death
NO	disease or condition resulting in death) Sequentially list conditions.	DUE TO (C	OR AS A CONSE	OUENCE OF):	DIOVAS	SCULAR	DISEASE			Death
ATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	DUE TO (C		OUENCE OF):	DIOVAS	SCULAR	DISEASE	,		Death
FICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (C	OR AS A CONSE	OUENCE OF):	DIOVAS	SCULAR	DISEASE			Death
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L CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (C	OR AS A CONSEC	OUENCE OF): OUENCE OF):					Onset and	
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BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions CIRRHOSIS O 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 X Netural 5 Pending Investigation of Suicide 6 Could not be	DUE TO (C) DUE TO (C) DUE TO (C) DUE TO (C) Contributing to d F LIVER HOSPITAL: 1 Inpetiant 2X t 28a. DATE OF IN (Month, Day)	OR AS A CONSECTION OF AS A CONSE	OUENCE OF): OUENCE OF): reaulting in t	26. PL THER: Nursing Nomer F 282. INJU	ACE OF DEATN (Ch	Part I. 24a. WA. PEF 1 D YE I N (seck only one) 6 Dother (Specify) 28d. DESCRIBE No.	S AN AUTOPSY IFORMED? S 2 (X NO) U IR Y OW INJURY OCCU	24b. WERE AUTOPSY FINANAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NC	OINGS O
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COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition. CIRRHOSIS O 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1X YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicida 6 Could not be determined 29e. CERTIFIER (Check only one) MEDICAL EXAMINER	DUE TO (C DUE TO (C	PR AS A CONSECTION OF AS A CONSE	DUENCE OF): DUENCE OF): Teaulting in t DOA 4 29b. TIME O INJURY The farm, street	26. PL THER: Nursing Nome F 28c. INJL WOI 1 Y el, factory, office	ACE OF DEATN (Ch	Part I. 24a. WAL PEF 1 YE I N (eck only one) 6 Other (Specify) 28d. DESCRIBE No. City or Town, S to the cause(a) and time, date and place	B AN AUTOPSY IFORMED? S 2 (X) NO OUTRY OW INJURY OCCU The and Number or tate) manner as stated on, and due to the o	24b. WERE AUTOPSY FINANAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NC RED Rural Route Number,	O O O O
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions. CIRRHOSIS O 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation Investigat	DUE TO (C DUE TO (C	PR AS A CONSECTION OF AS A CONSE	DUENCE OF): DUENCE OF): Teaulting in t DOA 4 29b. TIME O INJURY The farm, street	26. PL THER: Nursing Nome F 28c. INJL WOI 1 Y el, factory, office	ACE OF DEATN (Ch. 5 G Residence JRY AT RK? ES 2 NO and place, and due atth occured at the 29c. LICENSE NUK	Part I. 24a. WAL PEF 1 YE I N (eck only one) 6 Other (Specify) 28d. DESCRIBE No. City or Town, S to the cause(a) and time, date and place	S AN AUTOPSY IFORMED? S 2 [X] NO U IR Y OW INJURY OCCU meet and Number or tate) manner as stated to, and due to the company of the company	24b. WERE AUTOPSY FINANAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO	O O O O
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition. CIRRHOSIS O 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 X Natural 5 Pending Investigation Investigation of Could not be determined 29a. CERTIFIER (Check only one) MEDICAL EXAMINER 29b. SIGNATURE AND TITLE CERTIFIER 30. NAME AND ADDRESS OF PERSON WINCE	DUE TO (C) DUE TO	OR AS A CONSECTION OF AS A CONSE	OUENCE OF): OUENCE OF): reaulting in t 26b. Time o injury me, farm, atree ath occurred a investigation, in	28. PL THER: Nursing Nome SF Y M 1 Y Sel, factory, office at the lime, data n my opinion, de	ACE OF DEATN (Ch. 5	Part I. 24a. WA. PEF 1 YE I N (eck only one) 6 Other (Specify) 28d. DESCRIBE No. City or Town, S to the cause(a) and time, date and piace	B AN AUTOPSY IFORMED? S 2 (X) NO OUTRY OW INJURY OCCU The and Number or tate) manner as stated s, and due to the company of	Paral Route Number, Temporal Red Month, Day, Yeer) 1 0 6 / 1 9 9 1	O O O O

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IOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Pay	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of	
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8	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely	
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permit. Pages 1, 2, 3 should use as the burial-transit ge 6 may be retained by the hospital or attending physician. ò be detached once. at notified page 5 should must be examiner PRINCIPAL medical ŏ the cremation, or other traumatic event. 23 shows any Injury, item 2 6 28 Is marked, item

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 3. TIME OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 04 LONEY JULIA Ti BENE 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER t YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH a. BIRTHPLACE (State or Foreign 1 M 2 XF 216-07-7718 79 0 - 9 - 1912MARYLAND 9e, FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 501 LA CLAIR AVE. A.A. COUNTY LINTHICUM RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND ANNE ARUNDEL LINTHICUM 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 501 LA CLAIR AVE 21090 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or t4. RACE — American Indian, Black, White, etc. Il yes, specify Cuben, Mexicen, Puerto Ricen, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12th NONE CLERICAL DEPARTMENT STORE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) JOSEF BENE BE ETHEL TSIGER 19e. INFORMANT'S NAME (Type/Print) t9b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5 EDWARD LONEY LA CLAIR AVE.LINTHICUM MD 21090 20e. METHOD OF DISPOSITION

I Buriel 2 A Cremetton 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE METRO CREMATORY 4 Donetion 5 Other (Specify) BALTIMORE. 21. SIGNATURE OF TUNERAL BENVICE LICENSES 22. NAME AND ADDRESS OF FACILITY valtos SINGLETON FUNERAL HOME SECOND AVE. S.W. GLEN BURNIE MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart failure. List pnly one cause on each line Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition a aucer resulting in death) DUE TO (OR AS A CONSEQUENCE OF) LIVEL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? t TYES 2 T NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL OTHER: flent 2 ER/Outpatient 3 DOA 5 Residence 8 - Other (Specify) 4 Nursing Home 27. MANNER OF DEATH 28e. DATE OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — building, etc. (Specify) 3 Suicide Al home, ferm, streat, lactory, office 8 Could not be 281. LOCATION (Street and Number or Rural Route Number, City or Yown, State) COMPLETED 4 Homicide 29e, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(e) end menner es stated.



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29d. DATE SIGNED (Month, Day, Year)

occured at the time, date end place, and due to the ceuse(s) and manner as stated,

29c. LICENSE NUMBER

2793

M.D./95 AQUAHART ROAD/GLEN BURNIE, MARYLAND 21061 MAYER GORBATY,

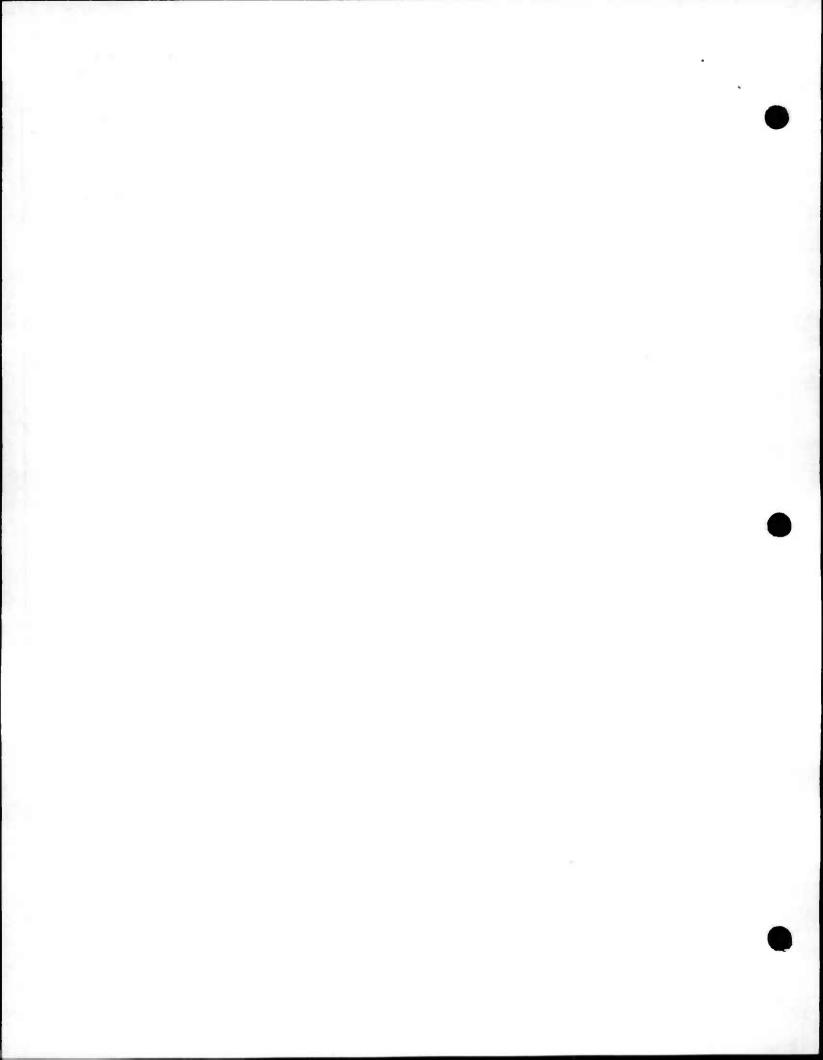
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death

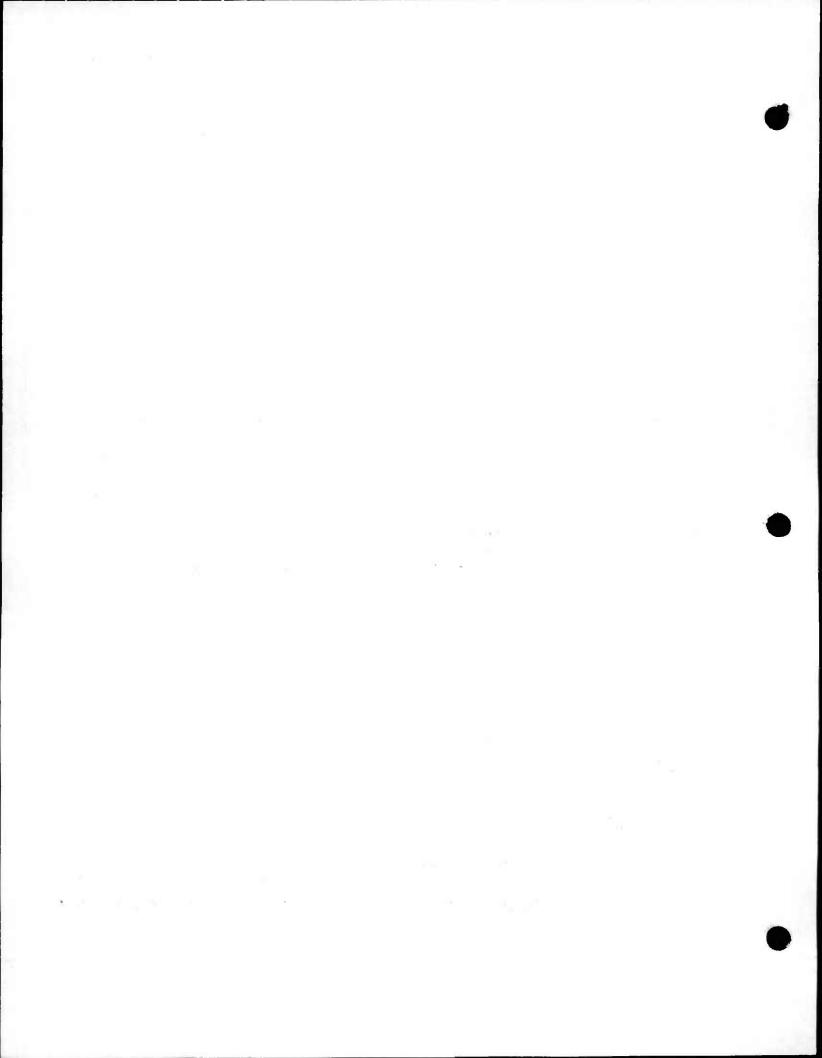
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31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 1991

29b. SIGNATURE AND TITLE OF CERTIFIER



	FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPART	MENT OF HEAL	TH AND ME	ENTAL HYGIENS		0 4 0 0	
	1. DECEDENT'S NAME (First, Middle,				. DATE OF OEATN		3. TIME OF DEATN		
	Evelyn O.	0. Luckey				11-6-15		м	
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR IF U		DATE OF BIRTN (Month, Day, Year)		NPLACE (State or Foreign	
	218-18-9545 1 M 2 🔀 65 9s. FACILITY NAME (If not institution, give street and number)					2-4-1926		ryland	
œ	1	b. CITY, TOWN OR LO		н	9c. COUNTY OF				
DIRECTOR	3415 North	Balti	imore		Baltimore				
IR.	Md. Baltimore			10c. CITY, TOWN OR LOCATION				10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER			Baltimore			1 ☐ YES 2 1 NO		
BY FUNERAL	The state of the s			10f. ZIP CODE 21234			_	WHAT COUNTRY?	
NS I	3415 North Trail Way 11. MARRITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARN			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify			U.S.A.		
F	1 Never Married 2 Married FORCES? 1 YES 2 I		2 NO	if yes, specify C	Cuban, Maxican, P	in, Puarto Rican, etc.)		E — American Indian, ik, White, atc.	
	3 Widowed 4 Divorced	1125, 5172 1811 011 54	123	1 YES 25 NO Specify			SpecMy: White		
COMPLETED	15. DECEDENT'S EDUCATION 18a. DECE (Specify only highest grade completed) (Give			CEDENT'S USUAL OCCUPATION 16b, KIND OF ive kind of work done during most of working			BUSINESS/INDUSTRY		
Ä	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT usa	retired.)					
N N				ications	Federal Government				
8	17. FATHER'S NAME (First, Middle, Last)			18. A		(First, Middle, Malden S	,		
BE	Stephen Olso 19a. INFORMANT'S NAME (Type/Print)		TON MANUNC A	DDRESS (Street and Nur		McClear			
5	Mrs. Betty J.			Sue Cree				1221	
	20a. METHOD OF DISPOSITION	Ramoval from State 20b./	PLACE AND DATE OF itery, crematory or othe	DISPOSITION (Name of		DATE 20c. LOC	ATION — City or To	own, State	
	4 Donation 5 Other (Specify)	A P	arkwood	Cemeter			Lto., M	id.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSES							me	
	a fody is	yourn						Md. 21234	
	23. PART I. Enter the diseases.	or complications that caused	tha death. Do not	enter the mode of	dying, auch a	s cardiac or raspin	etory arreat,	Approximate	
	shock, of hastrialiure. List only one cause on each line.								
	disease or condition resulting in death) a. Type: Cox Cam Co-								
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Appen Cal Camia DUE TO (OR AS A CONSEQUENCE OF): Metastatic hypernephroma								
CERTIFICATION	OUE TO (OR AS A CONSCIUNATION OF								
AT	cause. Enter UNDERLYING								
Ĕ	that initiated eventa	AUSE (Disease or Injury C. DUE TO (OR AS A CONSEQUENCE OF):							
표	resulting in death) LAST								
C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS								
S	Conditions conditions continuing to death but not resulting in the underlying				aa givan in Par	PERFORM	MED?	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
						1 TYES 2	NO	OF DEATH?	
2						-		1 TES 2 NO	
NA I	25. WAS CASE REFERRED TO MEDICA	N.		28. PLACE O	F DEATH (Check of	ank one)			
Sic	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpat		THER:					
PHYSICIAN: MEDICA	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	F 28c. INJURY AT		d. DESCRIBE NOW IN.	JURY OCCURED		
BY	1 Natural 5 Pending 2 Accident Investigat		INSON		2 NO				
	3 Suicide 8 Could not be 28a. PLACE OF INJURY — At home, farm, streel, factory, office					281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	TOTAL CONTRACTOR OF THE PROPERTY OF THE PROPER								
鱼	29a. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, dash occurred at the time, data and place, and due to the cause(s) and manner as stated.								
8	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the ilms, data and place, and due to the cause(s) and manner as stated.								
BE	216. SIGNATURE AND TITLE OF CERT	I'm Rolitors.	MD	29c. I	LICENSE NUMBER	10	29d. DATE SIGNE	(Month, Play, Year)	
P National And Address of Person who completed cause of Death (ITEM 27) (Type, Print)						67	× 11/6	0/9/	
	Nicho la	N WHO COMPLETED CAUSE OF DEAT	14 (ITEM 27) (Type, Pri	7.0. Z	OE. E	agu st	Bal	t. md	
	31. DATE FILED (Month, Day, Year)	22 DECISTRADIS CICALA	FUDE			/			
	NOV 07 1991	Silia Davidson-A	andell						



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	FOR	STATE OF I	MARYLAND /	DEDAG	TMEN'	T NE W	EAITU	AND	MENTAL	HAGIENI		3	0451
	1 - STATE REGISTRAR	SINIL UI				E OF			MENIAL	REG. NO.			
1	1. OECEOENT'S NAME (First, Middle, Last) 2. DATI												3. TIME OF DEATH
η.	Earl R. Ludolph	Earl R. Ludolph							MONTH	mber		YEAR O.1	4:30 A. M
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yra. las	t birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTH	0, 19	8. BIRTHE	PLACE (State or Foreign
1	212 14 0455	1 🖾 M 2 🗆 F	71	YRS.	MONTHS	DAYS	HOURS	MIN.	12-1	0 - 20		MAR	YLAND
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CIT	Y, TOWN O	R LOCATI	ON OF D	EATH		9c. COU	NTY OF DE	ATH
۳	Loch Raven VA Medical Center BALTIMORE												
티티	RESIDENCE OF DECEDENT	_											
DIRECTOR	10a. STATE 10b. COUNTY	1		10c. CI1	Y, TOWN	OR LOCATI	ION						10d, INSIDE CITY LIMITS?
	MD			В	altin	ore							1 N YES 2 NO
¥	10e. STREET AND NUMBER						ZIP COD				-		HAT COUNTRY?
BY FUNERAL	28 S. DUNCAN ST	REET				2	1231	1			USA		
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDER	NT EVER IN U.S. AR	MED	13.	WAS DECI	ENDENT C	OF HISPA	NIC ORIGIN?	(Specify Yes	or No-	14. RACE Black,	- American Indian, White, atc.
Σ	3 Widowed 4 Divorced		WAR OR DATES WWTT			1 TYES	2 💆 NO	Speck	My:				ÎTE
	15. DECEDENT'S EDU	I							100.0			11000	116
TE	(Specify only highest grade	completed)	(G	ilve kind of Do NOT u	work done	during mos	et of world	ng	160. 1	(IND OF BUS	SINESS/IND	USTRY	
2	Elementary/Secondary (0-12)	College (1-4 or 5	+) RE						BE	TH S	TEEL		
BE COMPLETED	17, FATHER'S NAME (First, Middle, Last)		1,17	_	_		40 5107		AME (First, Mi				
8	FREDERICK LUDG	II PH						TIL	,	IDGE			
	19a. INFORMANT'S NAME (Type/Print)		100	6 MAII IN	ADDDES	O /Street or	nd Mumba	e as Ormal	Route Numbe			Cadal	
임	MRS. ROSE LUDOL	PH	2	725	FIF	FT	STR	FFT	BALT	O. M	D . 2	2122	4
	20a. METHOD OF DISPOSITION											_	
	20b. PLACE AND DATE OF DISPOSITION DATE 20c. LOCATION - City or Town, Siste of Commutation 3 Number of Commutation 3 Number of Commutation N												
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE /	- GEEN		22	NAME AN	IO ADDRE	SS OF F	ACILITY				
	OP.	1 W		1.	KI	1070	ROW!	SKT	FUNE	RAL	HOME		
	C. Mumminu	2 Auc	sorous	w					ST. E				1224
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between												
1 4	IMMEDIATE CAUSE (Final												
	disease or condition resulting in death)	a	(ND-57	1 AG	6 1	-IVE	-16	1712	ZM6	=			YEAR
		DUE TO	O (OR AS A CONSE	OUENCE (OF):	411	0.4	201	KA				
2	Sequentially list conditions,	b	12551	1104	1701	ry	1710	400	181				
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE IS	O (OR AS A CONSE	OUENCE C	OF):								
일	CAUSE (Disease or Injury	C	O (OR AS A CONSE	OHENCE (NED.								-
	that initiated events resulting in death) LAST	002 1	o (on As A const	ODENCE	,,,								į
岗		d											+
4	PART II. Other significant condition	na contributing t	o death but not	resulting	in the u	nderlying	g cause	given ir	n Part I.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
일		16.81							_	1 TYES 2	10		COMPLETION DF CAUSE OF DEATH?
MEDICA										/			1 TYES 2 NO
										(
<u>X</u>	25. WAS CASE REFERRED TO MEDICAL					28. PL	ACE OF D	DEATH (C	heck only one)			
S	1 Tes and No	HOSPITAL:	☐ ER/Outpatient 3	DOA	4 I No		e 5 □ R	esidence	8 🗆 Other	(Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE C	F INJURY Day, Year)	28b. TI	ME OF	26c. INJ	URY AT		28d. DE\$0	RIBE HOW	NJURY OC	CURED	
ВУ	1 Natural 5 Pending	(moral)	buy, roury		M		YES 2 [□ NO					
										r or Rural R	loute Number,		
豆	4 Homicide determined								Only 0	Jididj			
1 2	29a. CERTIFIER (Check only	ICIAN: To the best	of my knowledge, d	eath occur	red at the	time, data	and place	e, and du	e to the caus	e(a) and me	nner ee ste	rted.	
COMPLET	one) 2 MEDICAL EXAMIN) and menner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE			-				ENSE NU					(Month, Day, Mear) /
B	Dalnavan	rall)						IN			•	14	7 11/6/91
2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CA	USE OF DEATH (ITE	M 27) (Tur	a Print)								1 -1-1



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L COLPS.EARL 23 G. DUNCAN GALTO 51

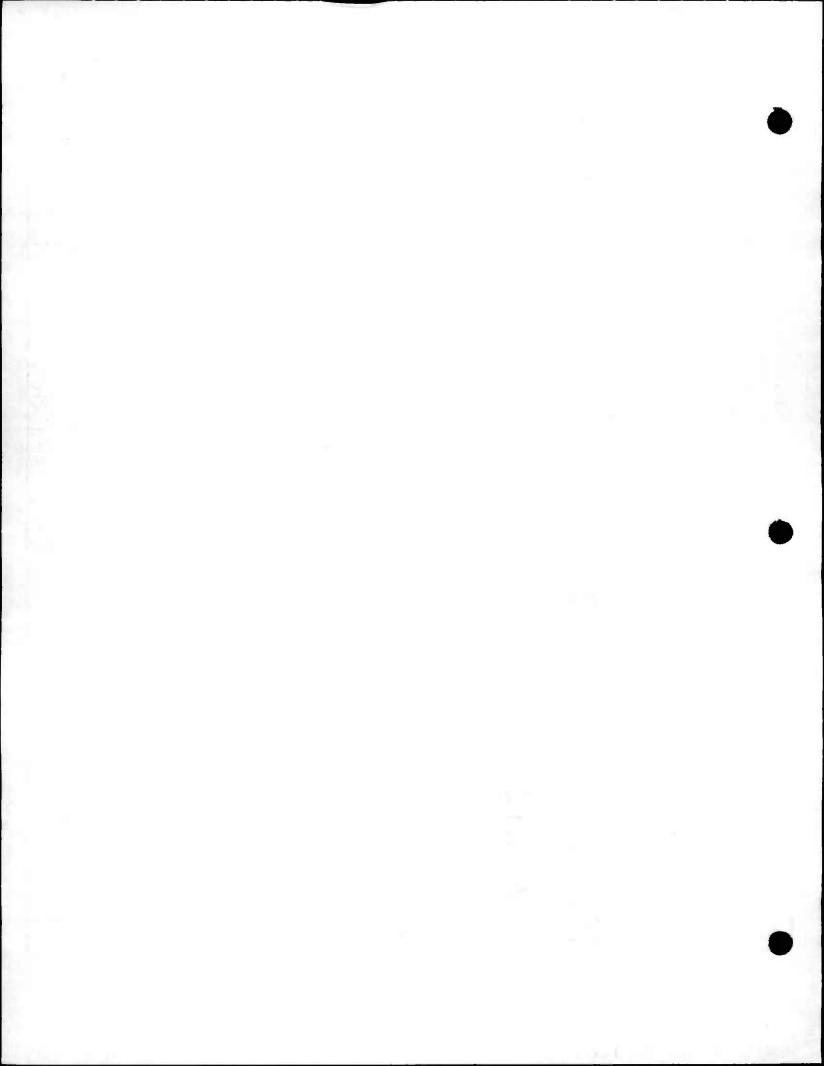
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

212 14 0455 3# 121120 512

31. DATE FILED (Month, Dey, Year)
NOV 07 1991



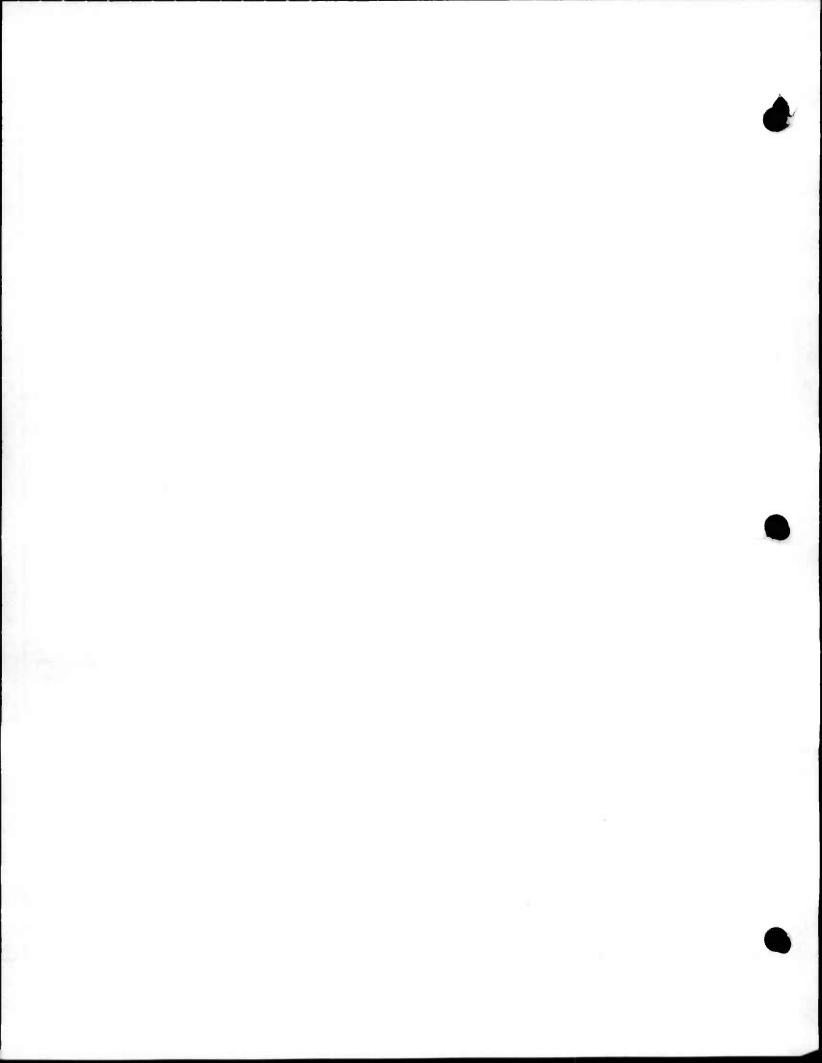
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	Pages 1.2.3 should			
ir attending physician.	hould be detached for use as the burial-transit permit. Pan			
be retained by the hospital of	ige 5 should be detached for		be notified at once,	
ours after death. Fage o may	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sh	or removal.	nedical examiner must t	
s mar me ueath cermicale be executed within 24 h	hysician and completely filled	prior to burial, cremation, or	ed, or item 23 shows any injury, or other traumatic event, the med	
equites that life death certific	en signed by the attending p	vith the State Dept, of Health and Mental Hygiene	hows any injury, or other	
JING PRINCIPAL THE IGW TEQUITED	_	3		
THE HISPITAL ON ALIENT	DITHE FUNERAL DIRECTOR: After this	be filed within 72 hours after death	MPORTANT: It Item 28 Is mark	

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEOENT'S NAME (First, Middle, Lest) Millinda Mathews 2. Date of Death NOVember Day 4, 1994 11:35pm												
1	4. SOCIAL SECURITY NUMBER	IFR	5. SEX	6. AGE (In yrs. I	locat de latherton à						7, 1		М
	225-34-67		1 □ M 2XXXF	84	YRS.	IF UNDER 1 Y	AYS HOL	INDER 24 HRS.	7. DATE OF (Month, D	lay, Year)		8. BIRTH	HPLACE (State or Foreign ry)
	9a. FACILITY NAME (If not in	stitution, give s		04		9b. CITY TO	Aug 5, 1907 Vir				Virginia		
DIRECTOR		d Gene	ral Hosp	ital		Baltimore City					CAIR		
E C	10a. STATE	10b. COUNT	γ		10c. CIT	TY, TOWN OR LOCATION 10d, INSIDE CITY					10d. INSIDE CITY		
	Maryland					Baltimore					LIMITS?		
IAL	10s. STREET AND NUMBER									10g. CIT	ITIZEN OF WHAT COUNTRY?		
Ę I	2809 Norfolk Ave.						21215 USA						
5	11. MARITAL STATUS 1 □ Never Merried 2 🕅 Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 □ YES 💥 NO					13. WAS	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No 14. RACE -			E — American Indien, k, White, etc.			
BY FUNERAL	3 Widowed 4 Divorced				1 TYES 2 NO Specify				an, ato.)		Spec	lly:	
	15. DEC	EDENT'S EDU	CATION	16a, E	DECEDENT'S	USUAL OCCU	PATION		185 KI	ND OF BUS	SINESS (INI	NIETOV	Black
COMPLETED	(Specify only Elementary/Secondary (0	highest grade	College (1-4 or 5		Give kind of fe. Do NOT u	work done durii	ng most of v	vorking	100.10	ND OF BO	3114E33/114E	JUSTAT	
₽ I	6+1-0-3				Dom	estic Private Far				ami	1 v		
8	17. FATHER'S NAME (First, Mi							MOTHER'S NA	ME (First, Mide			G. All Z.	
BE	Daniel C								known				
0	19a. INFORMANT'S NAME (7)								Route Number,				
	Jacobie M		VS.		2809	Morf	01k	Ave.	Ва	lti	more	, M	D 21215
	A Donation 5 Other	n 3 🗆 Ram	oval from Stata	cemetary, c	rematory or o	of Disposition (State of Central Centr	arri	son	DATE		CATION —		
	21. SIGNATURE OF FUNERAL	SERVICE LIC	CENSEE		0	22. NAI	ME AND AD	DRESS OF FA	CILITY 111 +	ter	Fune	ara 1	.11s, MD .Homes inc
	· Erne	st 1	R THE	sse 1	h	250 Ba 1	1 Gw	ynns	Fall Maryl	s Pa	rkw	ay	. Homes inc
	23. PART I. Enter the di	sesses, or o	complications tha	t caused tha	leath. Do i	not sater the	mods of	dying, suc	th as cardiso	or reapl	ratory an	rest,	Approximata
	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Myocardial Infarction Onset and Death												
1	resulting in death)												
	DUE TO (OR AS A CONSEQUENCE OF):												
ON	Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF):												
A	csuse. Enter UNDERLYING												
Ĕ	CAUSE (Disesse or Inju- that initisted events		DUE TO	(OR AS A CONS	EOUENCE O	F):							
CERTIFICATION	resulting in death) LAST												
	PART il. Other significa	nt condition	s contributing to	dssth but not	resulting	in ths under	lying csu	se given in	Part I. 24	a. WAS AN		24b	. WERE AUTOPSY FINDINGS
MEDICAL									1	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
¥													1 YES 2 NO
ä													
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER:	6. PLACE C	OF DEATH (Ch	eck only one)				
¥ S	1 YES 2 XXX		1 No Inpatient 2 28e. DATE OF			4 🗆 Nursing			6 Other (S				
9	1 XM fural 5 1	Pending	(Month, D	ay, Year)	28b. TIM	URY	WORK?		28d. DESCR	IBE HOW I	JURY OC	CURED	
B	3 Culate	nvestigation Could not be	28e. PLACE O	F INJURY — At h	ome, farm, i			2 10	261. LOCATIO	ON /Street a	ad Number	or Burn! S	Anuda Alumbus
		letermined	building,	etc. (Specify)		,			City or Ti	own, State)	na mamber	or nurar n	iodie Namber,
7	29a. CERTIFIER (Check only	FYING PHYSI	CIAN: To the best of	my knowledge, d	leath occurr	ed at the time,	data and p	lece, end due	to the cause(e) and man	ner en stet	ad .	
COMPLETED	one) 2 MEDIO	CAL EXAMINE	R: On the basis of	xamination and/or	Investigation	n, in my opini	on, death o	ccured at the	time, deta and	d place, and	d due to th	e cause(a) and menner as stated.
BEC	29b. SIGNATURE AND TITLE	OF CERTIFIEF		_	/		29c.	LICENSE NUN	MBER		29d. DATI	E SIGNED	(Month, Day, Year)
2			h	~~		m. D.			n/a				11/4/91
	30. NAME AND ADDRESS OF Ka	-Ming,	M.D.	SE OF DEATH (IT)	EM 27) (Type,	c/o Ma	aryla	nd Ger	neral	Hosp	itaļ		
-	31. DATE FILED (Month, Day,)		32. REGISTRA	R'S SIGNATURE									
	NOV 07	1991	Julia Davi	dson-Rano	Leec_								





BALTIMORE, MARYLAND 21203-3146

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	1	4	has seed missing 70 hours. And the State Dent of Health and Mental Hydiene prior to hurial. Co
	E	E	1
	0	6	
	TO THE HOSPITAL OF HIENOWATHYSICIAN; The law requires that the death certificate be executed w	TO THE FUNERAL DIRECTOR AND This certificate has been signed by the attending physician and comp	i

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	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND /		TMENT OF				GIENE	9 [3 (1453
	1. OECEOENT'S NAME (First, Middle, Lest) SANDR	A IRI	s M	AX	NOR.			2. DATE OF DE	EATH DAY	(YEAR 9	0 737A M
	4. SOCIAL SECURITY NUMBER 217-82-1867	5. SEX 1 M 2 F	6. AGE (In yrs. last		IF UNDER 1 YEAR MONTHS DAYS	# UNDE	MIN.				Country)	aryland
TOR	9a. FACILITY NAME (If not institution, give str Harbor Hospita RESIDENCE OF DECEDENT		эь. сяту, том Ва	1tim		ATH		9c. COU	NTY OF DE	ATH		
DIRECTOR	10a. STATE 10b. COUNTY Maryland			10c. CIT	Y, TOWN OR LOC Balti						- 11	10d. INSIDE CITY LIMITS? 1 XYES 2 NO
FUNERAL	10e. STREET AND NUMBER 608 Roundview					-	1225				USA	AAT COUNTRY?
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER IN U.S. ARM YES 2 X No WAR OR DATES	AEO O	If yes,	CENOENT pecify Cubi	ın, Maxicai	IIC ORIGIN? (Sp n, Puerto Rican, :	ecify Yea , etc.)	or No—	14. RACE - Black, Specify	- American Indian, White, etc. : Black
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elamentary/Secondary (0-12)	ATION completed) College (1-4 or 5	(Gh	re kind of Do NOT u	USUAL OCCUPA work done during i se retired.)	nost of work	ing	16b. KING	OF BUS	INESS/IN	DUSTRY	
E COM	12th Grade 17. FATHER'S NAME (First, Middle, Lest) Irvin G. Mayno	ır			nemplo			ME (First, Middle nrine				
10 8	19a. INFORMANT'S NAME (Type/Print) Emile M. Wilso				Fores		or or Rural I	Route Number, Co	ity or Town	n, State, Zij		21207 e, MD
	20s. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)		other pla	ce)	sition (Name of an Cem	/Garı	riso	n	Ow	inas	City or Tow	ls, MD
	21. SIGNATURE OF FUNERAL SERVICE LICE ELECTRICAL ASSESSMENT ASSES	ensee L Til	ely j	6	22. NAME 250 Ba 1	and ador 1 Gw timo	ynns re	our Nut s Fall Marvl	ter s P and	Furark	nera Way 1216	1 Homes
	23. PART I. Enter the diseasea, or c ahock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	lat only one car			not enter the r	node of dy	/ing, auc	h aa cardlac	or reapl	ratory ar	reat,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentisily list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		(OR AS A CONSEC	JOENCE ()r);							
PHYSICIAN: MEDICAL	PART II. Other algorificant condition — Coccler — O - mid	s contributing to al pal ed Pr	2-7	esulting		ing csuse	given in		. WAS AN PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatiant 3	□ DOA	OTHER:			eck only one) 6 Other (Sp	ecify)			
ВУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	TIME OF NJURY AT WORK? I YES 2 NO 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED					oute Number,					
COMPLETED	4 Homicide determined	building	, etc. (Specify)				e, and du	City or To	wn, State)			
	(Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	R: On the basis of				, daeth occ		time, date and		nd dua to t	the cause(a)	and manner as stated. (Month, Day, Year)
BE	huis State	haelen	M.	b				14/6/	4	•	11/6	12/91

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) M.D AS

PLETEO CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF PERSON WHO

HAR BOR UIS

31. DATE FILED (Month, Day,

NOV 07 199

32! REGISTRAR'S SIGNATURE

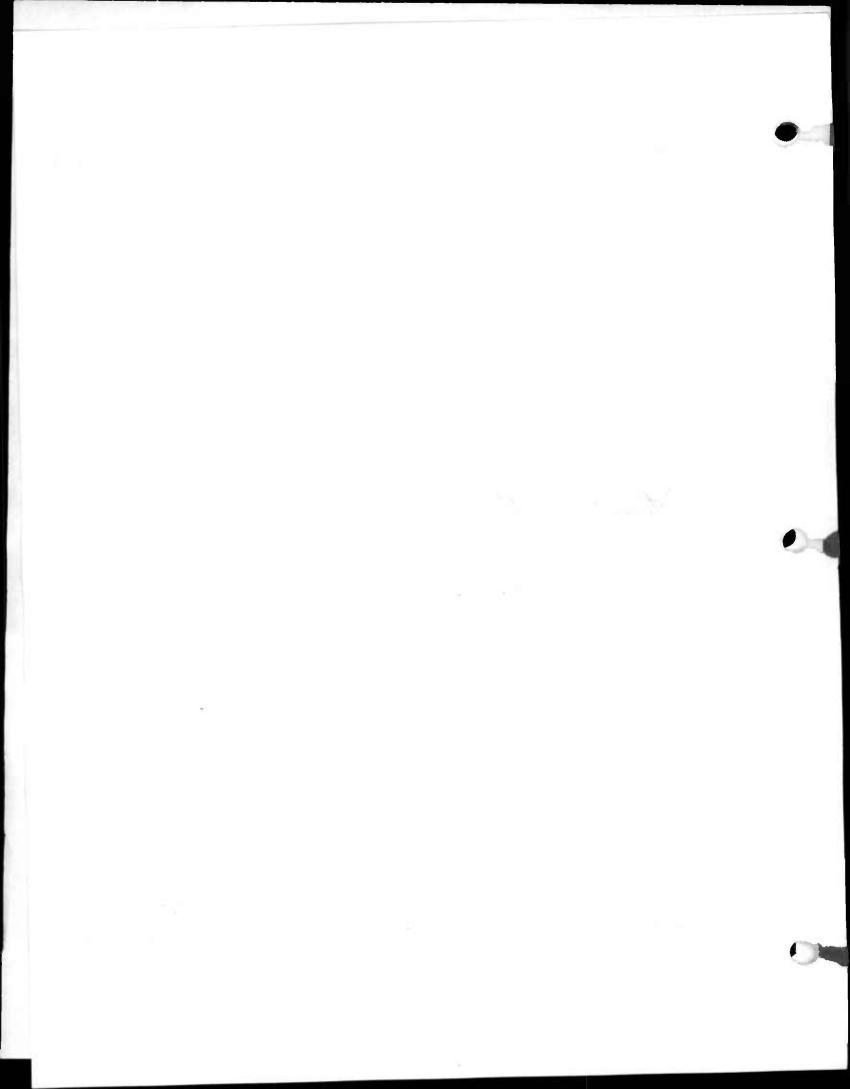
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The first that the standard of

APVILLE A SOUR SECURITY HOMER OF 1. SET. 4. SET. 1. S	1	REGISTRAR DECEOENT'S NAME (First, Middle, Last)		CERTII	TCATE O	F DEATH_	2. DATE OF DEATH		3. TIME OF OEATH	
A CENTRAL SECRET FOR ADMINISTRAL PROPERTY SET OF SECRET STATE OF SERVING			Prici1	1a M	itche1	1	MONTH 10	3/9	7 1243	
## A 21-16-6895 10	-				IF UNDER 1 YEA	R IF UNDER 24 HRS.			BIRTHPLACE (State or Foreign Country)	
TABLETY MANUELY FOR DESCRIPTION 1. SECURITY SECURITY 1. SECURITY		421-16-6895	1 □ M 2 🄀 F	80 YRS.	-		Mar 7 1			
THE STATE OF THE CONTROL AND COUNTY THE STATE OF THE CONTROL AND COUNTY THE STATE OF THE CONTROL OF THE CONTR			treet end number)		9b. CITY, TOW	VN OR LOCATION OF DE	EATH	9c. COUNTY	OF DEATH	
29.6 West two od Ave. 29.16 West two od Ave. 10 West	E I	1609 Divisio	n Street		Ва	<u>ltimore</u>		<u></u>		
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23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. ### Shock, or heart failure. List only one cause off each line. IMMEDIATE CAUSE (Final disease or condition		4 Donetion 5 Other (Specify)		<u>MD_Nat'.</u>	l Mem	Park				
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AND COLOR OF heart fellure. Let only one cause of each line. MMEDIATE CAUSE (Final disease or condition resulting in death)	Carnest K / lessy & Baltimore, Maryland 21216									
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31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	IPORTANT: If Item 28 is marked, of item 23 Shows any injury, of other transmission BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART ii. Other algnificant conditions are suiting in death) LAST PART ii. Other algnificant conditions are suiting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	a. DUE TO (OR DUE TO (AS A CONSEQUENC AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CON	E OF): E OF): OTHER: TIME OF INJURY M erm, streel, fector courred at the tin	eriying cause given 26. PLACE OF DEATH 1 YES 2 NO 17, office No, dete end piece, and tinion, death occured et	in Part I. 24e. WAA PEF 1	S AN AUTOPSY IFORMEO? S 2 NO OW INJURY OCC treet end Number State) d manner as state ca, end due to ti	CURED 24b. WERE AUTOPSY FINANALLABLE PRIDRIT COMPLETION OF COMPLETION OF COF DEATH? 1 YES 2 N CURED CURED Tor Rural Route Number, ted. The cause(s) end manner as a	



TO THE HOSPITAL, OR ATTENDING PARSICIAN: The law requires that the death certificate be executed within 2. Thus after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL UNCLODE, with the case is good by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after cean with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 24 is marked, or fillem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 . STATE	STATE OF I							MENTA	L HYGIEN		3	0455
	REGISTRAR		C	ERTIF	ICAT	E OF	DEA	TH		REG. NO),		
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH	AV	YEAR	3. TIME OF DEATH
	CHARLES B. MI									11	6	91	2:45 A
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. I	ast birthday)	IF UNDE	DAYS	IF UNDER		7. DATE	OF BIRTH		8. BIRTHE	PLACE (State or Foreign
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6	ST. AGNES HOSPITAL BALTIMORE												
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT												
E E	loc. City, I											10d. INSIDE CITY LIMITS?	
	MARYLAND 100. STREET AND NUMBER				BA	BALTIMORE							1 🔀 YES 2 🗌 NO
FUNERAL						100						HAT COUNTRY?	
Ä	36 MARDREW ROAL			21	229				U.S	.A.			
3	11. MARITAL STATUS 1 Never Merried 2 X Merried	12. WAS OECEDEN FORCES? 1 IF YES, GIVE V	Y YES 2		13.	WAS DEC	ENDENT (OF HISPAN	IC ORIGIN	? (Specify Ye	n or No—	14. RACE Black	- American Indian, White, atc.
ВУ	3 Widowed 4 Divorced			1 YES	2 X NO	Specify	/:	would, accep		Spec#)			
	15. OECEDENT'S EDU								<u> </u>	MULIE			
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2	Elementary/Secondary (0-12)	College (1-4 or 5+)								T (1) (0)			
COMPLETED	47 EATHER'S MARKE (Fine Middle 4 - 1)			RUCK	DKI	VEK				_		AINT	& CHEMICAL
	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname)												
BE	CHARLES E. MILLER MARY (UNKNOWN) 190. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
10		-	- 1										
	ELEANOR E. MILLE	ER		36 MA	RDRI	EW RO	DAD,	BALT	IMOF	E, MA	RYLAI	ND :	21229
	20a. METHOD OF DISPOSITION 1 □ Nortal 2 □ Cremation 3 □ Rem	oval from State	20b. PLACE	AND DATE	OF DISPO	SITION (No	ime of		DAT	20c. LC	CATION -	City or Tow	rn, Stata
	4 Donation 5 Other (Specify)		LOUD	ON PA	RK (CEME!	ERY		11/	9	BALT	MORE	
	21. SIGNATUJE OF UNEDAL SERVICE NICENSEE						NO ADDRE			ME TAL	0		
	Tour C. Smith						HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE, BALTIMORE, MD. 21229						
-	23. PART I. Enter the dieeeess, or	complications tha	t coused the d	leeth Do	ot ente	t the mo	VILKE	INS P	VENU	E, BA	LT LM(JKE, I	
	23. PART I. Enter the dieeeess, or complicatione that ceused the deeth. Do not enter the mode of dying, auch ea cardlec or reapiratory erreet, shock, or heart failure. List only one ceuse on each line. Approximate interval Betwee												
	IMMEDIATE CAUSE (Fine) Onse									Onset end Death			
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E	resulting in death) LAST		(0.1.1.0 1. 001.00	OOLNOL O	,								
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7	PART II. Other significant condition	s contributing to	deeth but not	resulting	In the u	nderlyln	cenee 6	givan in	Part I.	24a. WAS AN		24b, 1	WERE AUTOPSY FINDINGS
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PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL	_				20.01	ACE OF D	FATAL (OL					
S	EXAMINER? 1 YES 2 NO	HOSPITAL:	Teman		OTHE	R:	ACE OF D			·			
¥	27. MANNER OF DEATH	1 Inpstient 2					e 5 🗆 Re	sidenca					
	1 Matural 5 Pending	1 W Natural 5 Pending (Month, Day, Year) INJURY WORK?								CRIBE HOW I	NJURY OC	CURED	
B	2 Accident Investigation	1 YES 2 NO											
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Ti	20. 00000000												
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ō l	2 MEDICAL EXAMINE	R: On the beals of ex	ramination and/or	Investigation	n, in my	opinion, d	eath occur	ed at the	time, data	and place, an	d due to 1	ha ceuse(a)	and manner as stated.
-													

296. SIGNATURE AND TITLE OF CERTIFIER
Carmina &. Davidsohn , MO

29d. DATE ŞIGNED (Month, Day, Year) 6/91

ST. AGNES HOSPITAL

29c. LICENSE NUMBER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) CARMINIA E. DAVIDSOHN

900 CATON AVE .

BALTIMORE, MP 21229

31. DATE FIL	.ED (Mor	nth, Day	v. Ybar)
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M.O 32. REGISTRAR'S SIGNATURE



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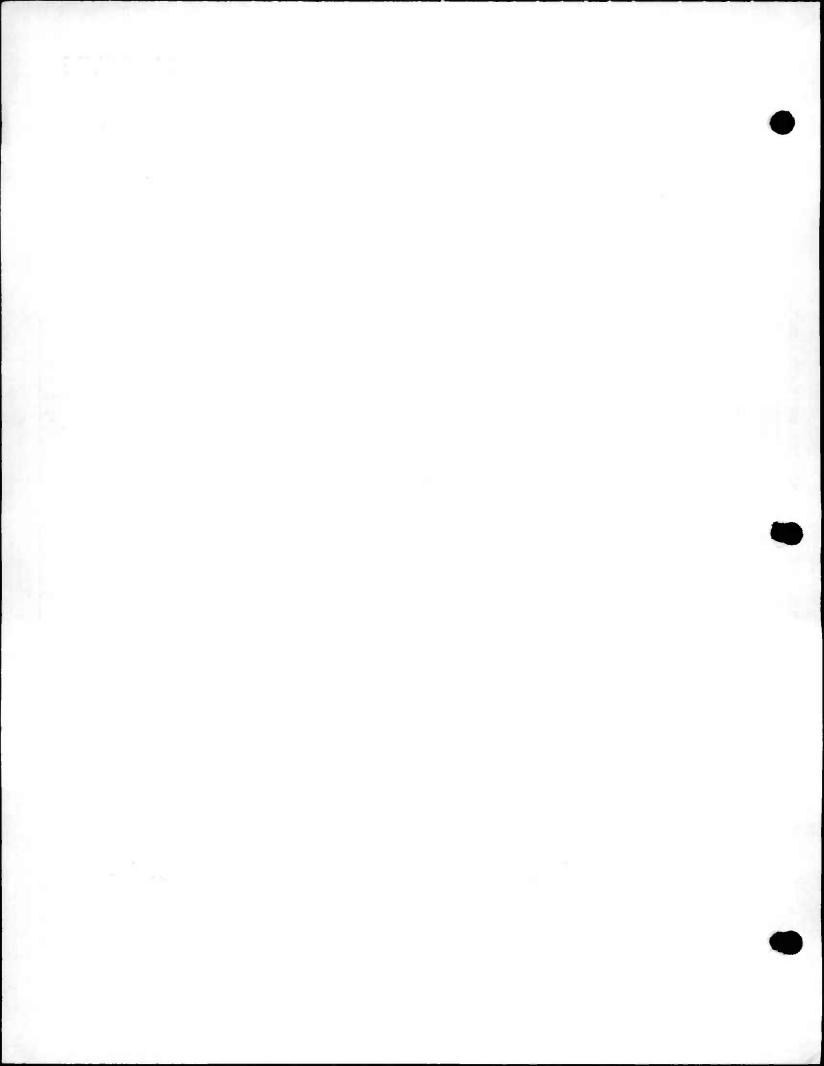
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	orgal on ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within any are fleated to may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

OR TATE IEGISTRAR	STATE OF MAF	YLAND / DEPARTMENT OF HEALTH CERTIFICATE OF DEAT		J 1
EDENT'S NAME (First, Middle, Last)	<u> </u>		2. DATE OF DEATH	-WEAD

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMENT CERTIFICATE		MENTAL HYGIE	_					
	1. DECEDENT'S NAME (First, Middle, Last)	A.	Mc Co	1	2. DATE OF DEATH	5 9°	AR 3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 212-14-0243	5. SEX	20	8. BIRTHPLACE (State or Foreign Country)							
OR	90. FACILITY NAME (If not institution, give street end number) Ser Kins Memorial Nursing on Bath 9c. COUNTY OF DEATH										
DIRECTOR	10a. STATE 10b. COUNT	Y	10c. CITY, TOWN OR	LOCATION			10d. INSIDE CITY LIMITS?				
	100. STREET AND NUMBER	Van Die	MITE	10f. ZIP CODE	9	10g. CITIZEN	1 YES 2 NO				
FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEOENT EVER I	2 NO	AS DECENDENT OF HISPAl yea, specify Cuban, Mexico	nn, Puerto Ricen, atc.)		RACE — American Indian, Black, White, atc. Specify:				
ED BY	3 Widowed 4 Divorced 15. DECEOENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT'S USUAL OCC (Give kind of work done du	CUPATION		USINESS/INDUST	DRICK				
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	ilfe. Do NOT use retired.)	and host of working	Repla	cemen	+ Parts				
ш	17. FATHER'S NAME (First, Middle, Lapt)	Coy		Bell	AME (First, Middle, Meide RMC (g Sumame)					
TO B	David MCC	04	19b. MAILING ACCRESS	Pretty, B	Ploute Number, City or To	Ru Pa	-Kton, M. 121120				
	20s, METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Ram 4 Oonetion 5 Other (Specify)	novel from State	b. PLACE OF DISPOSITION (Nerr other place)	Ridge (Cey E	pocation - city	or Town, State				
	21. SIGNATURE OF FUNERAL SERVICE LI	-		ame and addréss of Fu March F/H West 4300 Waba sh		, ,					
	23. PART I. Enter the diseases, or ahock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Lief only one cause on	od the couth. Do not enter to each line. Diath	the mode of dying, aud	ch as cerdiac or res	piratory arrest,	Approximate interval Between Onset and Deeth				
z		DUE TO (OR AS	A CONSEQUENCE OF:	v Dys	Hania						
CATIO	Sequentielly list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	OUE TO (OR AS	A CONSEQUENCE OF):	0	0						
CERTIFICATION	that initiated events resulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE OF):			·					
AL.	PART II. Other significant condition	_	but not resulting in the unc	lerlying cause given in	PERF	IN AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE				
MEDIC	Athensel		wash Di	sing	1 _ YES	2 100	OF DEATH?				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	L ST whi	Talmons	20 PLACE OF OEATH (C)	heck only one)						
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out	Ipstient 3 DOA 4/ Nursi	ng Home 8 - Residence	8 Other (Specify)						
ву РН	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOV	INJURY OCCUR	EO				
	2 Accident Investigation 3 Suicide a Could not be 4 Homicide determined	28e. PLACE OF INJUR building, atc. (Spe	Y — At home, ferm, street, tacto	ry, office	28t. LOCATION (Stree City or Town, Sta	et and Number or F (e)	Rural Route Number,				
COMPLETED	enel city		wiedge, death occurred at the tir on end/or investigation, in my op				ruse(a) and manner as stated.				
BE	29b. SIGNATURE 1910 TITLE DE CENTRE	and		29c. LICENSE NU	MBER		GNEO (Month, Day, Year)				
TO	30, NAME AND ADDRESS OF PERSON WE EDMWD C K	HO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, Print)								
	NOV 07 1991	fulla Davidson-M									



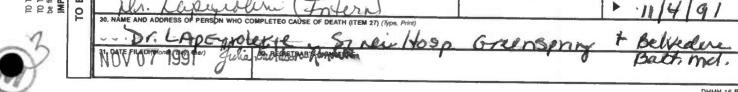


ponid

TENDING FITSIONAY. THE RAY EQUITES THAT THE GRAIT CELTIFICATE OF EXECUTED WITHIN 24 HOURS ATTER DEATH, PAGE 6 MAY DE FETAINED BY THE NOSPITAL OF ATTENDING PHYSICIAN.	OR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burga-transit narmit pages 1.2.3.6	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	:8 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
HISIOIRI	his certifi	with the	ted, or
וחווום ר	After th	death v	s mark
	ECTOR	s after	1 28 I
יר חו	IL DIR	2 hour	f item
חב חטטרווא	UNERA	ithin 7.	ANT
וס ועב ג	TO THE FUNERAL DIRECTOR: AF	be filed w	IMPORTANT: If item 28 is ma

30457 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH REG. NO. 1 -1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR men 5:20 6. AGE (In yrs. last birthday)
H YRS. IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foo DAYS -4-4 Ha 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR Ho EDENT RESIDENCE OF 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Ba H 1 YES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2/2/5 SA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 YOU IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuben, Mexicen, Puerto Ricen, atc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married
3 Wildowed 4 Divorced BY Black COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First Middle Last) 18. WOTHER'S NAME (First, Middle, Maiglen Surna a er BE 100 Wa 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (St 2 P ve 0 21215 20a METHOD OF DISPOSITION
1 () Burlel 2 Cremetion 3 | 1
4 Donation 5 | Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (NO DATE LOCATION terte 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March F/H West mar Jaren 4300 Wabash Avenue 23. PART I. Entar the diseases, or complicat ons that caused the death. Do not anter the mode of dying, auch as cardiac or respiretory arrest, Approximate shock, or heart failure. List only one cause on each line. Intarval Batwean IMMEDIATE CAUSE (Final **Onset and Death** disease or condition resulting in death) Breast DUE TO (OR AS A CONSEQUENCE OF BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOS ITAL:
1 Vinpellent 2 ER/Outpetlent 3 DOA EXAMINER? OTHER: ng Home 5 - Residence 8 - Other (Specify) 4 Nursi 27. MANNER OF DEATH 28e. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify) Suicide 3 🔲 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) BE COMPLETED 8 Could not be 4 Homicide determined 29a, CERTIFIER 1 DERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(s) and menner as steted. 2 __ MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end menner as state 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)



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Item: 18 per F.H 11/20/91 G-681 reb STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - FOR STATE OF STATE OF	MARYLAND /	DEPARTI		EALTH AND DEATH	MENTAL HYGIE					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
	MARY EILEI		MANN	ING		MONTH 11		5:32 A M			
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. les	Mr.	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)			
	217-14-6246 1 M 2 X 1 9a. FACILITY NAME (If not institution, give street and number)	217-14-6246 1 69 YRS.					8-11-22 MARYLAND				
œ					R LOCATION OF O	DEATH		Y OF OEATH			
570	572 SHIPLEY RD.			LINTHI	CUM		ANNE	ARUNDEL			
REC	10a. STATE 10b. COUNTY		10c. CITY, 1	OWN OR LOCAT	ION			10d. INSIDE CITY			
ō	MARYLAND ANNE ARUNDE	L	LINT	HICUM				1 YES 2 NO			
FUNERAL DIRECTOR	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?			
NE	572 SHIPLEY RD.				21090			.A.			
	1 Never Married 2 Married FORCES?	ENT EVER IN U.S. ARI	MED IO	f1 yes, spe	cify_Cuben, Maxic	NIC ORIGIN? (Specify Y an, Puarto Rican, etc.)	aa or No- 14	RACE — American Indien, Black, White, atc.			
BY	3 Widowed 4 Divorced	WAR OR OATES		1 TYES	2 X NO Speci	łty:		Specify: WHITE			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18e. DE	CEOENT'S US	UAL OCCUPATIO	N .	16b. KIND OF B	USINESS/INDUS				
	Elementary/Secondary (0-12) College (1-4 or	life.	Do NOT use n	k done during mos etired.)	st of working						
MP.	6 YEARS NONE	W	IRING	ASSEMB1	LEY	WE	STINGHO	USE			
	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maide	n Sumame)				
BE	JOHN O HARA 19a. INFORMANT'S NAME (Type/Print)					IV ORES	auretta	Over			
2						Route Number, City or To		ode)			
	EDGAR FRANKLIN MANNING,	-		IPLEY I		HICUM, MD					
	1 XBurial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	cemetery, cres	matory or other	nlacel	ne of .IAL PARI			y or Town, State			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1 FIEMDO	WKIDG.	7	O ADDRESS OF FA		KRIDGE.	MD			
	· Wat	1.		SING	LETON F	UNERAL HON					
-	23. PART I. Enter the diseases, or complications to	ur .		1 SE	COND AV	E. S.W. GI	EN BUR	NIE, MD 21061			
MOIT	IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate	O OR AS A CONSEQ	shat Wita	Loria	of Bone	Livery l		Interval Between Onset and Death			
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	O OM AS A CONSEQ		nag	Xeft.	Lung					
N: MEDICAL	PART II. Other significant conditions contributing	to death but not re	esulting in t	he underlying	cause given in	Part I. 24a. WAS A PERFO	RMEO?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
CA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:				ACE OF DEATH (Ch	neck only one)					
PHYSICIAN:	1 YES 2 NO 1 Inpatient 2	☐ ER/Outpatient 3		THER: Nursing Home	5 Realdence	8 Other (Specify)					
F	27. MANNER OF DEATH 1 V Natural 5 Pending	DE INJURY Day, Year)	28b. TIME O	F 28c. INJU WOF	RY AT	28d. OEŞCRIBE HOW	INJURY OCCUR	ED			
B	2 Accident Investigation				ES 2 NO						
	3 Sulcide 4 Homicide 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)										
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of MEDICAL EXAMINER: On the basis of	of my knowledga, dea axamination end/or in	ith occurred a	t the time, deta a	and place, and due ath occured at the	time, data and place, a	nner as stated.	ause(s) and manner as stated.			
BE (296. SIGNATORE AND TITLE OF CERTIFIER	4 - 40			29c. LICENSE NUI	MBER	29d. DATE 9	GNEP (Month, Day, Year)			
2	Mand toreste	UD			D097	722	1///	791			
	DR. MARIO REDA 4211	USE OF DEATH LITEM FOURTH ST			MD 2122	25	11/0				
	31. DATE FILED (Month, Day, Year) 32. REGIST	AR'S SIGNATURE		. ,							
	NOV 07 1991 Julia Day	idson-Randa	02								



91

3. TIME OF DEATH

2:55

Рм

DHMH-16 Rev 1/89

2. DATE OF DEATH MONTH 1 1

Õ1

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

FRANK MCKAY

1 -

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER 1	YEAR DAYS	IF UNDER 24 HI	RS. 7. DATE	th, Day, Year)	8	8. BIRTHPLAI Country)	CE (State or Foreign
	115-18-1815	1 🔀 M 2 🗌 F	95	YRS.		100		0.	7-26-9	6		
_	9s. FACILITY NAME (If not institution, give s						L IV IN		חם וו	9c. COUN	TY OF DEATH	1
P	FORT WASHINGTON	MEDIC	AL CENI	EK	11/	11	LIVIN	163101	N 170.		PG	
DIRECTOR	10a. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN OF	LOCAT	ION				10d	I. INSIDE CITY LIMITS?
5	MD										10	YES 2 NO
1	10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUI										COUNTRY?	
FUNERAL	1278 RIVERMONT	DRIVE	MELBOUR	RNE		\perp	32935					
BY FUI	11. MÁRITAL STATUS 1 Never Merried 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE	NT EVER IN U.S. AR 1 X YES 2 N WAR OR DATES	MED 10	11	yes, sp	ENDENT OF HI ecity Cuben, M 2 \(\textstyle \)XNO S	exican, Puerto	IN? (Specify Yes Rican, etc.)	or No-	14. RACE — / Black, Wt Specify:	American Indien, hite, stc. WHITE
유	15. DECEDENT'S EDU (Specify only highest grade		16s, DE	CEDENT'S	USUAL OCI	CUPATIO	ON st of working	16	b. KIND OF BUS	INESS/INDI	JSTRY	
APLET	Elementaly/Secondary (0-12)	College (1-4 or 5	//fe	Do NOT u	lice				New	York	c Poli	ce Dept.
BE COMPL	17. FATHER'S NAME (First, Middle, Last) James MacKay						18. MOTHER	S NAME (First,	Middle, Maiden Ora Lid	Sumsme) dell		
TO BE	19a. INFORMANT'S NAME (Ipor Print) James McKay		19	P WAITING	ADDRESS Ga	rde	nd Number or F n Cres	t Dr.	mber, city or Town Raleig	h N.C	Code) 27	609
5	20s. METHOD OF DISPOSITION 1 Burlel 2 XCremation 3 Rem	oval from State	20b. PLACE other pl		SITION (Nam	e of ce	netery, cremetor	y or			Olty or Town,	State
	4 Donation 6 Other (Specify)	- da stratear			y Cre					lex.		
availing.	21. SIGNATURE OF FUNERAL SERVICE LIC	E B	une			AME A	W. HON	FACILITY RADDO	EVERL'	Y-WH . AL	EATLE EX. V	Y FUNER/ /A 22302
MEDICAL CERTIFICATION	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO	CELL D (OR AS A CONSE	QUENCE O	NF):	IA						
I shows any injur	URINARY RETENTION, ILEUS GI HEMMORHAGE PERFORMED? OF DEATH?									RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 X NO		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient :	□ DOA	OTHER	:	LACE OF DEAT					
Is marked, or It D BY PHYSI	27. MANNER OF DEATH 1	26a. DATE C	F INJURY Day, Year)	28b. TII		28c. IN.	JURY AT DRK? YES 2 N	28d. D	ESCRIBE HOW I	NJURY OCC	CURED	
TED E	3 Suicide 6 Could not be 4 Homicide determined	OF INJURY — At hig, etc. (Specify)				. LOCATION (Street and Number or Rural Route Number, City or Town, State)			e Number,			
ANT: If Item 28 COMPLETE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ICIAN: To the best of										nd manner as stated,
BE BE	296 SIGNATURE AND TITLE OF THE PROPERTY OF THE	w					29c. LICENS D 1 9 4	_	xp 9/9			onth, Dey, Year) - 9 1
<u>₹</u>	30. NAME AND ADDRESS OF PERSON WITH	(USE OF DEATH (ITE			D .				207		
	31. DATE FILED (Month, Day, Year)		RAR'S SIGNATURE									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

YEAR

3. TIME OF DEATH

Approximata intarvai Batwean **Onset and Death**

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

2. DATE OF DEATH MONTH DAY

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

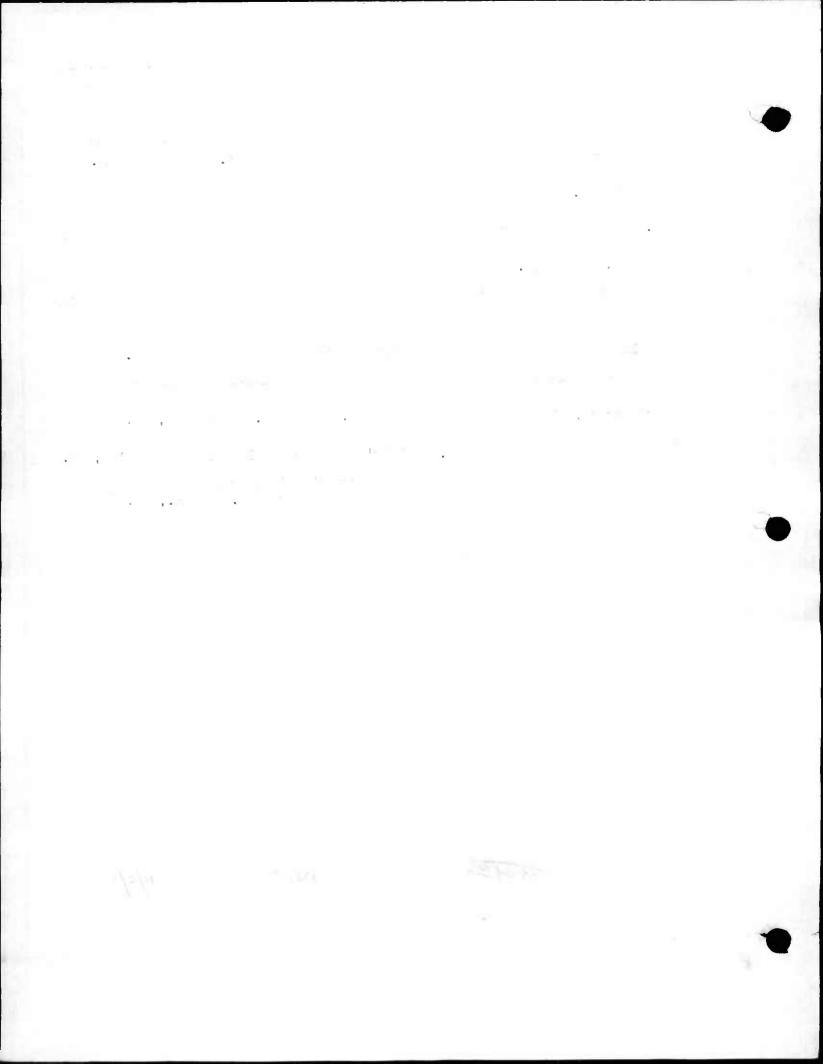
- 1	William		- S		POREC.	4				Nove	ember	5 19	91	7.50 P
	4. SOCIAL SECURITY NUMBER 191 28 726		5. SEX 1 (25.M 2 [] F	8. AGE (In	yrs. last birthday)	IF UNDE	DAYS	IF UNDER	24 HRS. MIN.	7 DATE (OF BIRTH	, , ,	8. BIRTH	PLACE (State or Foreign
				22	YRS.						•)1	1935	fen	na.
œ .	90. FACILITY NAME (If not in Franklin					9b, CIT		R LOCATIO		ATH		9c. COUN	TY OF D	EATH
<u>ē</u>	RESIDENCE OF DEC		ospital				Ross	vill	е			Baltimore		re
DIRECTOR	10a. STATE	10b. COUNT	Y		10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY	
5	Md. Baltimore Essex										LIMITS?			
¥	100. STREET AND NUMBER						101.	ZIP CODE				10g. CITIZ	EN OF W	HAT COUNTRY?
FUNERAL	606 N. Essex Ave.							21	221				US	A
ETED BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN 1 FORCES? 1 YES IF YES, GIVE WAR OR DAT				2 NO		If yes, spe	ENDENT O city Cubar NO	n, Mexican	, Puarto R	? (Specify lican, etc.)	Yes or No-	14. RACE Black Specifi	- American Indian, White, atc.
	15. DECI	EDENT'S EDU	JCATION		16a, DECEDENT'S	USUAL O	CCUPATIO	N		16b.	KIND OF	BUSINESS/INDU	JSTRY	
	Elementary/Seegndary (0	7	College (1-4 or 5+	+)	(Give kind of a	se retired.)								
Z I	12			Paint Repairman								Auto M	g.	
TO BE COMPL	17. FATHER'S NAME (First, MI Danie				18. MOTH				den Surname)					
			reca							onic		Honushe		y
	Mary Pore	ca, Wi	fe		19b. MAILING	606	N. E	SSeX	or Rural R	Be	er, City or altir	nore, P	Code)	21221
	20a, METHOD OF DISPOSITI	n 3 🗌 Rem	noval from State	20b. Р седте!	PLACE AND DATE (OF DISPOS	SITION (Na			DATE		LOCATION — C		
- 19-	4 Donation 5 Other		revene	St	tery, cramatory or o			eter	у :	11/8	91 1	Vahanoj	Ci	ty. Pa.
	21. SHOWATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY													
	Bruzdzinski Funeral Home PA													
	IMMEDIATE CAUSE (Fin	iart failure.		t caused t	tha daath. Do r ch lina.	1	407	East	eren .	ATTO	Bo.	1+0 1	St.	
SERTIFICATION	anock, or na	ona, liata	a. Metas bue to h. Hyper oue to Malig	t caused to see the calce (or as a contact or ant	ch iina.	agea onda	the mod	Easte la of dyli	ern ng, such	as cardi	Ro [®]	apiratory arre	st,	Approximata interval Batwe
Centre	IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list condition if any, leading to immedicause. Enter UNDERLYII CAUSE (Disease or injuit that initiated events	ona, liata	a. Metas b. Hyper oue to Malig	t caused to see on asconding to the calceton as a conding to the conding to the calceton as a condinate as a condin	ESOPE Consequence of emia Sec consequence of Right P	agea conda	the mod	Easte la of dyli ncer	tast	as cardi	Polis Dis	apiratory arre	st,	Approximata interval Batwo Onset and Da
MEDICAL CENTIF	IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list condition if any, leading to immediate. Enter UNDERLY! CAUSE (Disease or injuit that initiated events resulting in death) LAST	ona, liata NG PY	a. Metas b. Hyper oue to Malig	t caused to see on asconding to the calceton as a conding to the conding to the calceton as a condinate as a condin	ESOPE Consequence of emia Sec consequence of Right P	agea conda	the model the mo	ncer o Me	tast	atic	Dis	ease AN AUTOPSY ORMED?	24b.	Approximata interval Batw. Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da
AN: MEDICAL CERIIF	immediate CAUSE (Fin disease or condition resulting in death) Sequantially list condition resulting in death) Sequantially list condition are cause. Enter UNDERLYII CAUSE (Disease or injust that initiated events resulting in death) LAST PART ii. Other significant cause. Sequentially cause or injust that initiated events resulting in death) LAST	ona, liata NG PY	a. Metas a. Metas b. Hyper oue to c. Malig DUE to d. HOSPITAL:	t caused it is a no see on a no calce (or as a con ant death but	ESOPHEONSEQUENCE OF Right P CONSEQUENCE OF the not resulting in the consequence of the co	agea conda	the model the mo	Easte la of dyli ncer	tast	atic	Dis	ease AN AUTOPSY ORMED?	24b.	Approximate interval Batwo Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da
SICIAN: MEDICAL CERTIF	IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list condition if any, leading to immediate cause. Enter UNDERLYII CAUSE (Disease or intertumental initiated events resulting in death) LAST PART II. Other significant cause in the cause i	ona, liata NG PY	a. Metas B. Hyper OUE TO C. Malig DUE TO d. HOSPITAL: 1 Inpetlant 2	t caused it is a on a second color as a conant (OR as a conant death but	ESOPE CONSEQUENCE OF RIGHT PROPERTY OF THE PRO	and antare antare antare and antare and antare and antare and antare antare and antare and antare and antare and antare and antare	the modern the modern	ncer O Me	tast	atic	Dis Dis 24a. WAS PERF 1 YES	ease AN AUTOPSY ORMED? 2 NO	246.	Approximate interval Batw. Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da
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D BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) CAUSE (Disease or injust that initiated events resulting in death) LAST PART II. Other significant resulting in death) 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Sequential Sequential Resulting in death in Sequential Resulting in Sequen	ona, liata NG y nt condition MEDICAL Pending neestigation could not be	a. Metias a. Metias b. Hyper oue to d. MosPital: 1 MosPital: 1 MosPital: 28a. DATE OF (Month, De 28a. PLACE OF	t caused it is a on as a contact (or as	ESOPHECONSEQUENCE OF RIGHT PONSEQUENCE OF THE TOTAL THREE TOTAL TH	ondarianter age as a condarianter age as a condarianter age as a condarianter age as a condarianter age age as a condarianter age age age age age age age age age age	the model the model to the model the model to the model t	astuda of dyla	tast	atic. Part i. Other 20d. DESC	Dis	PAN AUTOPSY ORMED? 2 NO W INJURY OCCU	24b.	Approximate interval Batwo Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da
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Theodore Stephens MD. 9000 Franklin Square Drive 21237

107 1991 132 Pensistens Standard Prince 21237

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

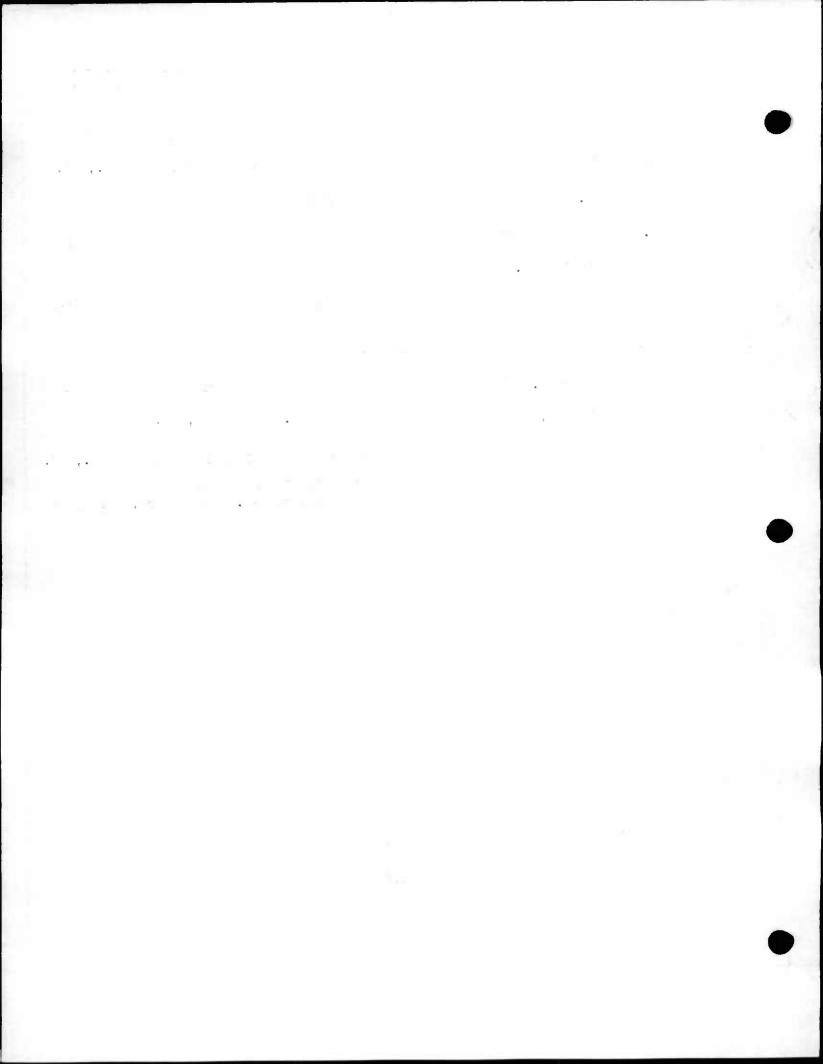
DHMH-16 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIFI	TMENT OF I	HEALTH AND	MENTAL HYGIEI	NÉ '	30401	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
		Harriet	H	PHILLIE	S	November	6. 199	AR	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH	100	BIRTHPLACE (State or Foreign	
	215 10 1636	1 M 2 TXF 7	S YRS.	MONTHS DAYS	HOURS MIN.	June 23	1915 B	alto. Md.	
	9e. FACILITY NAME (If not institution, give st	reet end number)		9b. CITY, TOWN	OR LOCATION OF		9c. COUNTY		
DIRECTOR	Franklin Sq. Hospital Rossville Baltimore Cour								
W.	10a. STATE 10b. COUNTY		, TOWN OR LOCA	TION			10d. INSIDE CITY		
	Md. Bal	Ltimore		Essex				LIMITS?	
AL	10e. STREET AND NUMBER			10	f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
1 5	2229 Phillips	Rd.			21221			USA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER II FORCES? 1 YES	U.S. ARMED	13. WAS DEC	ENOENT OF HISPA	ANIC ORIGIN? (Specify Ye	s or No- 14.	RACE - American Indian,	
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D		If yes, sp	ecify Cuben, Mexic 2 NO Spec	en, Puerto Rican, atc.)		Black, White, etc.	
								Specify: White	
COMPLETED	15. DECEOENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S I	rork done during me	ON ost of working	16b. KINO OF BU	SINESS/INOUST	RY	
الإا	Elementary(Secondary (0-12)	College (1-4 or 5+)	Secre	e retired.)			T 0	201	
Σ			Decre	cary			Law O	Tice	
8	17. FATHER'S NAME (First, Middle, Last) Lawrence	E Harme			18. MOTHER'S N	AME (First, Middle, Maider	Surname)		
8		T. TIGT IIP			Bess	sie Hart			
0	19a. INFORMANT'S NAME (Type/Print) William Phillips	Hughand	19b. MAILING	AOORESS (Street a	and Number or Rura	Route Number, City or Tox	wn, State, Zip Cod	e)	
	william rinifips	, nusband	2229	Philli	ps Rd.	Baltimore,	Md. 2]	.221	
	20e. METHOO OF DISPOSITION 1.M. Burlel 2 Cremetion 3 Remo	20b	PLACE AND DATE O	F DISPOSITION (No	ame of	OATE 20c. LO	OCATION — City	or Town, Stata	
	4 Donation 5 Other (Specify)		etery, crematory or oth	Cemeter	V	11/9/91	Baltimo	re Co. Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	/	22. NAME A	ND ADORESS OF F	ACILITY		10.	
	(Moren E)	reduce	L			uneral Hom			
\vdash	23. PART i. Enter the diseases, or co	A file		1407	Eastern	Ave. Bal	timore	Ma 21221	
	shock, or heart feilure. L IMMEDIATE CAUSE (Finel disease or condition resulting in death)	. Metastat	ic cance	er	or cyling, ou	or de delidied of feep	metory strest,	Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Cardiopu oue to (or as a	11monary consequence of	Arrest papilla		ıs Ovarian 3 (poorly d		ntiated)	
A L	PART ii. Other eignificent conditions	contributing to deeth be	at not resulting in	the underlying	g cause given in	Part I. 24e. WAS AN		24b. WERE AUTOPSY FINDINGS	
MEDIC						1 _ YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
і ші ІІ								OF DEATH? 1 YES 2 NO	
Σ						_			
				26 01	ACE OF DEATH (C	neck only one)			
	25. WAS CASE REFERRED TO MEDICAL			20. PL					
	EXAMINER?	HOSPITAL:		OTHER:		8 C Other (Specify)			
	EXAMINER?	1 Xinpatient 2 ER/Outp	100A 20b. TIME	OTHER: 4 Nursing Hom OF 28c, INJ	5 Residence	8 Other (Specify)	NJURY OCCURE	0	
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BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Notural 5 Pending 2 Accident Investigation	1 Xinpatient 2 ER/Outp	28b. TIME	OTHER: 4 Nursing Hom OF 28c. INJI RY WO 1 1 1	URY AT RK?		and Number or Ru		
BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY building, etc. (Speci	28b. TIME INJU	OTHER: 4 Nursing Hom OF 28c. INJ WO 1 1 1	s 5 Residence URY AT RKY ES 2 NO	28f. LOCATION (Street City or Town, State)	and Number or Ru		
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	FOR
1	STATE
u	REGISTRAR

	1 - STATE REGISTRAR	STATE OF N	MARYLAND /	DEPAR	ICAT	F OF H	EALTH DEAT	AND I	MENTA	L HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH		-	3. TIME OF OEATH
	Robert M. Riggin	. Sr.							11	07	AY	91	м
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	birthday)	IF UNDER		IF UNDER			OF BIRTH		8. BIRTI	IPLACE (State or Foreign
	218-09-7030	1 🔀 M 2 🗆 F	-7 7	YRS.	MONTHS	DAYS	HOURS	MIN.	05	th, Day, Year)	3	Count	m ryland
	9a. FACILITY NAME (If not institution, give a				9b. CITY	, TOWN C	R LOCATIO	ON OF DE	EATH		9c. COUNTY OF DEATH		
OH	21 North Highland		Baltimore							Ba	altin	ore	
DIRECTOR	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY	10b. COUNTY				OR LOCAT	1001						
SIR	Maryland Balt	imore			ltim		ION						10d. INSIDE CITY LIMITS?
1	10e. STREET AND NUMBER	-Inole		Do	ITCTII		ZIP CODE						1 X YES 2 NO
ER/	21 North Highland	Avenue				""	2122				10g. CI1		
S	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13.	WAS DEC		_	UC OBIGI	N? (Specify Yea	or No	US	A — American Indian,
BY FUNERAL	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 XN	0		If yes, spe	2 X NO	n, Mexicai	n, Puarto	Rican, etc.)	01110	Black	k, White, atc.
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade	CATION	16a. DE	CEDENT'S	USUAL O	CCUPATIO)N		161	. KIND OF BUS	SINESS/INI	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5 +	- Gia	Do NOT u	se retired.)	during mo	st of workin	g					
MP	12		s	teel	wor	ker				MFG			
8	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NA	ME (First,	Middle, Maiden	Surname)		
BE	Frank Riggin						Eun	ice	Ster	ling			
2	19a. INFORMANT'S NAME (Type/Print)									ber, City or Tow			
-	Amanda M. Riggin		2	1 No	rth :	High	land	Ave	nue,	Balti	.more	, Md	. 21224
	20a. METHOD OF DISPOSITION 1 Disposition 3 Rame	oval from State	20h PLACE A	NODATE	ne nispos	UTION /No.	me of		DAT	E 200 LO	CATION	Chu on To	num Cause
	4 Donation 5 Other (Specify)	THOSE	Holly	Hil:	L Men	moria	al Pa	irk 1	1108	91 Mid	dler	iver	Maryland
	THE STATE SERVICE EN	ENSEE		0			D ADDRES			mo Tm	~		
	tecto			30-	13	28 S	ulphi	ir S	prin	g Rd.	Arbu	tus.	Md. 21227
	23. PART. Enter the diseases, or of shock, or heart fellure.	complications that	t caused the dec	th. Do i	not enter	the mo	de of dyl	ng, euct	h es can	dlec or reepi	ratory en	reet,	Approximata
4	IMMEDIATE CAUSE (Final												Intervel Between Oneet and Death
	disaese or condition resulting in death)	DUE TO	CCLNOMA	01	= 71	KE	GA	-666	BLA	ONGR			2 NOS
		DUE TO	(OR AS A CONSEO	UENCE O	F):								
NO	Sequentially liet conditions,	b	100 to 1 course										
ATI	If any, leading to immediate cause. Enter UNDERLYING	502 10	(OR AS A CONSEO	UENCE O	r):								
CERTIFICATION	CAUSE (Diseese or Injury that initieted events	DUE TO	(OR AS A CONSEO	UENCE O	F):								
	resulting in death) LAST												1 1
- 11	PART II OU I III												
PHYSICIAN: MEDICAL	PART II. Other significent condition	s contributing to	deeth but not re	sulting	In the un	derlying	ceuse g	lven in i	Part 1.	24a. WAS AN . PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă										1 YES 2	NO		COMPLETION OF CAUSE DF DEATH?
Σ									_				1 TYES 2 NO
ž													
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF DE	ATH (Che	ck only or	ю)			
¥	1 TYES 2 THO 27. MANNER OF DEATH	1 Inpatient 2			4 🗆 Nurs	ing Home	5 PA	idence t					
	1 Natural 5 Pending	28a. DATE OF (Month, Da		28b. TIM INJ	URY	28c. INJU WOR	RK?		28d. DES	CRIBE HOW IN	JURY OC	CURED	
B	2 Accident Investigation 3 Suicida	280 DI ACE OI	E IM HIPW As have		M		ES 2	NO					
COMPLETED	3 Suicida 6 Could not be determined	building,	F INJURY — At hon atc. (Specify)	10, 10rm, 1	Rreet, facto	ory, office			28f. LOC City	ATION (Street a or Town, State)	nd Number	or Rural R	loute Number,
2	29a. CERTIFIER (Check only	CIAN: To the best of	my knowledga, das	th occurre	d st the ti	me, deta	and place,	and dua l	lo the car	ree(s) and man	ner as stat	led.	
8	one) 2 MEDICAL EXAMINE) and manner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LICEI	NSE NUM	BER		29d, DAT	E SIGNED	(Month, Day, Year)
۵	(armiole,	MU		29c. LICENSE NUMBER						29d, DATE SIGNED (Month, Dey, Year)			
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (ITEM	27) (Туре,	Print)				_			1111	(,,)
	SCOTT CARNWALE		5601 Lc	CHI	2 AUGA	U B	LUD	BI	ALTO	AON CE	MI	9	
	31. DATE FILED (Month, Day, Year)	QQ REGISTRAF	rysignature Tuna Pavid		2			-					
	KANA 1	MINI.	and hard	S001-1	andes	6,							

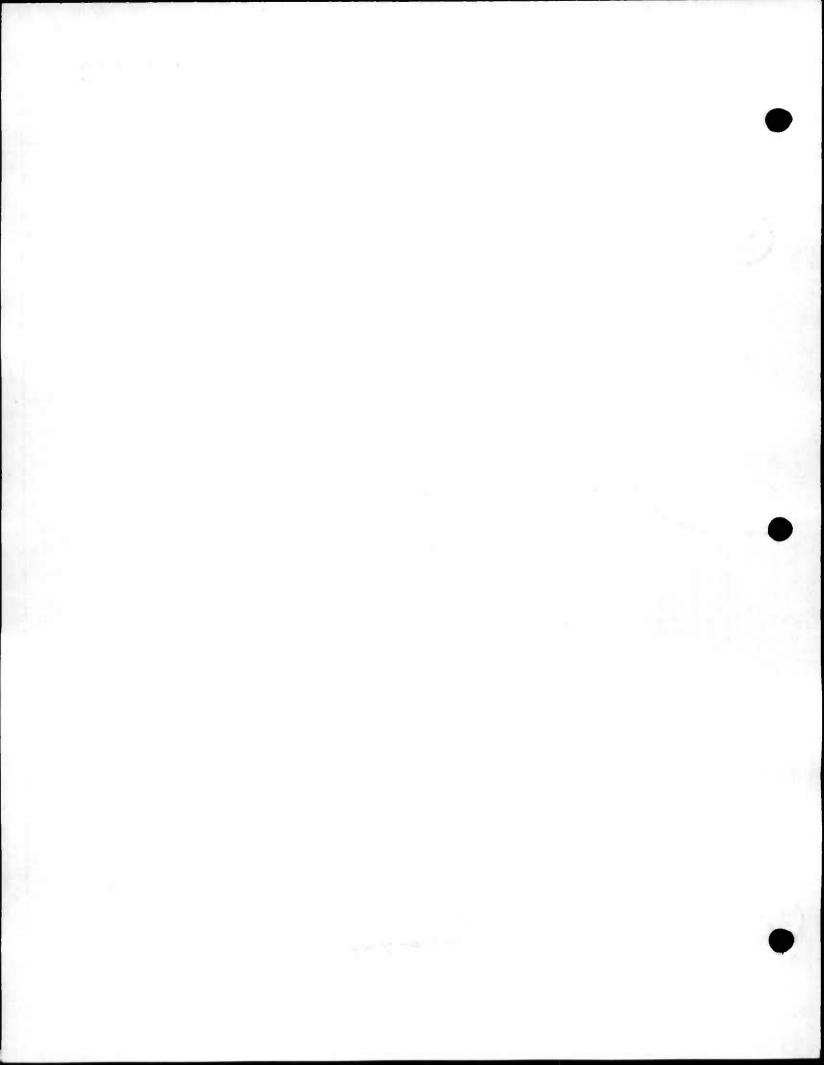


DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

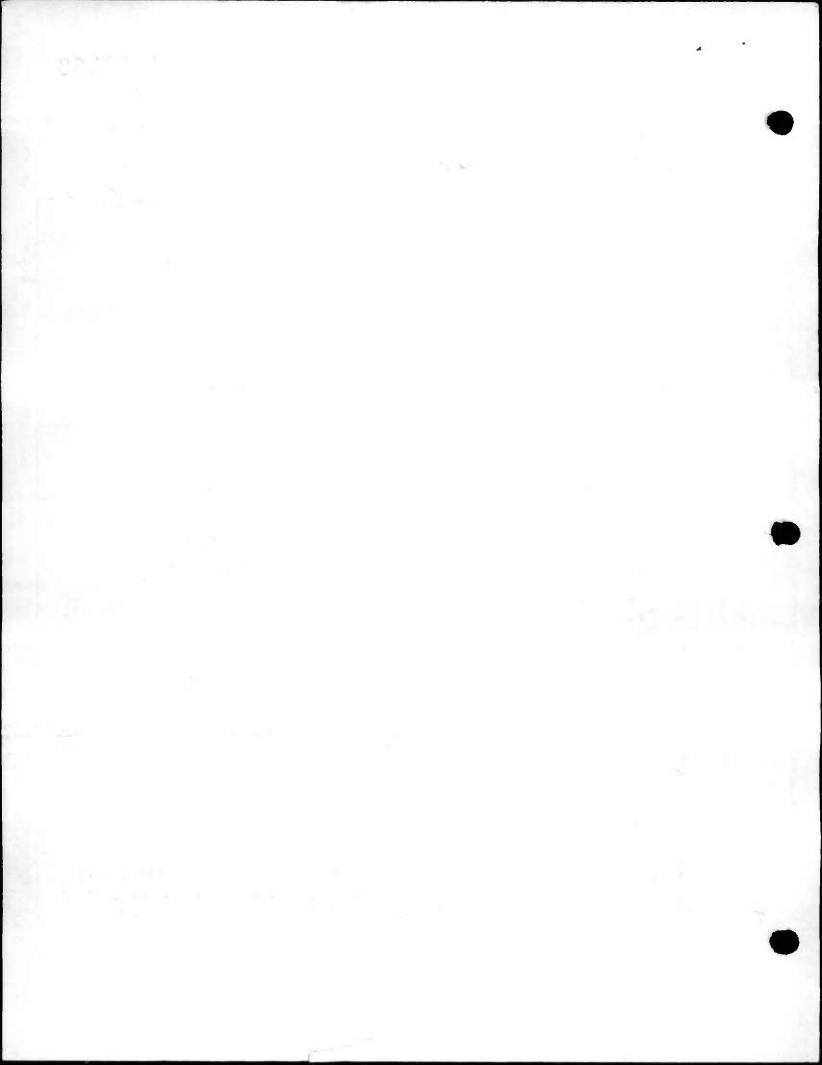
DHMH-16 Rev 1/89



6, BALTIMORE, MARYLAND 21203-3146	within Jurs after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should ith the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.	yent, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jurs after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be flied within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First, Middle, Last)	10	Presto	n Ruhl		2. DATE OF D	EATH DAY	YEAR 3	TIME OF DEATH
	VIOCIAL SECURITY NUMBER 5. SEX	B. AGE (In a		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DAYE OF B	3/	S. BIRTHPL	AGE (State or Foreign
	216-0 7-25/2 15M2	D 89 @	The second secon	HTHS DAYS	HOURS MIH.	(Month, De		Country)	yland
	Sa. FACILITY NAME (If not institution, give street and num	CITY, TOWN O	TOWN OR LOCATION OF DEATH / St. COUNTY OF DEATH						
DIRECTOR	Manor Care - Towso	Town	con, Y	KRO	1204	Ba	time		
REC	10e. STATE 10b. COUNTY	_	1.11.11.11	10c. CITY, TOWN OR LOCATION 10d. INSIDE CIT					
0	Maryland Baltimor	MOI	nkton					LIMITS? YES 2 NO AT COUNTRY?	
FUNERAL	605 Monkton Rd.		101.	21111			J.S.A		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 X Widowed 4 Divorced		If yes, spi	ENDENT OF HISPANI Incline Cuben, Mexican 2 NO Specify:	ANIC ORIGIN? (Specify Yea or No— 14. RACE — American Indian, can, Puerto Ricen, etc.) Specify: White				
GE.	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16	la. DECEDENT'S USI	UAL OCCUPATIO	IN st of working	16b. KIN	D OF BUSINESS/I	NDUSTRY	
COMPLETED	Elementary/Secondary (0-12) College (1		(Give kind of work life. Do NOT use re Stone Pi			Sto	one Qua	arry	
	17. FATHER'S NAME (First, Middle, Last) Lewis C. Ruhl				18. MOTHER'S NAM Laura)	
BE	19s. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	nd Number or Rural R			Zip Code)	
2	Cheryl Bozman				Rd., M				
	208, METHOD OF DISPOSITION 1 X Burial 2 Cramation 3	tete May	LACE OF DISPOSITION PROPERTY OF Chape	on (Neme of cen	netery, crematory or p	Nov.4	20c. LOCATION	City or Town	n, State MD
	21. SIGNATURE OF SUNERAL SERVICE LICENSEE	7	onap	22. NAME AN	D ADDRESS OF FAC	RLITY			
	* Harte	nstar	i	J.J. 24 Se	Hartenst	tein 1	Mortua: w Free	ry, I dom,	nc. PA 17349
	23. PART / Enter the diseases, or complication shock or heart failure. List pnly p			enter the mo	de of dying, auch	aa cerdiac	or reepiratory	errest,	Approximate Interval Between
	Onest and Des								
	resulting in deeth) - a. CAVCOADA A CONSEQUENCE OD:								
Z	METASTATIC								
ATIC	if any, leading to immediate cause. Enter UNDERLYING	ONSEQUENCE OF):	OF):						
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF):						
CER	d.								
	PART II. Other significent conditions contribu	ting to death but	not resulting in t	the underlyin	g cause given in	Pert I. 24s	. WAS AN AUTOPS PERFORMED?		WERE AUTOPSY FINDINGS
MEDICAL						10	YES 2 NO		COMPLETION OF CAUSE OF DEATH?
ME						-		,	YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Che	ock only one)			
SIC	EXAMINER? 1 YES 2 NO 1 Inpet	AL: ent 2 ER/Outpati		THER:	e 5 🗆 Residence	8 Other (Sp	pecify)		
PHYSICIAN		Month, Day, Year)	28b. TIME C	Y WC	URY AT DRK?	26d. DEŞCRI	BE HOW INJURY (OCCURED	
р ВУ	2 Accident Investigation 3 Suicide 8 Could not be	PLACE OF INJURY — pullding, etc. (Specify)	At home, farm, stre				N (Street and Num	ber or Rural Ro	ute Number,
ETE	4 Homicide detarmined	- Contract (Special)			5.0	Oily or it	wit, Glaley		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the beautiful one)								and menner as stated.
ш	29b. SIGNATURE AND TITLE OF CENTIFIER				29c. LICENSE NUM	BER	29d. C	ATE SIGNED	Month, Day, Year)
TO B	M. Ser, Luy	> \ \	NV	J-11 40	LBSO	70		11-0	1-9)
[30. NAME AND ADDRESS OF PERSON WHO COMPLETE	ANEGO	·MD	(m) 63	304 K	enw	aco.	7/17	Suite 3
	31. DATE FILED (Month, Day, Year) 32.	EGISTRAB'S SIGNAT	URE DOOR ADD		7111000			V.: V.	= 1
	m nersy (1 / 103031 667/	ANULLA NUNLLATI (EZABITA	-Nation						
	NOV 07 1991 Ju								DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



TO THE HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

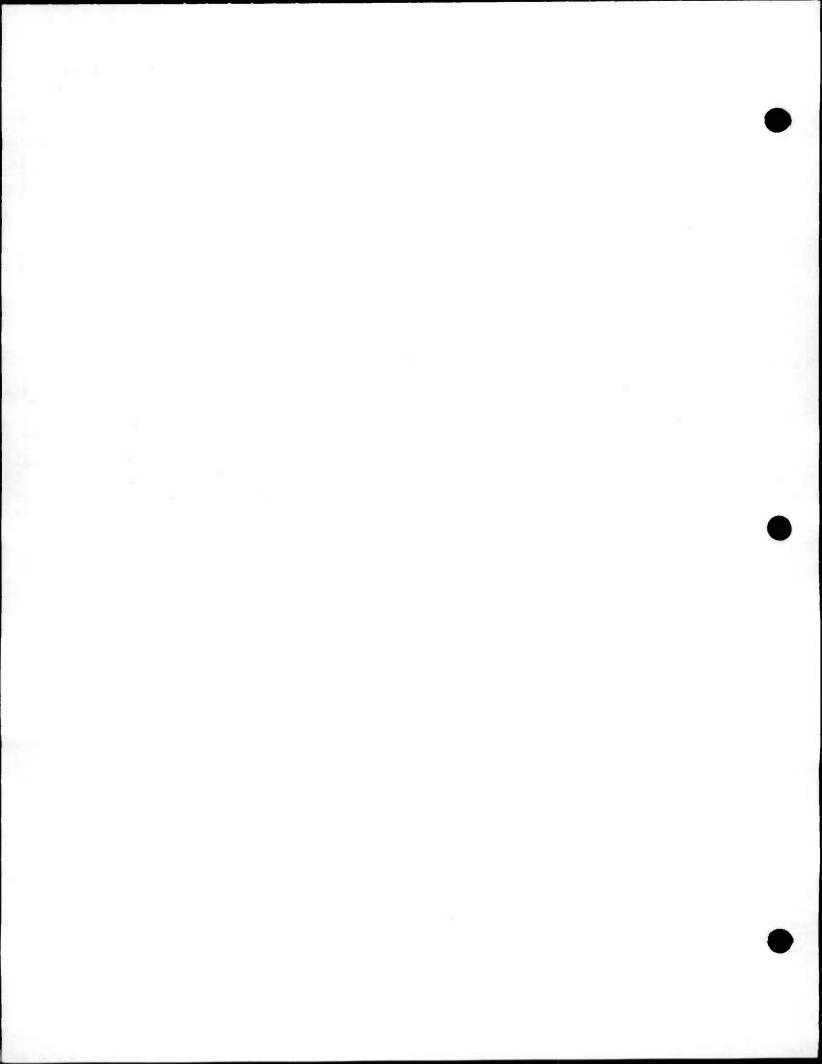
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

E	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
STRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR		STATE OF M	MARYLAND C	/ DEPAR	RTMEN'	T OF H	EALTH DEAT	AND I	MENTA	HYGIEN REG. NO		Ü	0461	etb
	1 DECEDENT'S NAME (First Added) 1 - 10							2. DATE	OF DEATH			3. TIME OF DE	ATH		
				₹						MONT	3	AY	YEAR	11:35	ъ м
	4. SOCIAL SECURITY NUMBER	ER	5. SEX 6. AGE (In yrs. last birthday) IF UNDER t YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.							DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreit Country)					
	217-05-3680 1 M 2 □ F 76				YRS.			HOURS	wire,		29-15			yland	
œ	90. FACILITY NAME (If not institution, give street end number) 1600 Timbercrest Dr							OR LOCATIO		ATH		5	NTY OF D		
유	RESIDENCE OF DECI		t Dr			Ca	cons	ville	-			Bali	timo	re	
DIRECTOR	10e. STATE	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION				-		tod. INSIDE CI	TY
		Balti	more		Ca	tons	vil]	Le					J	LIMITS?	NO P
<u> </u>	100. STREET AND NUMBER						101	ZIP CODE				10g. CITI	ZEN OF V	WHAT COUNTRY	>
FUNERAL	11. MARITAL STATUS	1600 Timbercrest Dr.						2122	_			U.S	.A.		
B⊀	1 Never Married 2 N h 3 Widowed 4 Divorce		12. WAS DECEDEN FORCES? 12 IF YES, GIVE W	YES 2 AR OR DATES	RMED NO		ir yes, sp	ENDENT O ecify Cubar 2 X NO	ı, Maxica:	n, Puerto f	? (Specify Yea licen, etc.)		14. RACE Black Speci		dian,
	15. DECE (Specify only	DENT'S EDU	CATION completed)	tea. D	ECEDENT'S	USUAL O	CCUPATIO	ON .		166.	KIND OF BU				
9	Elementary/Secondary (0-1		College (t-4 or 5 +) iii	Give kind of the Do NOT us		ouring mo	st or working	9						
COMPLETED	12 yrs				Brok	er					Insura				
S	17. FATHER'S NAME (First, Mid Louis V. Rev										liddle, Meiden				
BE	19a. INFORMANT'S NAME (Typ.			1.0	Ob. BAAII ING	4000000			helm			_	elle	r	
2	J. Anita Rev			[]	1600	Timb	ercr	est.	or Rural R Dr.	Cato	er City or Tow nsvil]	n, State, Zip	Code)	1228	
	200. METHOD OF DISPOSITIO	N	Acceptables	20b. PLACE	AND DATE	OF DISPOS	ITION (No.	me of		DATE					
	4 Donetton 5 Other (Specify) Hilltop Service Corp.														
	21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE	1/		22.	NAME AN	D ADDRES		CILITY					
	· Man	4.	Pouls	//							al Hom				
	23. PART i. Enter the dis	eeses, Dr C	omplicetions thet	ceused the d	eeth. Do n	ot enter	the mo	de of dyle	ng, euch	ee cerd	ac pr respi	ratory err	est.	Approxi	mate
	IMMEDIATE CAUSE (Fine	ort rollule.	List Dniy Dne caus	se on each iin											Between
	iMMEDIATE CAUSE (Fine) disease or condition resulting in death) a. My JASTA FLC Colon Calcinoma 2 gran									18111					
	DUE TO (OR AS A CONSEQUENCE OF):														
ON	Sequentially liet conditions, If any leading to immediate DUE TO (OR AS A CONSEQUENCE OF):														
CERTIFICATION	cause. Enter UNDERLYING														
E	CAUSE (Disease or injury that initiated events		DUE TO	OR AS A CONSE	OUENCE OF	7):									
5	resulting in deeth) LAST		l												
١١٥	PART il. Other significent	condition	contributing to	deeth but npt	resulting i	n the un	derivina	ceuse of	ven in F	Pert i	24a. WAS AN	AUTOBOV	245	WERE AUTOPSY	
CAL							,				PERFOR	MED?	240.	AVAILABLE PRIOR COMPLETION OF	R TO
PHYSICIAN: MED										-	1 TYES 2	□ NO		OF DEATH?	
ž										-				1 TYES 2	NO
S	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOORITAL					ACE OF DE	ATH (Chec	ck only one)				
YSI	1 TYES 2 NO		HOSPITAL:	ER/Outpatiant 3	DOA	OTHER		5 🗆 Res	Idence 8	☐ Other	(Specify)				
	27. MANNER OF DEATH 1 Netural 5 Pe	ndlaa	28a. DATE OF I (Month, Da		28b. TIMI INJI	E OF URY	28c. INJU WOR			28d. DE\$6	RIBE HOW IN	JURY OCC	URED		
B	2 Accident Im	restigation	20. 10.00.00			М		ES 2 🗌	NO						
		ould not be termined	building, a	INJURY — At he te. (Specify)	ome, Jerm, a	treet, lacto	ory, office			281. LOCA City o	TION (Street e Town, State)	nd Number	or Rural Ad	oute Number,	
COMPLET	29e. CERTIFIER				7.										
₹ I	(Check only one) 2 MEDICA	WENAMINER	CIAN: To the best of r	ny knowledge, de	eath occurre	d at the ti	me, date	end pieca,	end due t	o the caus	e(e) end men	ner ee state	d.		
	290. SIGNATURE AND TITLE O		t: On the beele of exi	THE TOTAL OF THE T	investigation	i, in my of					ind place, end	due to the	Cense(e)	end menner ee	stated.
H	(NAI)	111	in	m	10		-	29c. LICEN	2	~ ~		29d, DATE	SIGHED (Month, Day You)
유	30. NAME AND ADDRESS OF P	ERSON WHO	P			Print)		V 5	36	04		- 11	/	/11	'
	/ /		505 Osler		(1)p0,	. /						1		,	
	31. DATE FILED (Month, Day, Yes		32. REGISTRAR				-								
	NOV 07 1	001	of lie True	1. %	2.00										
	110101	JJ1	0	1001-16-10	-656									DHMH.:	16 Rev t/89





STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

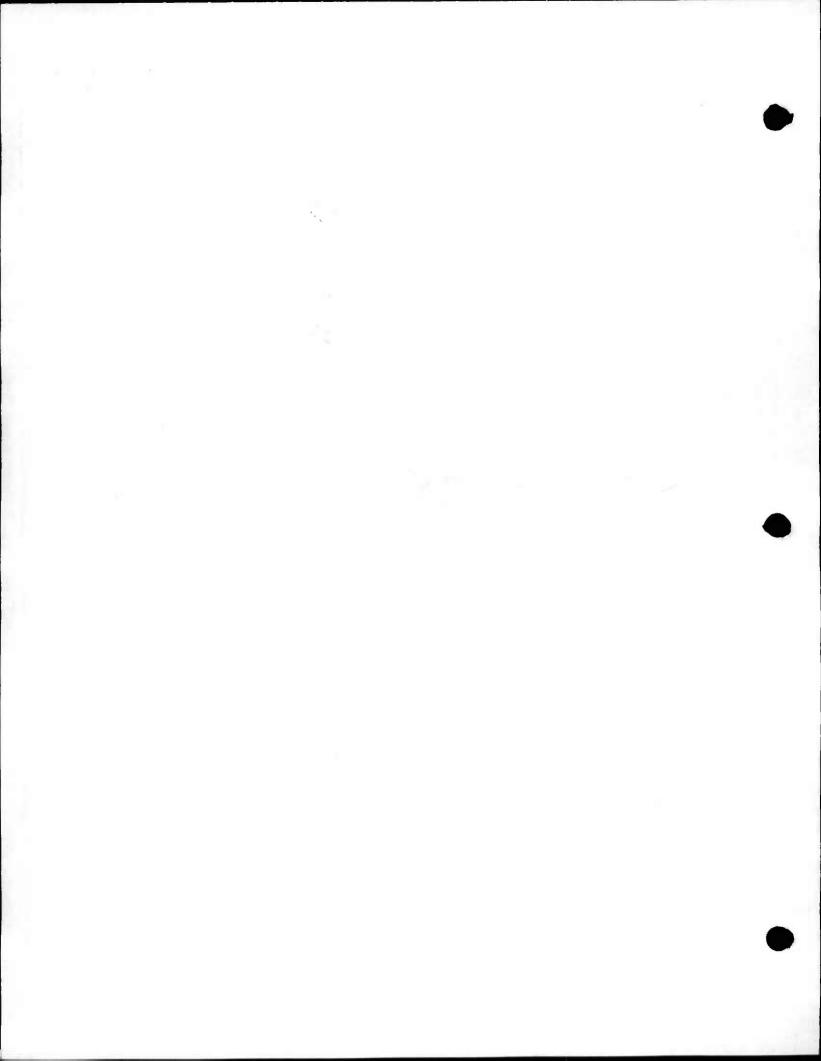
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BALTIMORE, MARYLAND 21215-0020	ifter death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	eal examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MISSIAN CHARACTER TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUND MECTOR After this certificate has been signed by the attending physician and completely filled in by the ibe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	O RE COMPLETED BY DHYSICIAN: MEDICAL CERTIFICATION

PIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	SHIRLEY	PHYLLIS	SMITH			MONTH DAY	YEAR	0
	4. SOCIAL SECURITY NUMBER	-	GE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	7/	PLACE (State or Foreign
	218-26-4448		1 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Country	y)
	Sa. FACILITY NAME (If not institution, give at			OL OUTY TOWN	OR LOCATION OF DE	5-23-30		YLAND
DIRECTOR	ST. AGNES HOSP			, , , , , , , , , , , , , , , , , , , ,	IMORE	ATH	9c. COUNTY OF DI	EATN
E	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY
	MARYLAND BA	LTIMORE		CATONSVI	LLE			LIMITS?
FUNERAL	302 WESTOWNE	DOAD		10	ZIP CODE		10g. CITIZEN OF W	/NAT COUNTRY?
N I	11. MARITAL STATUS				21228		USA .	
	1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YE	S 2 (10	If yea, ap	ecify Cuban, Maxica	RC URIGIN? (Specify Year n, Puerto Ricen, etc.)	or No — 14. RACE Black	- American Indian, White, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 TYES	2 X NO Specify		Sper:	
	1S. DECEDENT'S EDUC	ATION	184 DECEDENTS	USUAL OCCUPATION				WILLE
	(Specify only highest grade	completed)	(Give kind of	work done during mo se retired.)	ost of working	18b. KIND OF BUSI	NESS/INDUSTRY	
COMPLETED	Elementary/Secondary (0-12) 9th	College (1-4 or S+)	BAKER			A C D	ATTENT	
8	17. FATHER'S NAME (First, Middle, Last)		DAKER				BAKERY	
	CHARLES RAMSEY					ME (First, Middle, Maiden S	·	
BE	19a. INFORMANT'S NAME (Type/Print)						NORWOOD	
2	RICHARD J. SMITH					loute Number, City or Town,		
	20a. METNOD OF DISPOSITION					ONSVILLE, N		
	1 - Burial 2 - Cremation 3 - Ramo	rval from State	20b. PLACE AND DATE	ther place)		DATE 20c. LOCA		The second secon
	4 Donation 5 N Other (Specify) CT		Loudon Pa			11-8 BALT	IMORE, M	IARYLAND
	SERVICE LIC	ENSEE	211	HIIBBA	RD FIINER	AL HOME, IN	IC	
	-/ILLIC	2 4	PH			AVE, BALTIM		21220
	23. PART I. Enter the diseases, pr c	omplications that caus	ed the deth. Do	not enter the mo	de of dving such	as certies or respire	ton errest	
	antoni di modit foliole.	liet only one ceuse on	each line.		as or aying, such	an coldine of respita	nory errest,	Approximate Intervel Between
ľ	IMMEDIATE CAUSE (Finel disease or condition	CARDI.	Ac Jan	257	Cana	DESTU		Onaat and Death
-	resulting in death)	DUE TO (OR AS	A CONSEQUENCE O	Call C	MICHAIN	POTT IF		7 on
		10 (011 110						N
-		000	21 (lbs 10	Afri and				
NOI	Sequentially liet conditions,		A CONSEQUENCE OF					- "
CATION	if any, leading to immediate ceuse. Enter UNDERLYING							-
IFICATION	if any, leading to immediate	DUE TO (OR AS		ን:				
RTIFICATION	if any, leading to Immediate couse. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS	A CONSEQUENCE O	ን:				
CERTIFICATION	if any, leading to Immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST	DUE TO (OR AS	S A CONSEQUENCE OF	ŋ; ŋ;				N.
	if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente	DUE TO (OR AS	S A CONSEQUENCE OF	ŋ; ŋ;	g ceuse given in l	Port I. 248. WAS AN AI		WERE AUTOPSY FINDINGS
	if any, leading to Immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST	DUE TO (OR AS	S A CONSEQUENCE OF	ŋ; ŋ;	g ceuse given in l	PERFORM	ED?	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
	if any, leading to Immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST	DUE TO (OR AS	S A CONSEQUENCE OF	ŋ; ŋ;	g ceuse given in I	Pert i. 24s. WAS AN AI PERFORM 1 YES 2	ED?	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
: MEDICAL	if any, leading to Immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST	DUE TO (OR AS	S A CONSEQUENCE OF	ŋ; ŋ;	g ceuse given in I	PERFORM	ED?	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
: MEDICAL	if any, leading to Immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initieted evente resulting in death) LAST PART II. Other eignificent conditions 25. WAS CASE REFERRED TO MEDICAL	DUE TO (OR AS	S A CONSEQUENCE OF	r): r): in the underlying		PERFORM 1 YES 2	ED?	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
: MEDICAL	if any, leading to Immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that inkleted evente resulting in death) LAST PART II. Other eignificent conditions 2S. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS DUE TO (OR AS contributing to death	S A CONSEQUENCE OF	The underlying 28. PL OTHER:	ACE OF DEATH (Che	PERFORM 1 YES 2	ED?	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
: MEDICAL	if any, leading to Immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that inkleted evente resulting in death) LAST PART II. Other eignificent conditions 2S. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS DUE TO (OR AS Contributing to death CONTRIBUTAL: 1 Inpatient 2 ER/Ox 28a. DATE OF INJURY	S A CONSEQUENCE OF S A CONSEQUEN	28. PL OTHER: 4 □ Nursing Nom	ACE OF DEATH (Che	PERFORM 1 YES 2	ED?	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	if any, leading to Immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initieted evente resulting in death) LAST PART II. Other eignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending	DUE TO (OR AS DUE TO (OR AS Contributing to death	S A CONSEQUENCE OF S A CONSEQUEN	28. PL OTHER: 4 □ Nursing Nom E OF URY 28. INJ WO	ACE OF DEATH (Che 5	PERFORM 1 YES 2	ED?	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	if any, leading to Immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initieted evente resulting in death) LAST PART II. Other eignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending investigation	DUE TO (OR AS DUE TO (OR AS Contributing to death CONTRIBUTION TO (OR AS) HOSPITAL: No	S A CONSEQUENCE OF S A CONSEQUEN	28. PL OTHER: 4 Nursing Nom E OF URY WO 1 1	ACE OF DEATH (Che 5	PERFORM 1 VES 2 C ck only one) B Other (Specify) 28d. DESCRIBE NOW INJ	NO NO NO NO NO NO NO NO NO NO NO NO NO N	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	if any, leading to Immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initieted evente resulting in death) LAST PART II. Other eignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending	DUE TO (OR AS DUE TO (OR AS Contributing to death CONTRIBUTION TO (OR AS) HOSPITAL: No	S A CONSEQUENCE OF S A CONSEQUEN	28. PL OTHER: 4 Nursing Nom E OF URY WO 1 1	ACE OF DEATH (Che 5	PERFORM 1 YES 2	NO NO NO NO NO NO NO NO NO NO NO NO NO N	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	if any, leading to Immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST PART II. Other eignificent conditions 2S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending investigation 2 Accident success of Could not be determined	DUE TO (OR AS DUE TO (OR AS CONTributing to death CONTRIBUTE TO (OR AS CONTRIBUTE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	S A CONSEQUENCE OF S A CONSEQUEN	26. PL OTHER: 4 Nursing Nom E OF M 28c. INJ URY 28c. INJ I 1 1	ACE OF DEATH (Che 5 Rasidenca (TRY) RK? (ES 2 NO	PERFORM 1 VES 2 Ck anly one) 3 Other (Specify) 28d. DESCRIBE NOW INJ City or Town, State)	IURY OCCURED	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	if any, leading to Immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initieted evente resulting in death) LAST PART II. Other eignificent conditions 2S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS CONTributing to death CONTributing to death CONTRIBUTE AND TO THE PROPERTY OF INJURY (Month, Day, Year, 28a. PLACE OF INJURY Duilding, atc. (Sp.	S A CONSEQUENCE OF S A CONSEQUEN	28. PL OTHER: 4 Nursing Nom E OF M 28c. INJI URY WO M 1 1	ACE OF DEATH (Che 5	PERFORM 1 VES 2 Ck anly one) 3 Other (Specify) 28d. DESCRIBE NOW INJ 28f. LOCATION (Street and City or Town, State) to the cause(a) and menner	NO NO NO NO NO NO NO NO NO NO NO NO NO N	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	if any, leading to Immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST PART II. Other eignificent conditions 2S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC)	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS CONTributing to death CONTributing to death CONTRIBUTE AND TO THE PROPERTY OF INJURY (Month, Day, Year, 28a. PLACE OF INJURY Duilding, atc. (Sp.	S A CONSEQUENCE OF S A CONSEQUEN	28. PL OTHER: 4 Nursing Nom E OF M 28c. INJI URY WO M 1 1	ACE OF DEATH (Che 5	PERFORM 1 VES 2 Ck anly one) 3 Other (Specify) 28d. DESCRIBE NOW INJ 28f. LOCATION (Street and City or Town, State) to the cause(a) and menner	NO NO NO NO NO NO NO NO NO NO NO NO NO N	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



TO BE COMPLETED BY FUNERAL DIRECTOR

HORPITAL IDEATHENDIAN PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	O THE FINEFALD DIRECTOR: After this certificate has been signed by the attenting physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
THE HOSPITAL DR ATTENDING PHYS	TO THE FUNERAL DIRECTOR: After	be filed within 72 hours after death with	IMPORTANT: If Item 28 is m	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MAR			HEALTH AND		HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)		SIMMO	NS		2. DATE OF	DEATH DAY	1 75AP1	3. TIME OF DEATH 4'.00 AM
4. SOCIAL SECURITY NUMBER 243-26-1471 98. FACILITY NAME (If not institution, give si	1 🗆 M 2 💢 F	GE (In yrs. lest birthday) YRS.	MONTHS DAY			(1920) (1920)	Cour	th Carolina
Liberty Medical	Alle 216		Balti		CAIII	56.		imore
Md. Balti	more		TY, TOWN OR LO					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER 2129 Mccuollh St				101. ZIP COOE 21217		10g.	U.S.	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed XX Divorced	12. WAS DECEOENT EVI FORCES? 1 Y IF YES, GIVE WAR O	ES 2 X NO	If yes	DECENDENT OF NISPA , specify Cuban, Mexic YES 2 X NO Speci	en, Puerto Ric		— 14. RA Bia	CE - American Indian, eck, White, atc.
15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)		Ilfe. Do NOT I	work done during	g most of working		IND OF BUSINESS		
17. FATHER'S NAME (First, Middle, Last) Hirian Ray					ame (First, Mid m Will	iams	ne)	
190. INFORMANT'S NAME (Type/Print) Henry L. Gainey				eet and Number or Aural an St. NW	Route Number	ngton,	DC. 2	
20e, METNOD OF DISPOSITION	oval from Stata	NOV THS	TE OF OISPOSIT	etry	1177 1	20c. LOCATION 1 Fayet	tvill	rown, State
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSOE TUN	/	22. NAM W17	e and address of F liam C. B 6 W. Nort	rown (Communit	y Fun	eral Home
Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR DUE TO (OR c.	AS A CONSEQUENCE OF	OF):	laseular"	Thro	mbosis	74.	Onset and Deeth
PART II. Other eignificant condition	e contributing to dee	th but not resulting) in the under	lying cause given in		24a. WAS AN AUTOI PERFORMED? 1 YES 2 N		4b. WERE AUTOPSY FINOINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 D NO
25. WAS CASE REFERENCE TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	6. PLACE OF DEATH (C	theck only one)			
1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	26s. DATE OF INJU	JRY 26b. TI	ME OF 28c	Home 5 Residence INJURY AT WORK? YES 2 NO	_	(Specify) RIBE NOW INJURY	OCCURED	
2 Accident 3 Suicide 6 Could not be determined	28e. PLACE OF IN. building, atc.	JURY — At home, farm (Specify)	, street, factory,	office	261. LOCAT	TION (Street and Nu Town, State)	imber or Ruri	If Route Number,
one)	ICIAN: To the best of my I							e(a) and menner se stated.
296. SIGNATURE AND TITLE OF CERTIFIE LEOLOGE & WILL	RM M.	D,	9	29c, LICENSE NO. D413	65	•	DATE SIGN	ED (Month, Day, Year)
George E. Wic	COMPLETED CAUSE O	D LL	DENTY	Medical ('enter	/		
NOV 07 1991	Par REGITRANIS	SIGNATURE LOSS						



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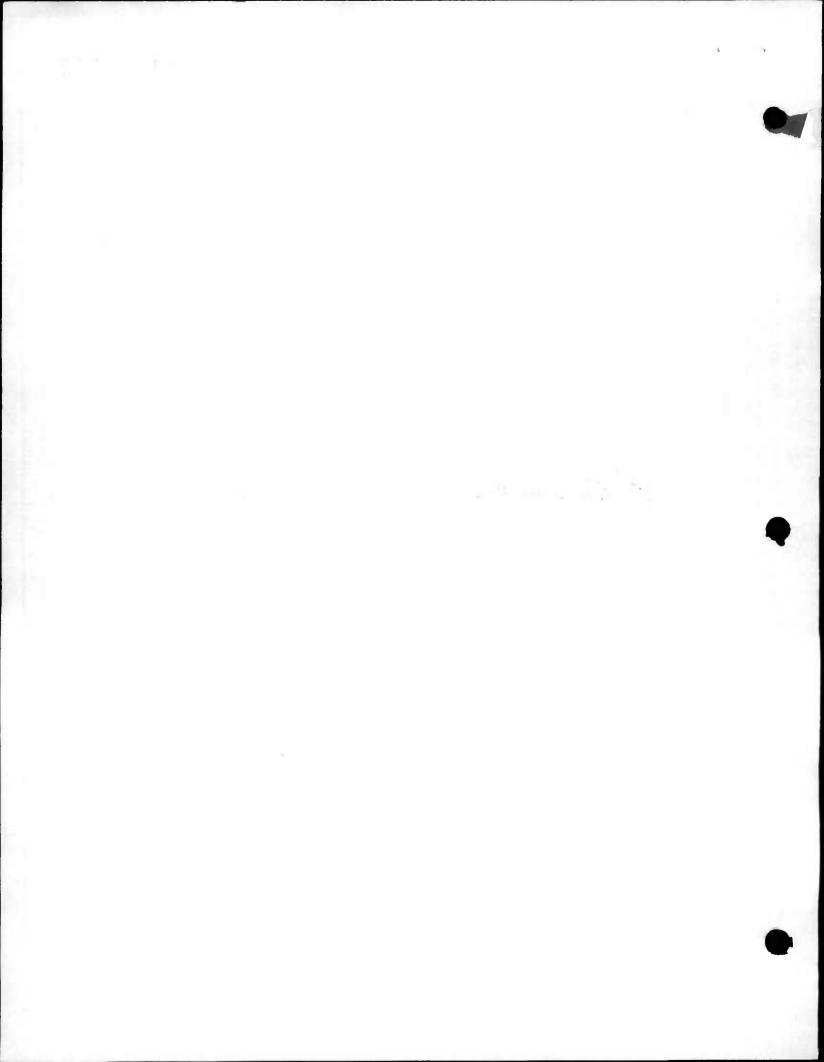
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTRAR				CERTI	FICAL	E OF	DEA	TH	A	EG. NO.			
	1. DECEDENT'S NAME (First, I	Widdle, Last)								2. DATE OF				3. TIME OF DEATH
1	AÑNA MARIE STID									MONTH 11	O E	-	YEAR	7.50 0.
	4. SOCIAL SECURITY NUMBER		5. SEX		yrs. last birthda) IF IMPE	R 1 YEAR	IF UNDER	24 MDC	7. DATE OF B	05	199	-	IPLACE (State or Foreign
	01= -4 I.Dust .				YRS.	MONTHS		HOURS	MIN.	(Month, Da	y. Year)		Countr	y)
	21.7-56-2865 The street and number)				Tria.	-					16		-	YLAND
~						9b. CIT	Y, TOWN (OR LOCATI	ON OF DE	EATH		9c. COUN	NTY OF D	EATH
0	HARBOR HOSPITAL CENTER					В	ALTI	MORE				N/A	1	
ပ္ပ	RESIDENCE OF DECE	10b. COUNTY	,	_										
DIRECTOR					10c. C	ITY, TOWN	OR LOCAT	TION						10d. INSIDE CITY LIMITS?
	MD	N/A	AA		BA	LTIM	ORE							1 X YES 2 NO
₹ I	10e. STREET AND NUMBER						101	ZIP COD	E			10g. CITIZ	ZEN OF W	VHAT COUNTRY?
BY FUNERAL	409 E. Gitt:	ings S	Street					- 2	1230		- 1	U.S.	Δ	
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U	J.S.ARMED	13.	WAS DEC	ENDENT C	OF HISPAN	IC ORIGIN? (S	pecify Yes		14 BACE	- American Indian.
7	1 Never Married 2 M		FORCES? 1 IF YES, GIVE W				II yes, sp	ecify Cuba	n, Maxica	n, Puarto Ricar	1, etc.)		Black	, White, etc.
	3 X Widowed 4 Divorc	ed			7		1 1 123	☐ YES 2 X NO Specify: Specify: WHITE						WHITE
COMPLETED	15. DECE	DENT'S EDUC	CATION	1	8a. DECEDENT	'S USUAL C	CCUPATIO	ON		16b. KIN	D OF BUS	INESS/IND	ISTRY	
H	(Specify only / Elementary/Secondary (0-1)		Coffege (1-4 or 5 +	, -	(Give kind o	f work done use retired.)	during mo	st of working	ng		0. 200.		331MI	
4	8		NONE	'	HOMEMA	VED				0.1	LINE TYC	ME		
<u>≅</u>	17. FATHER'S NAME (First, Mide	dle Leet)	NONE		HOPTEPIA	KEK					WN HO			
		-	•							ME (First, Middle	e, Maiden S	Surname)		
H	HOWARD E. GI		(NNA		SAU			
2	19a. INFORMANT'S NAME (Typ	e/Print)			19b. MAILIN	G ADDRES	S (Street a	nd Number	or Rural F	Route Number, C	aty or Town	, State, Zip	Code)	
-	ROBERT J. ST	CIDHAN	1		7873	TWI	N RI	DGE 1	DRIV	E GLE	N BUE	RNIE.	MD	21061
	20a. METHOD OF DISPOSITIO			20b. P	LACEANDDAT	F OF DISPO	SITION /No	me of		DATE		ATION — C		
	1 S Burlet 2 Cremation 4 Donation 5 D Other (S	is ⊔ Hamo Specify)	oval from Stata	CET	ery, crematory or DAR HII	other place	METE	RV		11_9				RK, MD
- 1	21. SIGNATURE OF PUNERAL	SERVICE LIC	ENSEE / /	TOLL	JIIIC 1111	22.	NAME AN	D ADDRE	SS OF FAC	HTT 7	DIO	OKLII	V LA	KK, FID
- 1	> 0k 4	/	0/1							ERAL HO	OME			
_	11.240	202ge	Hapkin			1	SEC	OND A	AVE.	S.W.	GLEN	BURN	TE.	MD 21061
	IMMEDIATE CAUSE (Fine	i	Liet Dilly Dile Ced	ee On eac	n line.						Dr reepir	atory arre	et,	Approximate intervei Between Onset and Death
	disease or condition recuiting in death) e. Representation Insufficiency Due TO (OR AS A CONSEQUENCE OF):													
z	tatarerarial Headen author													
CERTIFICATION	Sequentielly list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):													
3	cause. Enter UNDERLYING	G $lacksquare$	DUE TO	+ T A	v 1	4-11	941	Lang	- Street	/				
	that initiated events		DUE TO (OR AS A C	ONSEQUENCE	OF):			See Py	<i></i>				
	resulting in deeth) LAST		521	2011	1 C.S.	A	5011	247	100	PNS	64. 11	612	2	
2											- 0-1 0	10//	F 1	
EDICAL	PART II. Other aignificent	condition	e contributing to	deeth but	not resulting	in the ur	nderiying	ceuse (iven in I	Part I, 24a.	WAS AN A		24b.	WERE AUTOPSY FINDINGS
Š I											PERFORM			AVAILABLE PRIOR TO COMPLETION OF CAUSE
ᇤᆘ										_ '	YES 2	NO NO		OF DEATH?
≥														1 TES 2 NO
A I	25. WAS CASE REFERRED TO I	eroto t												
ੁ ∥	EXAMINER?	MEDICAL	HOSPITAL:			OTHE		ACE OF D	EATH (Che	ck only one)				
YS	1 TYES 2 NO		1 Inpatient 2 🗆	ER/Outpatis	ant 3 🗆 DOA			5 🗆 Ra	aldence (B - Other (Spe	ecify)			
PHYSICIAN:	27. MANNER OF DEATH		28a. DATE OF (Month, Da		28b. TI	ME OF	28c. INJU	JRY AT		28d. DEŞCRIB	E HOW IN	JURY OCC	URED	
7	1 Natural 5 Pe	nding restigation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	y. 10diy	"	M		RK?	NO					
	3 Sulates -	uld not be	28a. PLACE OF	INJURY -	At home, farm,	atraet, fact	tory, office			281. LOCATION	V (Street an	d Number o	or Dural D	nute Mumber
ш		termined	building, e	rtc. (Specify)			,,			City or Tow	vn, State)	O NUMBER (v nurai ne	oute number,
<u>u</u>	29a. CERTIFIER													
릴Ⅱ	(Check only	YING PHYSIC	IAN: To the beat of r	my knowled	ge, dawth occur	red at the t	lme, data	and place,	and dua t	to the cause(s)	and mann	or an state	d.	
COMPLETED	one) 2 MEDICA	L EXAMINER	3: On the basis of ax	eminetion a	nd/or investigat	ion, in my c	pinion, de	eth occur	ed at the t	ime, date and	placa, and	dua to the	cause(a)	and manner as stated.
- 11	29b. SIGNATURE AND TITLE OF													
8	13 3	Por	D					ZYC. LICE	NSE NUM	A A		29d. DATE	SIGNED	(Month, Day, Year)
2	30 NAME AND ADDRESS OF	EDEON	COMPLETE:						17-1			- (1 -	05-91
	30. NAME AND ADDRESS OF P	á	/	OF DEATH	1 (ITEM 27) (Typ	e, Print)								
	4.	2 80	INEL (An	10									
	31. DATE FILED (Month, Day, Yes	ar)	Julia Davido	'S SIGNATI	IRE DO									
	WOA 0. 2.12	91/ /	Juna warred	or-Man	There									
		-							_					



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mounts after death. Page 6 may be retained by the hospital or attending physician.

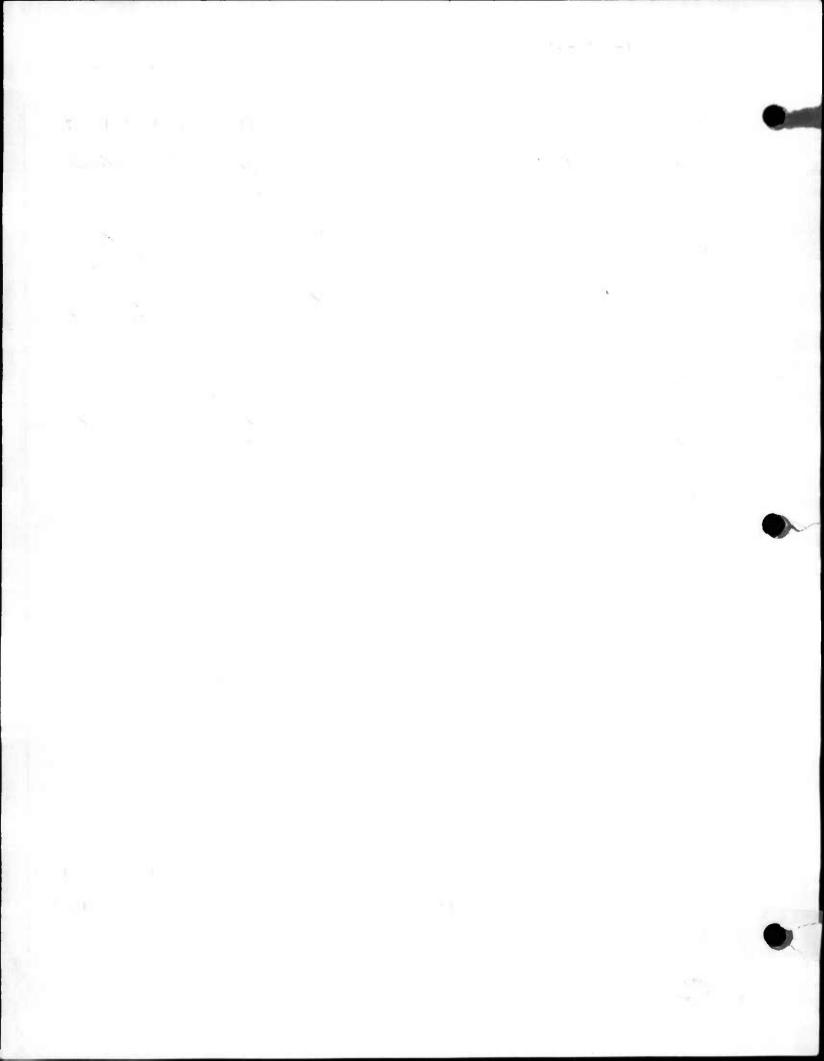
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	Items:23 par for 1. STATE REGISTRAR rek	STATE OF MA	8b, C, d, e, f Aryland / Dépar Certif	per MEO G RTMENT OF HE/ ICATE OF D	-681 11/2 ALTH AND MEN EATH	6/91 TAL HYGIEN REG. NO	91	30468		
	1. DECEDENT'S NAME (First, Middle, Lest) PAUL		SCOT	Т	2. 0	ATE OF DEATH	5 19 ⁴	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 213-68-2521	5. SEX 6.	AGE (In yrs. last birthday) YRS.			ATE OF BIRTH fonth, Day, Year)	8. BIRTNPLACE (State or Fi			
TOR	96. FACILITY NAME (If not institution, give str JOHNS HOPKI RESIDENCE OF DECEDENT	ITALD	The second second	MORE CI	ГҮ	9c. COUNTY	OF DEATN			
DIRECTOR	10e. STATE 10b. COUNTY		10e. CIT	y, town or Location	1			10d. INSIDE CITY LIMITS? YES 2 NO		
FUNERAL	10e. STREET AND NUMBER 432 W. Ly 70	ene 1	fre	101. ZI	2122	/	10g. CITIZEN	OF WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	EVER IN U.S. ARMED YES 2 NO R OR DATES		y Cuban, Mexican, Pua						
COMPLETED	15. DECEDENT'S EDUCATION (Speed) this profest grade completed (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY									
BE CO	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 19. INFORMANT'S NAME (Type/Print) 19. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
10	19a. INFORMANT'S NAME (Type/Print) AND SCOTI 20a, METNOD OF DISPOSITION	7	4.3	2N. Lu	TRAN	- Ay	2 BA	mind.		
	1 Surial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE		20b. PLACE AND DATE cemetery, grematory of o	AWN Ces	ADDRESS OF FACILITY	20c. LO	BAIT	Or Town, State		
	Bets Fu	nenal	Home	- 112	29N.	Ano /	ne	51		
	23. PART I. Entar the diseases, or contains the property of th	Ethyler	e on each line. The Glycol I	ntoxicati		cardiac or reap	iratory arrest	, Approximata interval Between Onset and Desti		
CERTIFICATION	Sequentially list conditions, if eny, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initieted events resulting in deeth) LAST									
- 11	C. PART II Other displifement and its control of the control of th									
PHYSICIAN: MEDICAL						YES :		3. TIME OF DEATH 10:57A 8. BIRTNPLACE (State or Foreign Country) 10d. INSIDE CITY LIMITS? YES 2 \(\text{NO}\) OUNTY OF DEATN 114. RACE — American Indian, Black, White, atc. 115. Black, White, atc. 116. Black, White, atc. 117. Black, White, atc. 118. RACE — American Indian, Black, White, atc. 119. Code) 21p Code) 21p Code) 21p Code) 21p Code) 21p Code) 21p Code) 21p Code) 22p Code) 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH 15. YES 2 \(\text{NO}\) OCCURED 25ted ethylene 25ted ethylene 25te		
YSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	R/Outpetient 3 🗆 DOA	OTHER:	E OF DEATN (Check on					
ву РН	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Trivestigation	28a. DATE OF IN (Month, Day,	91 Unkn	JURY WORK	7	DESCRIBE NOW I	NJURY OCCUR NUM LNGESTE	glycol d ethylene		
COMPLETED	3 \times Suicide 8 Could not be determined 286. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) Unknown						Unkno	Humi Houte Number,		
OMPL	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSIC (Check only one) 2 MEDICAL EXAMINER	IAN: To the bast of m	y knowledge, death occurs mination and/or investigation	ed at the time, data an on, in my opinion, deat	d place, and due to the h occured at the time,	cause(a) and me	nner as stated. Ind due to the co	euse(a) and manner as stated.		
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	· 1 Che	te mi)		OCME		29d. DATE SI			
	30. NAME AND ADDRESS OF PERSON WHO		111 PENN	N STREET	BALT	IMORE,	MARYL	AND 21201		
	31. DATE FILED (Month, Day, Year) NOV 0.7 1991	32. REGISTRAR'S	S SIGNATURE		481					



31. DATE FILED (Month, Day, Year) NOV 07



BALTIMORE, MARYLAND 21215-0020	The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	cate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should State Dept. of Health and Mental Hodele prior to burial, cremation, or removal	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDANG ANSION: The law requires that the death certificate be executed within 24	TO THE FUNERAL IDNECTION AND CARE has been signed by the attending physician and completely filled in by the labelled within 72 haurs after seasons. State Debt. of Health and Mental Hydiene prior to burial, cremation or removal.	IMPORTANT: If Item 28 is mines, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MA	RYLAND / [DEPARTMEN RTIFICAT	IT OF H	IEALTH AND	MENT	AL HYGIEN		30403	
	1. DECEDENT'S NAME (First, Middle, Last)	Stew					2. DAT	TE OF DEATH		3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 246 14-442 9a. FACILITY NAME (II not institution, give s	1 X M 2 🗆 F	76	YRS. MONTHS		IF UNDER 24 HRS HOURS MIN.	3	E OF BIRTH rith, Day, Year)	15	8. BIRTHPLACE (State or Foreign Country)	
CTOR	10 - 11	e St	eel and number) 8 ST BALTo., M							TY OF DEATH	
L DIRECTOR	10a. STATE 10b. COUNT	BAZT, MERE								10d. INSIDE CITY LIMITS? 1 Yes 2 No	
FUNERAL	1902 Hop	100. STREET AND NUMBER 101. ZIP CODE 2/2/8 109. CITIZ 2/2/8 11. MARÍTAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—									
BY	1 Never Merried 29 Merried 3 Wildowed 4 Divorced 15. DECEDENT'S EOU	FORCES? 1 IF YES, GIVE WAR	OR DATES		If yes, apo	Policy Cuban, Mex NO Spe	Ican, Puerto cify:	o Rican, etc.)		14. RACE — American Indian, Black, White, atc. Specify: BLACK	
COMPLETED	(Specify only highest grade	College (1-4 or 5+)	(Give	EDENT'S USUAL of kind of work done to NOT use retired.	during mo:	st of working	10	6b. KINO OF BUS	SINESS/INDU	STRY	
BE CO	17. FATHER'S NAME (First, Middle, Last) DANIEL	5tew	ART			18. MOTHER'S	NAME (First	, Middle, Maiden	Surname)	Rds	
70	19a, INFORMANT'S NAME (Type/Print) MABEL 20a, METHOD OF DISPOSITION	. STew	A87 19	MAILING ADDRES	HOP	78 5	7.	BALS	to, l	nd,21218	
	1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIG			atory or other place		METE	r y 14	8 B	BLT	In ORE, MA	
1117	· Joseph /	. Lock	je of		loca	ks Fi				047. Central	
	23. PART I. Enter the diseases, or a shock, or heart failure. IMMEDIATE CAUSE (Finsi disease or condition reaulting in death)	List Only Ona Csuaa	on aach lina.		cano		ich sa ca	rdiac or raspi	ratory arres	st, Approximata Interval Between Onset and Death	
ATION	Sequentially list conditions, If any, leading to immediate Due to (or as a consequence of): 4 mon									Hononths	
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUE	ENCE OF):							
A	PART II. Other significant condition	a contributing to da	ath but not rea	uiting in the u	nderlylng	cause given i	n Psrt I.	24a, WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	WHerror	ОТНЕ		ACE OF DEATH (C	Check only o	one)		1 (1 (2 2 () 10)	
BY PHYS	27. MANNER OF OEATH 1 Natural 5 Pending	1 Pes 2 NO 1 Inpetient 2 FR/Outpatlant 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) MANNER OF OEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 28d. DEŞCRIBE HOW INJURY OCCUR								RED	
8	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF IN building, etc.	JURY — At home (Specify)	, farm, atreet, fec	tory, office		28f. LO City	CATION (Street a y or Town, State)	nd Number or	Rural Route Number,	
COMPLET	29a, CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the beat of my	knowledge, death	occurred at the	time, data :	and place, and do	ia to the ci	nuse(s) and man	ner as stated	cause(s) and manner as stated.	
TO BE	296. SIGNATURE AND TITLE OF CERTIFIES 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dey, Year)								SIGNED (Month, Day, Year)		

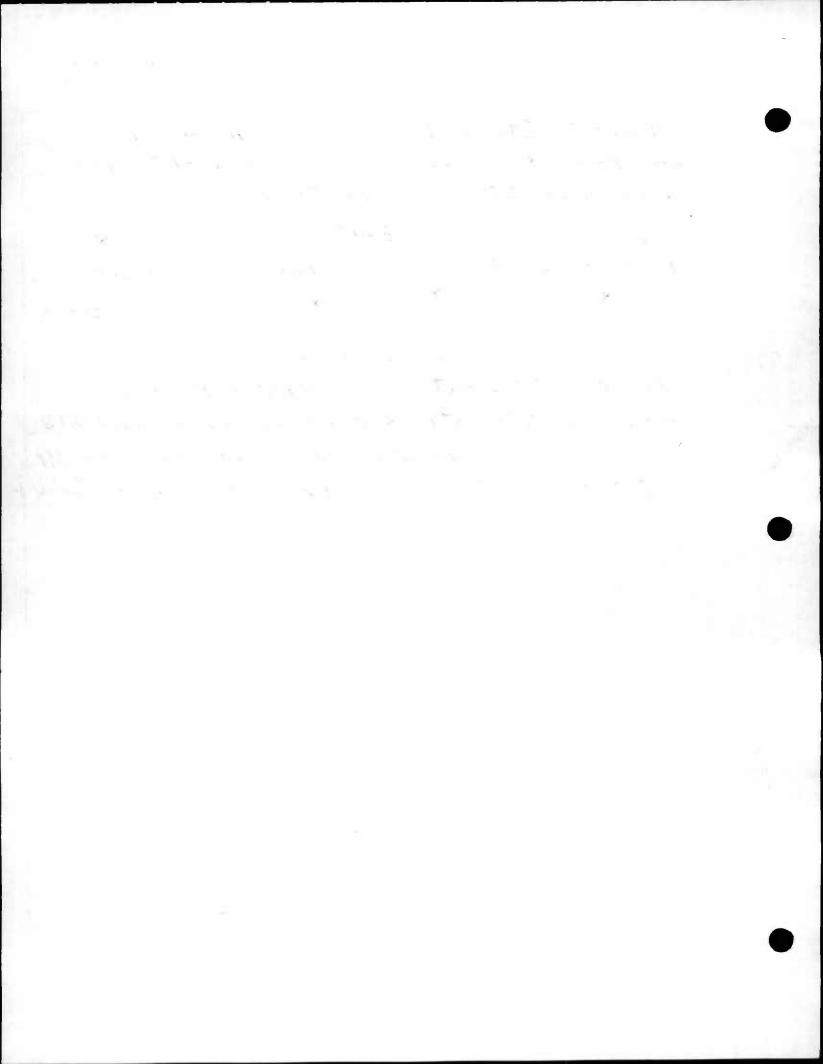
Balt, MD

21210

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
Time Hartert, MD JHH 600 N. Wolfe Street

31. DATE FILEO (Month, Day, 16ar) NOV 0 7 1991

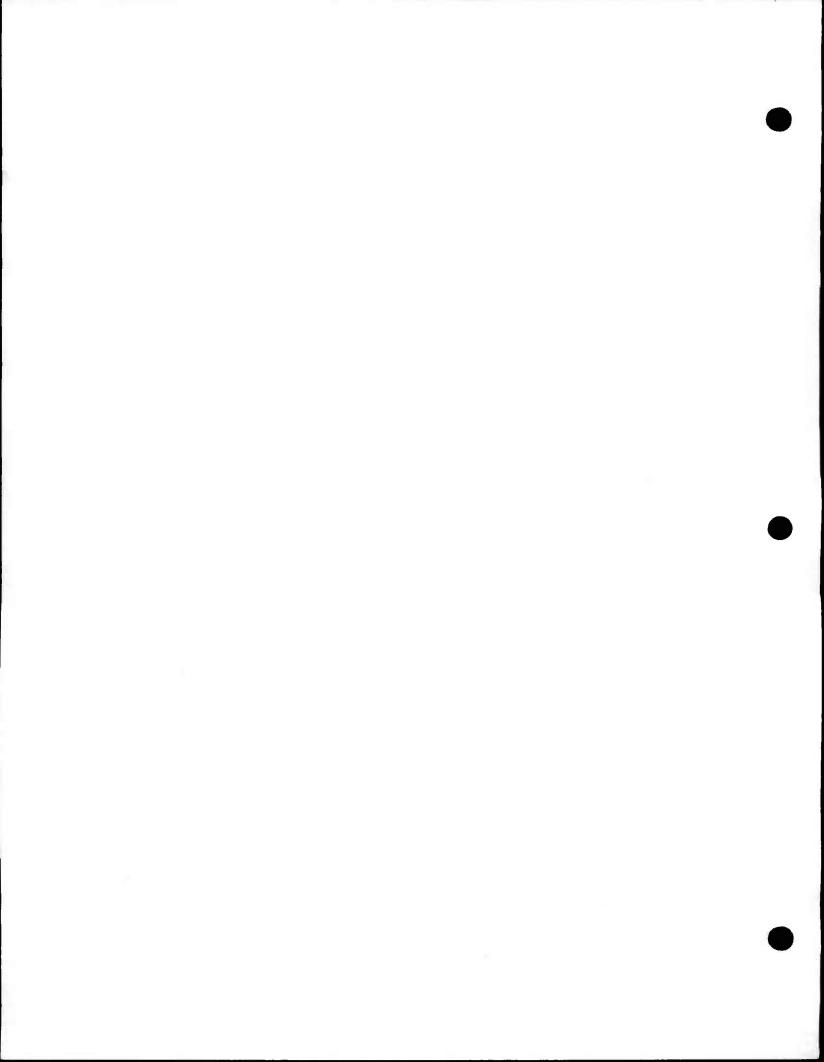
32. REGISTRAR'S SIGNATURE the Daydon-Randoll



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a wours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache he filed within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	and to make the most second and the second s
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	1 - STATE REGISTRAR		STATE OF I	VIAHYLAN	OERTIF						REG. NO.	E () [30470
	1. DECEDENT'S NAME (First, I	Middle, Last)	SYDNIE	STEW	IART					2. DATE OF	DEATH D	v	VEAR	3. TIME OF DEATH
										NOVEM	BER		91	7:25 A. M
	4. SOCIAL SECURITY NUMBER	R	5. SEX		yrs. lest birthday)	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF (Month, De OCT.	BIRTH W. Year)	016	8. BIRTHE	VIRGINIA
ŀ	235-16-4675		1 🗆 M 2 🗓 X	75	YRS.	12-22	100				28,1			
۳.	9e. FACILITY NAME (If not inst					100			ON OF DE	ATH		- 1	INTY OF DE	
ᅙ	GREATER LAUI		JRSING HO	OME		I	LAURI	EL				PRI	NCE G	EORGES
DIRECTOR		10b. COUNTY	,		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?
	MARYLAND	I	HOWARD		(COLUN	1BIA							1 TES XX NO
ਫ਼ੂ∥	10e. STREET AND NUMBER						101	. ZIP COO				10g. CIT	IZEN OF W	HAT COUNTRY?
FUNERAL		EROCK							.045				U.S.	man a company of the
BY FU	11. MARITAL STATUS 1 Never Merried 2 N 3 XXWidowed 4 Olvoro		12. WAS DECEDED FORCES? IF YES, GIVE				If yee, sp	ecity Cube	n, Mexice	IC ORIGIN? (S n, Puerto Rice :	Specify Yeo	or No—	14. RACE Bleck, Specifi	— American Indian, White, etc. WHITE
		DENT'S EDU		10	6e. DECEDENT'S	USUAL O	CCUPATIO	ON ast of workli	no.	16b. KI	ND OF BU	SINESS/IN	DUSTRY	
	Elementery/Secondery (0-		College (1-4 or 5	+)	(Give kind of life. Do NOT u	se retired.)	daming mo	or or vronus	.9					
COMPLETED			2		HOMEM	AKER			_		OWN I			
	17. FATHER'S NAME (First, Mic JAMES SPENC)									ME (First, Midd NEAT	-1	Surname)		
띪	19s. INFORMANT'S NAME (Ty				19b. MAILING	ADDRES	S (Street s			Route Number,		n Stato 7	in Code)	
임	NANCY HOLBRO		(DAUGHTE	3)						COLUM				21045
1	20e. METHOD OF DISPOSITION	ON		20b. P	LACE OF DISPO	SITION (N	ame of cer	netery, crer	natory or	оодон			- City or Tov	
	1 XX uriel 2 Cremetlor 4 Donation 5 Other (IOVIII Trom State	_ EÜ	GEWOOD.	MEMO	ORIA	L PAR	RK 1	11/9/91	GL.	EN M	ILLS,	PENNSYLVANIA
	21. SIGNATURE OF FUNERAL			-	10				SS OF FA		C LI	T ጥ <i>ማ ፕ</i> ፖ ነ	e ein	ERAL HOMES
	Lus	eall.	an.	5	Ee	55	555	TWIN	KNOI	LS RO	AD. C		BIA.M	D. 21045
	23. PART I. Enter the diselect, or he IMMEDIATE CAUSE (Find diselect or condition resulting in death)	ert fallure.	Liet only ona ce	use on eec	h line	He				end		iratory a		Approximata Interval Between Onset end Death
CERTIFICATION	Sequentially list condition of any, leading to immed cause. Entar UNDERLYIF CAUSE (Disease or injust that initiated eventa resulting in daeth) LAST	diata NG ry	C		ONSEQUENCE C									
	PART II. Other significan	nt condition	_ /			In the u	ndariyin	g cauea	givan in	Part I. 2	e. WAS AP		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
DICAL		one		em		11	7			_ 1	_ YES	2 MO		OF DEATH?
PHYSICIAN: MEI		ruea	made	24	ar	yevi	nce	1		—				1 TYES 2 NO
AN	25. WAS CASE REFERRED TO	MEDICAL	1				20 P	ACE OF	SEATH (C)	eck only one)				
딣	EXAMINER?		HOSPITAL:	□ FR/Output	lent 3 🗆 DOA	OTHE	B		,	6 Other (S	Proposit d			
Ĭ.	27. MANNER OF DEATH	-	28e. DATE O	F INJURY / /	28b. TII		28c. IN.	JURY AT	-	28d. OESCF		INJURY O	CCUREO	
ВУР		Pending Investigation	(MORRI,	Day, Yeary	4 "	M		YES 2	□ NO					
COMPLETED B	3 Suicide 8 0	Could not be determined	28e. PLACE building	OF INJURY — I, etc. (Specify	At home, farm,	streel, fac	ctory, offic	:0			ON (Street Town, State		er or Rural R	Route Number,
립		IFYING PHYS	ICIAN: To the beat	of my knowled	dge, death occur	red at the	lime, date	end plec	e, end due	to the ceuse	(e) end me	nner ee at	ated.	
훘	one) 2 MEDI	CAL EXAMIN	ER: On the basis of	examination	end/or inveatigat	on, in my	opinion,	death occu	rad at the	time, date er	d place, e	nd due to	ihe ceuse(s) end menner ee atated.
BE	29b. SIGNATURE AND TITLE	OF CERTIFIE	H /	Im				29c. LIC	ENSE NUI	WBER		29d. 0/	TE SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF	DEDEON N	HO COMPLETED OF	ISE OF DEAT	IN (ITEM 9% (T	o Orlei		D	49	97			11/6	191
	L. CASA	45	8317	OHES	May 1	A.	LA	UR	52	MD	20	707	7	
	NOV 07	1991	32. REGISTA	Hason-V	Pandelle.									

DHMH-16 Rev 1/89



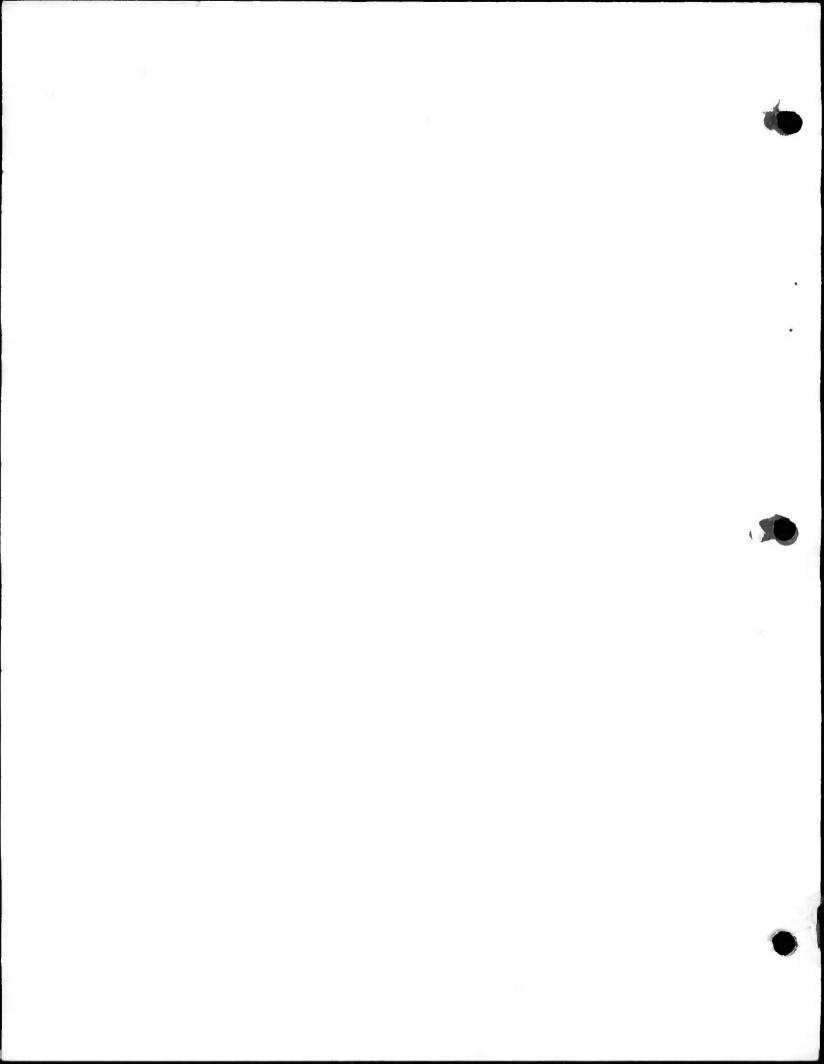
2, 3 should

TO THE MOSPIAL ON ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a fair and feath. Page 6 may be retained by the hospital or attending physician. TO THE FUNESTIC After this certificate has been that attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages to feel within 72 hours after death with the State Dept. of Heath and Mental Hygere prior to bunal, cremation, or removal. IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be noted.

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF H	EALTH AND	MENTAL HYGIE				
	1. DECEDENT'S NAME (First, Middle, Last) EDDTE:	EDNI				2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		91	1.70 0 "	
	224-46-7807 90. FACILITY NAME (If not institution, give str	1 □X M 2 □ F 5		MONTHS DAYS	HOURS MIN.	11-15-193	37	Counti	8. BIRTHPLACE (State or Foreign Va	
CTOR	LINION MEMORIAL HO	, and a second control of the second control		SALTIMO	RE CITY	EATH	9c. COUN	ITY OF D	EATH	
DIRE	100. STATE 10b. COUNTY			TOWN OR LOCAT	TION				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
AL	10e. STREET AND NUMBER			101	. ZIP CODE		10g, CITIZ	EN OF V	VHAT COUNTRY?	
NER	5326 Beaufort Avenue				21215		USI			
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	U.S. ARMED 2 X NO ES	II yes, sp	ENDENT OF HISPA ecity Cuben, Mexic 2 NO Speci	NIC ORIGIN? (Specify) an, Puerlo Rican, atc.) fy:	fee or No—	14. RACE Black Speci	- American Indian, k, White, etc.	
COMPLETED	15. DECEOENT'S EDUC/ (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	18e. DECEOENT'S U (Give kind of wo life. Do NOT use	rk done during mo	ON st of working	16b. KIND OF B	PUSINESS/IND	USTRY		
M	12th 17. FATHER'S NAME (First, Middle, Last)				Exercise processor in the					
BE C	Vernell Gibson					AME (First, Middle, Maide S Randa 11	en Sumeme)			
TO B	196. INFORMANT'S NAME (Type/Print) Hanna L. Trent		196. MAILING A	Beaufort	nd Number or Aural Avenue	Route Number, City or To Balto, Md	own, State, Zip of 21215	Code)		
	20e. METHOO OF DISPOSITION VIV Burlel 2 Cremetion 3 Remove 4 Donetion 5 Other (Specify)		PLACE AND DATE OF ery, crematory or oth Cing Memor		me of	0ATE 20c. L	ocation – c		wn, State OWN, Md	
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE /	1.	22. NAME AN	O ADDRESS OF FA	VÇILITY		11000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	1 100 00 11	agaset.	1	March 4300	F/H Wes Wabash Av	;t enue				
	23. PART i. Enter the diseeses, or co shock, or heart failure. Li	mplications that caused to	the death. Do no	t enter the mo	de of dying, suc	ch as cardiec or rea	piratory arre	est,	Approximate	
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	Corporati	Honary	Jehr	man	hole	rest	mir	Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST									
PHYSICIAN: MEDICAL	PERFORMED? AMYIC ENCE THE TO THE TOP OF DEATH? AVAILABLE PRIOR COMPLETION OF COMPLET								WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	1000171			ACE OF DEATH (CA	eck only one)				
YSI		HOSPITAL: 1 Inpatient 2 ER/Outpat		OTHER:	5 - Reeldence	6 Other (Specify)				
	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	OF 28c. INJU	JRY AT RK?	28d. OEŞCRIBE HOW	INJURY OCCL	JRED		
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY — building, etc. (Specify	At home, ferm, str			281. LOCATION (Street City or Town, Steh		r Rural A	oute Number,	
E	An Creative . (
COMPLETED	(Check only 1 CERTIFYING PHYSICI	AN: To the best of my knowled On the besie of exemination s	ige, death occurred and/or investigation,	at the time, date In my opinion, de	end place, end due eath occured at the	to the cause(e) and me time, date and place, o	enner ee stated and due to the	d. ceuse(e)	end menner ee stated.	
8	29b. SIGNATURE AND TITLE OF CERTIFIED	5m. Ole	yoro	mD.	29c. LICENSE NUI				(Month, Day, Yeer)	
2		COMPLETED CAUSE OF DEAT	H (TEM 27) (Type, P	rint) CA	RUS	M.DR.	36 G	19	omo	
	31. DATE FILE O (MODITIN DIVIN YOUT)	A 32. REGISTHAR'S SIGNAT	HISAIN	ומ						
	NOV 07 1991	John Daydon Os	onda PA	٠						

BALTIMORE, MARYLAND 21203-3146	law requires that the death certificate be executed within . * after death. Page 6 may be retained by the hospital or attending physician.	by the funeral director, page 5 should be detached for use as the burial-transit permit Pages 1, 2, 3 should innoval.	Ical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within :	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely. In by the funeral director, page 5 should be detached for use as the burial-transit permit Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burial, cremation; or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

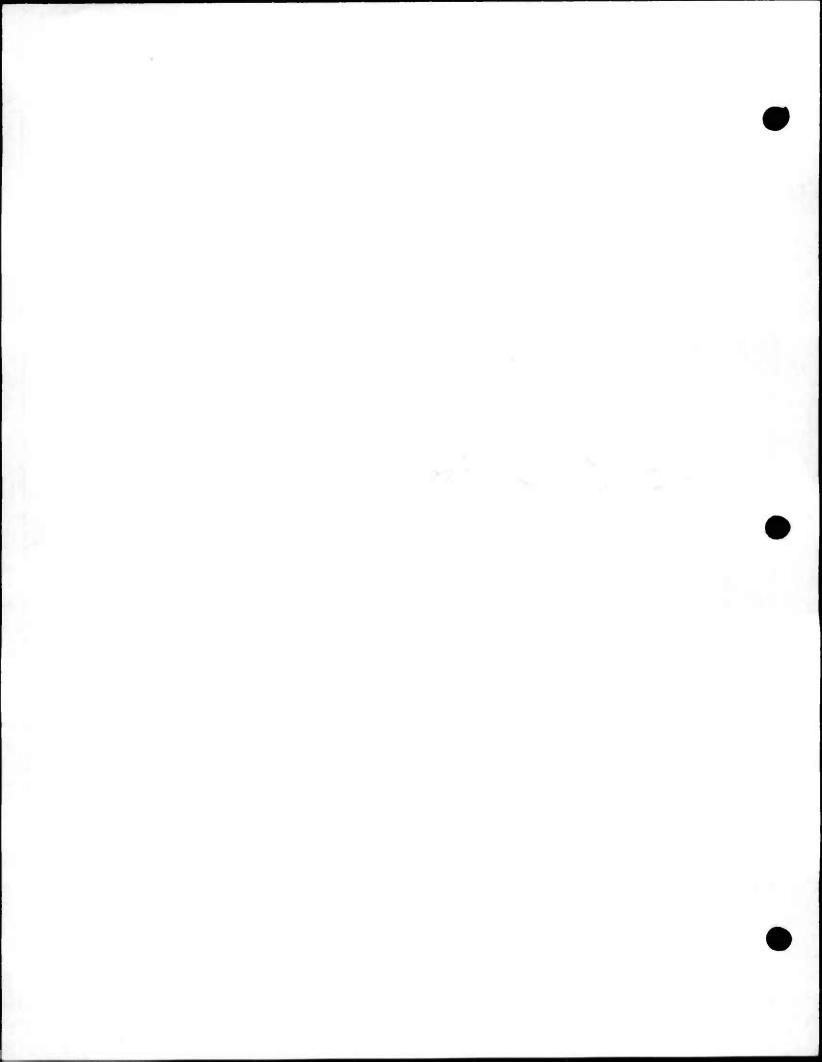
	1. DECEDENT'S NAME (First,	Middle, Last)			0.00			•		2. OATE OF D	EATH DA	,	YEAR	3. TIME OF OEATH
	MARTIN P								11 05 91			0307 M		
į	4. SOCIAL SECURITY NUMBER 5. SEX 6.			6. AGE (In yrs. les								6. BIRTH	HPLACE (State or Foreign	
	216-01-2785 1\(\frac{1}{X}\) M 2 \(\pi\) 82			82	YRS.	MONTHS					TIMORE, MD			
	9e. FACILITY NAME (If not institution, give street and number)					9b, CITY	, TOWN	OR LOCATION	ON OF DE				NTY OF D	
FUNERAL DIRECTOR	ST. AGNES HOSPITAL					BALTIMORE, MD 21227								
EG	10e. STATE	10b. COUNTY			10c. CIT	Y, TOWN C	OR LOCA	TION						10d. INSIDE CITY
8	MD					BALT	TMO	יי						LIMITS?
7	10e. STREET AND NUMBER					DALL		. ZIP COD	E			10g. CIT	ZEN OF	WHAT COUNTRY?
EB/	3613 Century Avenue								1227	7			US	SA
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A							ENDENT C	F HISPAN	IIC ORIGIN? (Sp		or No-	14 BAC	E — American indian, ik, White, etc.
BY F	1 X X No X X X X X X X X X X X X X X X X		IF YES, GIVE	YES 2 1	NO			2 XNO		n, Puarto Rican. /:	, atc.)		Spec	
			ARMY			1_								WHITE
COMPLETED	(Specify only	highest grade	completed)	(G		work done			ng	18b. KINI	OF BUS	INESS/INC	DUSTRY	
٦	Elementary/Secondery (0	-12)	College (1-4 or 5	+)							NT B	m T O N	TAT	TAIDHCADID
ME	6 th	iddle leet)			СНА	UFFI	EUR	10 MOT	HED'S NA	ME (First, Middle			VAL	INDUSTRIES
8	NICHOL	Schi III	T.T.					16. MO1				_		
R.	tea, INFORMANT'S NAME (1		עע	19	h. MAII INC	ADDRES	S (Street	and Number		RARA Route Number, C			Codel	
임	DOROTH		т		D, MPDDIO					Y AVE.	ny or nown	r, Olato, 4.4	, code)	
	20e. METHOD OF DISPOSIT		Ц	20b. PLACE	OF DISPO		-			I AVE.	20c. LO	CATION —	City or Ti	own. State
	1 Buriel 2 Cremetic 4 Donetion 5 Other		oval from State	other pl	COF DISPOSITION (Name of cometery, cremetory or lates) GLEN HAVEN CEMETERY BALTIMORE, MD									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY													
	1/1	4/1.	25	70								FUNI	ERAI	HOME, INC
	U.Y	nen	ey n	100	D-					RT AVE		BAL		
	23. PART I. Enter the d ehock, pr h		List only one ca			not enter	the mo	ode Di dy	ing, suc	n ae cardiec	or respi	retory en	reet,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. PULMONARY CONGESTION AND EDEMA													
	resulting in death)	→		LMONARY			ON A	ND E	DEMA					
				•										
S	Sequentielly list condit	OCARDIAL O (OR AS A CONSE	ONENCE C	ARCT	, AC	UTE						 		
¥	if any, leeding to imme cause. Enter UNDERLY	ING	AT	HEROSCLE	ROSCLEROTIC CARDIOVASCULAR DISEASE									
CERTIFICATION	CAUSE (Diseese or Injuthat Initiated events	iry	DUE TO	(OR AS A CONSE	OUENCE C	OF):								
ᇤ	reaulting in death) LAS	Т	d											
	PART II. Other eignifica	nt condition	ne contribution to	doub but not		In the co	ad advelo		abos la	Post I Occ	1400 (2.4.1)	Allmoney	100	- WEDE AUTODOV ENIONIOS
MEDICAL			_		_			-	_	Ι,	PERFOR		24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
ă	DIFFOSE	TULMU	NAKI INI	ILIKAIES	S, CAUSE THUSFAR UNDE					MINED.	YES 2	☐ NO		OF DEATH?
M									TEK	MINED.				1 XYES 2 NO
ä														
PHYSICIAN:	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		LACE OF D	DEATH (Ch	eck only one)				
ΥS	1 TYES 2 NO			ER/Outpetient 3		1			esidence	6 Other (Sp				
	27. MANNER OF DEATH 1 Netural 5	Pending	28e. DATE O (Month,	Day, Year)	28b. Til	JURY	W	JURY AT DRK?	7	28d. DESCRIE	BE HOW I	NJURY OC	CURED	· du
BY	2 Accident	Investigation	28a DI ACE	DE IN HISTY — At he	nome form	etenat for		YES 2 [_ NO	28f. LOCATIO	M /Otmod :	and Misselan	Pier Duml	- Martin
6	3 Suicide 8 4 Homicide	3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, facto building, etc. (Specify)						•	-	City or To	wn, State)	ING NUMBE	r or nursii	noute Number,
29e. CERTIFIER														
MP	(Check only		ICIAN: To the best o											2470
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner one) 2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(a) and manner one)								id due to t	he cause	(s) end menner es stated.				
296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER D04964 29d. DATE SIGNED 11/05														
							5/01							
-	30. NAME AND ADDRESS O	F PERSON W	J. Kleck	en										
	WILLIAM J.			ST. A	GNES	HOSI	PITA	L 90	00 S	. Cator	AV	enue	Bal	to MD 21229
	31. DATE FILED (Month, Day,		REGISTE	MASS SIGNATURE	delle									
	NOV 07	1331	17 000000											



BALTIMORE, MARYLAND 21215-0020	INSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	a certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunat-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO ME SECTION OR ATTENDING PRESICIAN: The law requires that the death certificate be executed within 24	THE HAMPAL DIRECTURE AND THE COMPLETE THE COMPLETE THE ATTENDING physician and completely filled in by the	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAN	ND / DEPART	MENT OF H	EALTH AND	MENTAL HYGI		_	
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH			3. TIME OF DEATH
	GLADYS JOSEPHINE VINCENT				MONTH	4 9	YEAR	814 AM
			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year	. (8. BIRTH	IPLACE (State or Foreign
								RYLAND
	9e. FACILITY NAME (If not institution, give street end number)	9	b. CITY, TOWN O	R LOCATION OF D	DEATH	9c. COUNT		
OH	ST. AGNES HOSPITAL		BALTI	MORE				
ក្ន	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION						
DIRECTOR	MARYLAND	100. 0111,	BALTI					10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			ZIP CODE		10g. CITIZEN OF WHAT COUNTY		
ER.	307 MILLINGTON AVENUE			212	223	22	S.A	->0//
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.	S. ARMEO	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify	Yes or No-	14. BACE	- American Indian
BY	1 Never Married 2 Merried FORCES? 1 YES S 3 K Widowed 4 Divorced FORCES? 1 YES, GIVE WAR OR DATE	ZX_NO		city Cuban, Mexic 2 NO Speci	an, Puerto Ricen, etc.)		Speci	k, White, etc.
ED B								"Y" WHITE
1	(Specify only highest grade completed)	Give kind of wor life. Do NOT use i	k done during mos		16b. KINO OF	BUSINESS/INDU	JSTRY	
7	Elementery/Secondary (0-12) College (1-4 or 5+) 8TH GRADE	INSPECT			I I E C III	NOHOHA		
COMPLET	17. FATHER'S NAME (First, Middle, Last)	INDIEC	LOK	18 MOTHERIE N	MEST	NGHOUS	E	
	JOHN MURK		l		AH HABIGHU	•		
BE (19e. INFORMANT'S NAME (Type/Print)	196. MAILING A	DDRESS (Street or		Aoute Number, City or		Codel	
5	JOHN P. VINCENT				BALTIMORE,			3
	1 N Buriel 2 Cremetion 3 Removal from State cemeter	ACE AND DATE OF	OISPOSITION (Nar	ne of	DATE 20c.	LOCATION — CI		
	4 □ Donetion 5 □ Other (Specify) MEA 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	DOWRIDGE	MEMOR:			ELKRID	GE	
	John John John John John John John John	X		RD FUNER	KAL HOME I	NC.		
	Jugo 2011		4107 1	JILKENS	AVENUE E	ΔΙΤΤΜΟ	RE.	MD. 21229
	23. PART I. Entar tha diseases, or complications that caused fi shock, or heart failure. List only one cause on each IMMEDIATE CAUSE (Final disease or condition resulting to death)	t IIna.					at,	Approximata interval Between Onast and Danth
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST My 0 (2 x d i 2 d Infav to 5) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):							10 days
PHYSICIAN: MEDICAL	PART II. Other algnificant conditions contributing to death but	cause given in	PERF	AN AUTOPSY ORMED? 2. NO	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PL/	CE OF DEATH (Ch	eck only one)			
IYS	1 YES 2 HO 1 Inpatient 2 ER/Outpatie			5 🗆 Rasidence	8 Other (Specify)			
	27. MANNER OF DEATH 1 Natural 5 Pending 28s. DATE OF INJURY (Month, Day, Year)	286. TIME O	PF 28c. INJU WOF		28d. DESCRIBE HO	V INJURY OCCU	RED	
BY	2 Accident Investigation			ES 2 NO				
COMPLETED	3 Suicide 6 Could not be datermined 25e. PLACE OF INJURY — building, etc. (Specify)	At home, ferm, atre	et, fectory, office		26f. LOCATION (Streetly or Town, Ste	et and Number or te)	r Rural R	oute Number,
Ä	29e. CERTIFIER (Check only (Ch	e death occurred	t the time date	and plane, and due				
Ĭ.	one) 2 MEDICAL EXAMINER: On the basis of examination en	d/or investigation, i	n my opinion, de	ath occured at the	time, date and place.	end due to the	l. ceusafs)	and manner as stated
BE C	296. SIGNATURE AND TITLE OF CERTIFIER BEYMOOD H. Plack To MD	10m1	10,00	THE LICENSE NUI		_		(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	/ 1/ 1/ 1/	11	1100	1.(1	14	(9)
	Raymond H Plack, JAMO	3449		ns Ave	5.207	Bolfin	ron	M021229
	31. DATE FILEO (MONTH, Day, Year) NOV 07 1991 Sina Davidson-Ran	dell						





hours after death, Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

The state has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	10 THE HOSPITAL OF ATTRIONG PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE FUNERAL OFFICER OF MALE INSCORDING REPORTS TO THE ATTENDING PHYSICIAN AND COMPLETELY file	be lied within 72 mean the state Dept. of Health and Mental Hygiene prior to burial, cremation	IMPORTANT II Item 25 is marked, or item 23 shows any injury, or other traumatic event, the
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	8	冕	ø	불
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	1 - STATE REGISTRAR	STATE OF I	MARYLAND C	/ DEPAR	RTMENT FICAT	T OF H	DEA	AND	MENTA	L HYGIENI REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH		VEAD 3	. TIME OF OEATH
	KATHRYN 4. SOCIAL SECURITY NUMBER	D		LSON	-				MONT	- 6		9 I	12:25 AM
		5. SEX	6. AGE (In yrs. In	est birthday) YRS.	IF UNDER	DAYS	IF UNDER	R 24 HRS.	(Monti	OF BIRTH h, Day, Year)		Country)	ACE (State or Foreign
	212-34-2138 9a. FACILITY NAME (If not institution, give str		70	THO.	an Cut	TO THE PARTY	7:2047	200	Mov	29 1			n Carolin
Ä					90. CIT		OR LOCATI				9c. COU	INTY OF DEA	ГН
DIRECTOR	RESIDENCE OF DECEDENT		AI		<u></u>	BAL	TIMO	RE C	TTY				
IRE	10a. STATE 10b. COUNTY			10c. Ci7	TY, TOWN	OR LOCAT	ION					.10	Od. INSIDE CITY
	Maryland			┸	Balt						XXYES 2		
BY FUNERAL	100. STREET AND NUMBER					101	101. ZIP CODE						AT COUNTRY?
NE NE	4000 Belle Ave			21215								USA	
FU	1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	YES XX	RMED NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yea, specify Cuban, Maxican, Puarto Rican, atc.)						or No-	14. RACE Black, V	- American Indian, Vhita, etc.
	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			1 TYES	2 🗌 NO	Specify	v:	7.5		Specify:	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION	18a. Di	ECEDENT'S	USUAL C	CCUPATK	ON		16b	. KIND OF BUS	INESS/IN	DUSTRY	Black
4	Elamentary/Secondary (0-12)	Completed) College (1-4 or 5 +		Give kind of a le. Do NOT us	work done	during mo:	st of working	ng					
MP				Hor	mema	ker							
8	17. FATHER'S NAME (First, Middle, Last)				-			HER'S NA	ME (First, I	Middle, Maiden	Surname)		
BE	Andrew Brodie						Sa	a11y	Pa	tters	on		
2	19a. INFORMANT'S NAME (Type/Print)						ind Number	r or Rural F	Route Numb	ber, City or Town	n, State, Zij		
	Otis Wilson			000	Be1	le	Ave	F	Balt	imore	. 14:	arvla	nd 21215
	20a, METHOD OF DISPOSITION 1 N Buriel 2 □ Cremation 3 □ Ramon	val from State	20b.PLACE	AND DATE	OF DISPOS	SITION (Na	ame of		DATE	20c. LOC	CATION -	City or Town	, Stata
	Arbutus Memorial Park 11/ Baltimore Co. MD												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Mutter Funeral Homes 2501 GWynns Falls Parkway Politimore Wants												
_	Werkon	15 10	tull	M		13011	1. 1 1111	1100.	(7) 24	rvian	\sim	1 1 1 6	
	23. PART I. Entar the diseases, or co shock, or heart failure. Li	omplications that	t caused the de	eath. Do r	not anter	tha mor	da of dyi	ing, auci	h as card	lac or raspir	atory ar	rest,	Approximata
	IMMEDIATE CAUSE (Final				. 1	1-							Interval Batween Onset and Daath
	disease or condition resulting in death)		ception	د ې	1 h o	CIC							
		DUE TO	(OR AS A CONSE	COLLENCE OF)E)-								
ON	Sequentially list conditions, b.	DUE TO	C+Ab		-								
CERTIFICATION		۶۸۶	C+ A A D	DUENCE OF	F):	1 2	937	254					
FIC	CAUSE (Disease or Injury c. that initiated evanta	603 or aud	OR AS A CONSE	OUENCE O	En:	, ,	1,50	,					
H	resulting in death) LAST	14	perti	ONG.	ים ה	ı							İ
- 1	DART II Oshar - Indillocat on distant		•										<u> </u>
PHYSICIAN: MEDICAL	PART II. Other aignificant conditiona					iderlying	cause g	jiven in i	Part i.	24a. WAS AN A PERFORM			ERE AUTOPSY FINDINGS MILABLE PRIOR TO
ğ	- Congesta	re her	177 40	1110	re				_	1 YES 2		00	OMPLETION OF CAUSE DEATH?
ME									_				YES 2 NO
AN													
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF DE	EATH (Che	ick only one)			
ΗXS	1 YES 2 NO	1 Impatient 2 🗆		_	4 🗆 Nurs	sing Home	e 5 □ Rat	sidence	8 🗆 Other	(Specify)			
	1 Natural 5 Pending	28a, DATE OF (Month, Da		28b. TIMI	IE OF JURY	28c. INJU WOR	RK?		28d. DEŞ	CRIBE HOW IN.	JURY OCC	CURED	
BY	2 Accident Investigation 3 Suicide 6 Could and	28- PLACE O	F IN HIDY _ At he	1000	Total Service		'ES 2 _	NO					
3 Sulcide 8 Could not be detarmined 28s. PLACE OF INJURY — At home, farm, streat, factory, office building, atc. (Specify) 28s. PLACE OF INJURY — At home, farm, atreat, factory, office City or Town, State)							9 Number,						
COMPLETED	29a. CERTIFIER												
MP	(Check only	AN: To the best of	my knowledge, da	ath occurre	ed at the ti	ime, data i	and placa,	and dua f	to the caus	⊫e(a) and mann	er as stat	ed.	
		. On the pass of an	amination and/or i	investigation	n, in my o	pinion, de	ath occur	ad at the t	ilme, data	and place, and	dua to th	e cause(a) an	d manner as stated.
BE	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Mortif), Day, Year)												

House staff

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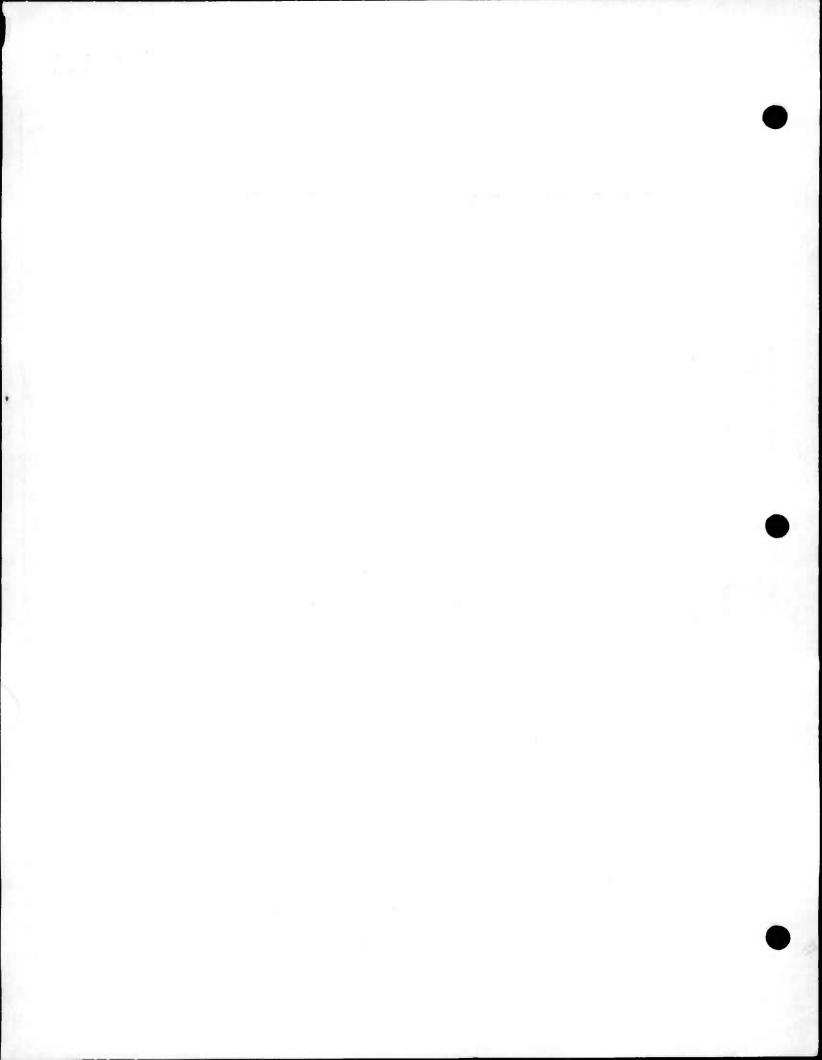
31. DATE FILED (Morth, Day, Year)

GONZALEL

Min

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
GONZALO GONZALEZ ZOIE. UNIV PKLODY BALL. MD

32. REGISTRAR'S SIGNATURE 1991 Julia Davidson-Randall



use as the burial-transit permit. Pages 1, 2, 3 should

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page 5 should be detached

once.

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מאנוווו	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pag	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral distribution of the property of the funeral distribution of the property of the funeral distribution of the property of the funeral distribution of the	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner
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	TAL	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the itself within 72 hours after death with the State Death and Mental Housens who is to build after death within the State Death and Mental Housens who is to build a committee.	=
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO. 30475 1 - FOR STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH Zella Washington Mov 1991 6, 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign 1 🗌 M 2 🗓 F 220-36-9959 1ar 13 Virginia 894 Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Caton Manor Mursing Home Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 701 North Arlington Ave. Apt 200 21217 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried ВУ 1 TES 2 NO XXWidowed 4 Divorced Specify: **Black** 15. DECEDENT'S EDUCATION COMPLETED 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementery/Secondary (0-12) College (1-4 or 5+) College Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) William Turner BE Lucy 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Idella Michols 2401 N. Ellamont St. Baltimore, MD 21216 20e. METHOD OF DISPOSITION
XXBuriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Nama of 20c. LOCATION - Cily or Town, State DATE Germetery, crematory or other place!
Baltimore Mat'l Cem 4 Donetion 5 Other (Specify) 11/11 Baltimore, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MUTTER Funeral Homes 2501 Gwynns Falls Parkway Baltimore, Maryland 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory errest, Approximate shock, or heert fellure. List only one ceuss on each line. Interval Between IMMEDIATE CAUSE (Finel Onset and Death disease Dr condition ongestive 4 wks reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): Ischemic Heart CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (DR AS A CONSEDUENCE DF): that initiated eventa resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER: 4 Nursing No 1 TYES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA me 5 Rasidence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED **Natural** 5 Pending BY 1 YES 2 NO 2 Accident 3 Sulcide 28e. PLACE OF INJURY — At home, ferm, streel, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Nomicide 29e. CERTIFIER 1 Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(e) end manner se stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER RAJA 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) MO ► 11.7.91 D27541 2



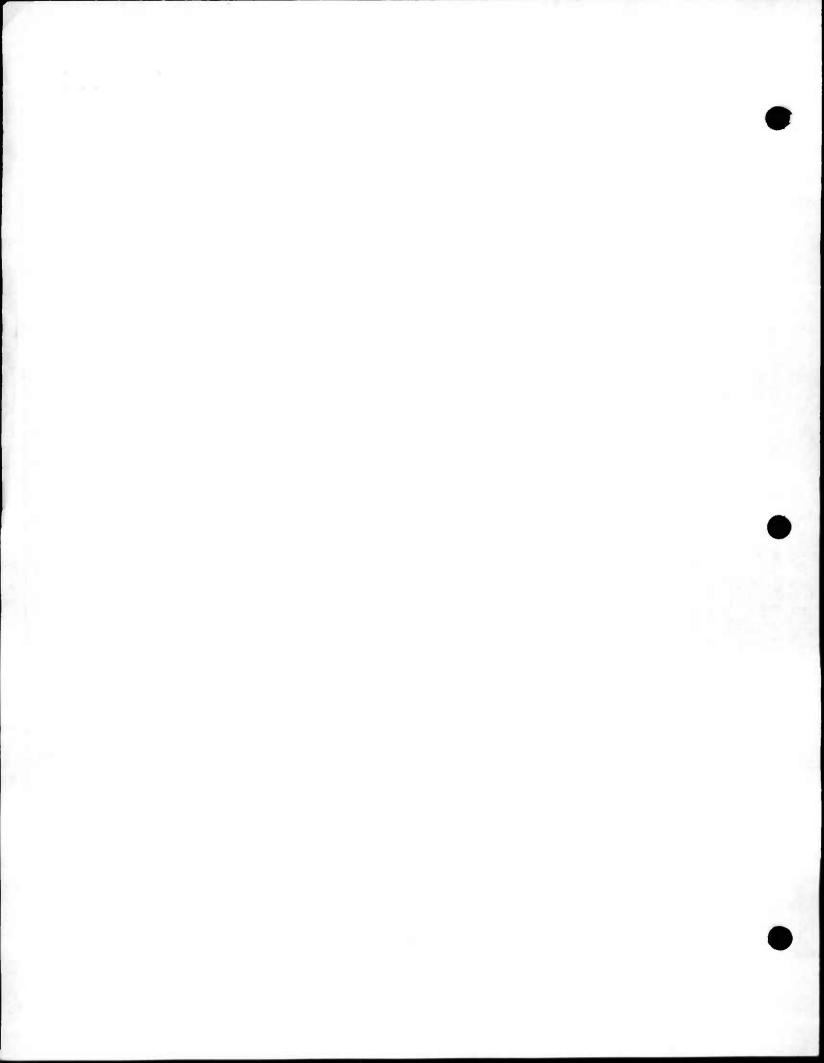
31. DATE FILED (Month, Day, Year)

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1991

30. NAME AND ADDRESS OF PERSON WND COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
GETHA RATA 4367 HOWNS FERRY

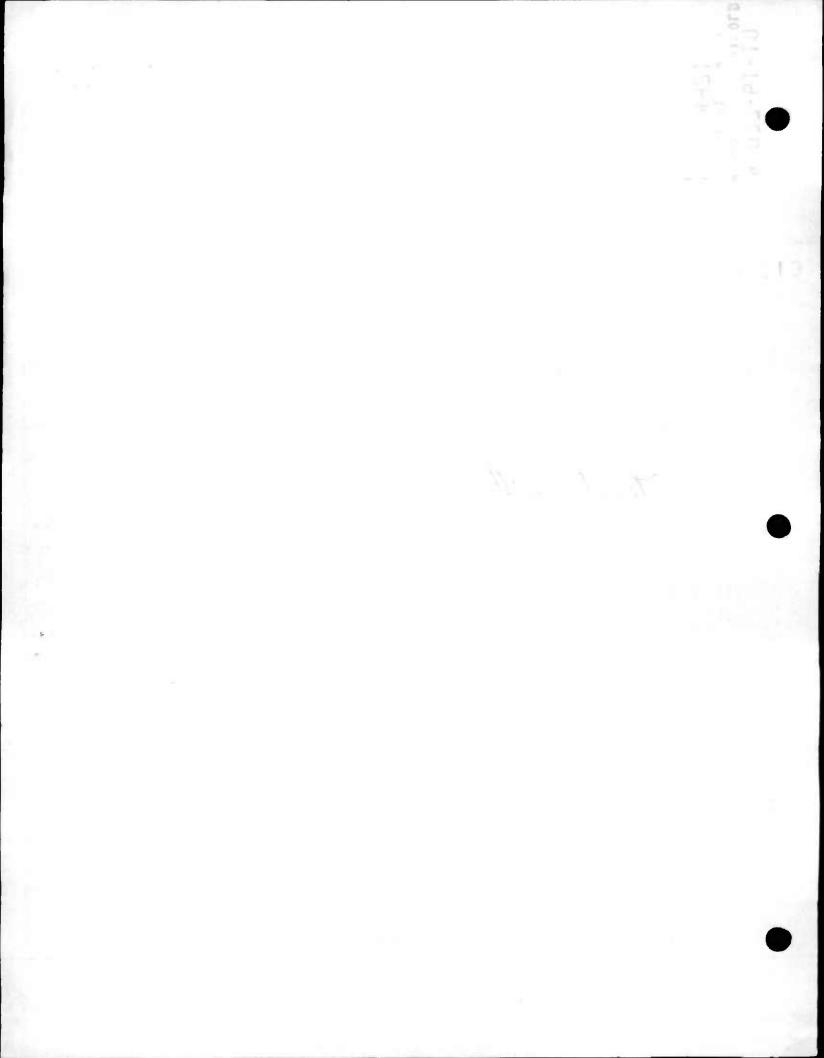
32. REGISTRAR'S SIGNATURE whia Davidson-Randall RD, BALTIMORE



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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	91 3	30476
ON	2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH

300	-													0	1 /	201 = -
1924	, T	FOR STATE REGISTRAR		STATE OF I	MARYLA	AND /	DEPAR RTIF	TMENT	T OF H	IEALTH DEA	AND I	MENT	AL HYGIEN	E 9		30476
0	1	-1. DECEDENT'S NAME (First,											TE OF DEATH			3. TIME OF DEATH
3 14	100	HAROLD		SON					11					5 1	YEAR	9:54 a m M
200	3	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (h			IF UNDER	DAYS	IF UNDE	R 24 HRS.		TE OF BIRTH onth, Day, Year)		8. BIRTI	IPLACE (State or Foreign
> 4	20.7	129-03-492		1 ☑ M 2 ☐ F	75	·	YRS.		1-1			AU	G.28,19	16		W YORK, N.Y.
		THE TOUNG								/N OR LOCATION OF DEATH 9c. COUNTY OF DEATH					DEATH	
15	2	THE JOHNS	HUPKI	NS HOSPI	TAL			BA	LTIN	10RE	CITY	7		BAI	TIMO	DRE
DIBERTOR		10a. STATE	10b. COUNTY				10c. CIT	, TOWN	OR LOCAT	TION						10d. INSIDE CITY
	- 11	NEW YORK						NEW	YOR	K						LIMITS? 1 YES 2 NO
I V		10s. STREET AND NUMBER							101	. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
FINES		502 PARK A	VENUE							1002						U.S.A.
	110	1 Never Merried 2		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	X YES	2 N	MED O		it yea, sp	ecity Cuba	ın, Maxica	n, Puart	GIN? (Specify Yea to Rican, etc.)	or No	14. RACI Blac	E — American Indian, k, White, atc.
Š		3 📉 Widowed 4 🗌 Divor	rced	IF YES, GIVE Y	WW				1 YES	2.4 NO	Specify	r:			Spec	#y: ITE
6		15. DECE (Specify only	DENT'S EDUC	CATION completed)		16a. DEC	EDENT'S	work done i	CCUPATIO	ON et of worki	000	1	66. KIND OF BUS	INESS/INC		TIE
1 11		Elementary/Secondary (0-	-12)	College (1-4 or 5	+)	Kfe. I	Do NOT us	e retired.)	during mo	at or works	194					
Once.		17. FATHER'S NAME (First, Mic	ddla (aat)	4 YRS		SA	LES						REAL		TE	
at or	100	BARNETT WO	193 197										t, Middle, Malden	Sumame)		
E E	1	19a. INFORMANT'S NAME (7)				19b.	MAILING	ADDRESS	S (Street a				LLIAS	Chair 30	0.41	
1 E		19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 1330 JONES STREET, SAN FRANCISCO, CALIFORNIA 94109														
st pe		20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, Starta														
Ē	cemetery, cremetory or other place) CARDEN STATE CREMATORY 11/8 N. BERGIN															
examiner must be notified at once. TO BE COM	ı	21. SIGNATURE OF SURERAL	SERVICE LIC	ENSEE H				22.	NAME AN	D ADDRE	SS OF FAC	HILITY	HOME IN			
	┚	1 Teins	C. X	mill	/										ו קום	MD. 21229
Ic event, the medical		23. PART I. Enter the dis shock, or he IMMEDIATE CAUSE (Find disease or condition resulting in death)	ei	DUE TO	ise Dn se	CONSEQU	2m	O 2	the mo	de of dy	ing, such	as ca	ordiac Dr respir	atory an	rest,	Approximate interval Between Onset and Death 6 Day 9
ATION		Sequentielly list condition if any, leading to immed			(OR AS A		JENCE OF):								01/275
	1	ceuse. Enter UNDERLYIN CAUSE (Disease or injur		IS	CHE	MIC	13	0 W 2	i.e.							17 Dm;
or other		that initieted events resulting in death) LAST			(OR AS A			,								12.2
	ı				5054											17 DAYS
red, or item 23 shows any injury, PHYSICIAN: MEDICAL CE		PART II. Other significen	et conditions	contributing to			aulting in	the un	deriying	ceuse (given in I	Pert I.	24a. WAS AN A PERFORI 1 YES 2	MED?	24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Item S		25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:														
Z S		1 TYES 2 MO		1 🕒 Inpatient 2 🗆		tlent 3		OTHER 4 Nurs		5 🗆 Re	eldence (Ott	ner (Specify)			
		27. MANNER OF DEATH 1 Natural 5 P	ending	28e. DATE OF (Month, D			28b. TIME INJU		28c. INJU	RK?		28d. DI	EŞCRIBE HOW IN	JURY OCC	CURED	
		2 Accident In	rvestigation	28a PLACE O	E IN ILIDY	Athen		М	1 🗌 Y		NO					
TED			could not be etermined	28e. PLACE Of building,	etc. (Specify	y)	e, term, ga	reet, tacto	огу, опісе			28t. LO Cit	CATION (Street ar y or Town, State)	nd Number	or Rural R	loute Number,
COMPLET		29a. CERTIFIER 1 CERTIF	FYING PHYSIC	IAN: To the best of	my knowle	dga, deat	h occurre	d at the tie	me, data	and pleca,	and due t	to the c	ause(a) and mann	ter ea atat	ed,	
		one) 2 MEDIC	EXAMINER	: On the beale of ex	cemination	end/or inv	veatigation	, in my o	pinion, de	ath occur	ed at the t	ime, dat	te and place, and	dua to th	a cause(e) end mennar as stated.
BE CO		296. SIGNATURE AND TITLE	OF CERTIFIER							29c. LICE	NSE NUM	BER		29d. DATE	SIGNED	(Month, Day, Year)
10	L	Jams D. Cr	mel	w v	7,5	enic	ve 8	28510	749	DY	00	00		> /	1/6	191
-	1	00. MAME AND ADDRESS OF	PERSON WHO	1		The second	_	Print)								
	-	31. DATE FILED (Month, Day, Ye	berl	JAMNO W		M.	0.		101	nns	Hos	ok;	nc Ito	501	TAG	
		11/6/9401	V 07		chia Da		, m.	1.00								
		111011110	A O (INOT A	10001000	~7.4(36)	May	سومح								



	1. DECEDENT'S NAME (First, Middle, Last)							TH	2. DATE O	REG. NO			3. TIME OF DEATH
	MONICA C.	Υ.	WI	LLI	AMSO	N			1 MONTH	02	AY	1 991	10:54A
-	4. SOCIAL SECURITY NUMBER 039-54-9841	5. SEX	6. AGE (In yrs. le	st birthday) YRS.	IF UNDER	R t YEAR	IF UNDE	R 24 HRS.	7. DATE Of (Month,	Day, Year)	_	8. BIRTH Count	HPLACE (State or Foreign
	90. FACILITY NAME (If not institution, give st		14	Tho,	9b. CITY, TOWN OR LOCATION OF DE					13–197	_		West Africa
	UNIVERSITY H				96. CIT				CITY		9c. COU	INTY OF D	DEATH
3	RESIDENCE OF DECEDENT	OSFIIAI	4			DAL	III	OKE	CITI				
Diffeelon	10e. STATE 10b. COUNTY	Y			y, town	OR LOCA	TION						10d. INSIDE CITY LIMITS?
	4304 Seminale Avenue					10	7. ZIP COE					Africa	WHAT COUNTRY?
5	11. MARITAL STATUS 1)() Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1	IT EVER IN U.S. AF	RMED NO		Il yes, sp	CENDENT Decity Cub	en, Mexice	IIC ORIGIN? n, Puerto Ric	(Specify Yes	or No-	14. RACE Black Speci	E — American Indian, k, White, etc. iiy: Black
	15. DECEDENT'S EDUC (Specify only highest grade) Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5	(G	ECEDENT'S Sive kind of Do NOT u	work done	during m	ON ost of work	ing	18b. K	IND OF BUS	SINESS/INI	DUSTRY	
	17. FATHER'S NAME (First, Middle, Last)			Stud	ent		40, 1100						
	Preston Padmore				<u>. </u>		Haze	el Wil	ME (First, Mid 11amso	n			
	190. INFORMANT'S NAME (Type/Print) Hazel Williamson		19	4304	Semin	ole i	AVENUE	e Ba	altimor	e, Md	21229	Code)	
ŀ	20s. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remote 4 Donetion 5 Other (Specify)	oval from State	20b. PLACE	AND DATE	of Dispos	sition(Na	ame of		11991		cation —		
1	21. SIGNATURE OF FUNERAL SERVICE LIC	URE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF SACILITY											
		1 1 0		22.	NAME A	ND ADDRE	SS OF FAC	CILITY					
	· Karen Ma	rgare		Л	- N	March 4300	F/H Waba	West sh Ave	enue	1	8		
	23. PART I. Entar the diseases, or candidate CAUSE (Final disease or condition resulting in death)	complications that List only one cau	t causad the d	eath. Do i	not anter	March 4300	F/H Waba	West sh Ave	enue	c or respi	ratory an	rast,	Approximate interval Batwean Onset and Daath
	23. PART i. Entar the diseases, or c shock, or heart failure. I iMMEDIATE CAUSE (Final disease or condition	complications that List only one cau	it caused the deuse on each line	OUENCE OF	not anter	March 4300	F/H Waba	West sh Ave	enue	c or respi	ratory an	rast,	intarval Batwean
	23. PART i. Entar the diseases, or c shock, or heart failure. If iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated avents resulting in death) LAST	DUE TO	It caused the desire on each line OPPU (OR AS A CONSECTION A	ouence of	not anter	March 1300 r tha mo	F/H Waba da of dy	West sh Ave ing, such	enue n as cardia			rast,	intarval Batwean
	23. PART i. Entar the diseases, or c shock, or heart failure. I iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated avents	DUE TO	It caused the desire on each line OPPU (OR AS A CONSECTION A	ouence of	not anter	March 1300 r tha mo	F/H Waba da of dy	West sh Ave ing, such	enue n as cardia	As. WAS AN PERFOR	AUTOPSY MED?		intarval Batwean
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	23. PART i. Entar the diseases, or c shock, or heart failure. I iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART ii. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XIAN YES 2 NO 27. MANNER OF DEATH 1 Matural 5 Pending investigation Matural 2 Accident Matural 2 Accident Matural 2 Matural 3 Suicide Momi	DUE TO DUE TO	t causad that desire on aach line on aach line on aach line on aach line on aach line on aach line on aach line on a consect (OR AS A CONSECT	DOUENCE OF COUNTY OF THE PROPERTY OF THE PROPE	OTHER 4 Num Not anter OTHER 4 Num Not an American State of the stat	March 4300 r tha mo that moderiying 28. PL R: sing Hom 28c. INJ tory, office	F/H Waba da of dy g causa ACE OF D s S R URY AT FIES 34	West sh Ave ing, such ing, such ing, such in in ing.	Part I. 2. t t t t t t t t t t t t t t t t t t t	Decity) HBE HOW IN I S T ON (Street e Gyr), Serie) By A Leiter (e) end men	AUTOPSY MED? NO NJURY OCC STR Ind Number I MO There is state	CURED UCK or Rural R RE C	Interval Batween Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset on The Completion of Cause of Death? BY AUTO On Tour Number, See Taylor Onset on Taylo
	23. PART i. Entar the diseases, or c shock, or heart failure. I iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated avents resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XIA YES 2 NO 27. MANNER OF DEATH 1 Metural 5 Pending Investigation 1 Certifying Physic Check only 1 CERTIFYING PHYSIC (Check only) 1 CERTIFYING PHYSIC (Check only) 1 CERTIFYING PHYSIC CERTIFIER Check only 1 CERTIFYING PHYSIC CERTIFIER Check only 1 CERTIFYING PHYSIC CERTIFIER Check only 1 CERTIFYING PHYSIC CERTIFIER Check only 1 CERTIFYING PHYSIC CERTIFIER Check only 1 CERTIFYING PHYSIC CERTIFIER Check only 1 CERTIFYING PHYSIC CERTIFIER Check only 1 CERTIFYING PHYSIC CERTIFIER Check only 1 CERTIFYING PHYSIC CERTIFIER Check only 1 CERTIFYING PHYSIC CERTIFIER Check only 1 CERTIFYING PHYSIC CERTIFIER Check only 1 CERTIFYING PHYSIC CERTIFIER Check only 1 CERTIFYING PHYSIC CERTIFIER Check only 1 CERTIFYING PHYSIC CERTIFIER Check only 1 CERTIFYING PHYSIC CERTIFIER Check only 1 CERTIFYING PHYSIC CERTIFIER Check only 1 CERTIFYING PHYSIC CERTIFIER Check only 1 CERTIFYING PHYSIC CERTIFIER Check only 1 CERTIFYING PHYSIC CERTIFIER CHECK	DUE TO DUE TO	t causad that desire on aach line on aach line on aach line on aach line on aach line on aach line on aach line on a consect (OR AS A CONSECT	DOUENCE OF COUNTY OF THE PROPERTY OF THE PROPE	OTHER 4 Num Not anter OTHER 4 Num Not an American State of the stat	March 4300 r tha mo that moderiying 28. PL R: sing Hom 28c. INJ tory, office	F/H Waba da of dy g causa G causa ACE OF D G 5 R GURY AT GYES 34	West sh Ave ing, such ing, such ing, such in in ing.	Part i. 2. t t	Decity) HBE HOW IN I S T ON (Street e Gyr), Serie) By A Leiter (e) end men	AUTOPSY MED? NO NJURY OCC STR ON NO NO NO NO NO NO NO NO N	CURED UCK or Rural R R E Coled.	Interval Batween Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset on The Completion of Cause of Death? BY AUTO On Tour Number, See Taylor Onset on Taylo

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EX E G

and the

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

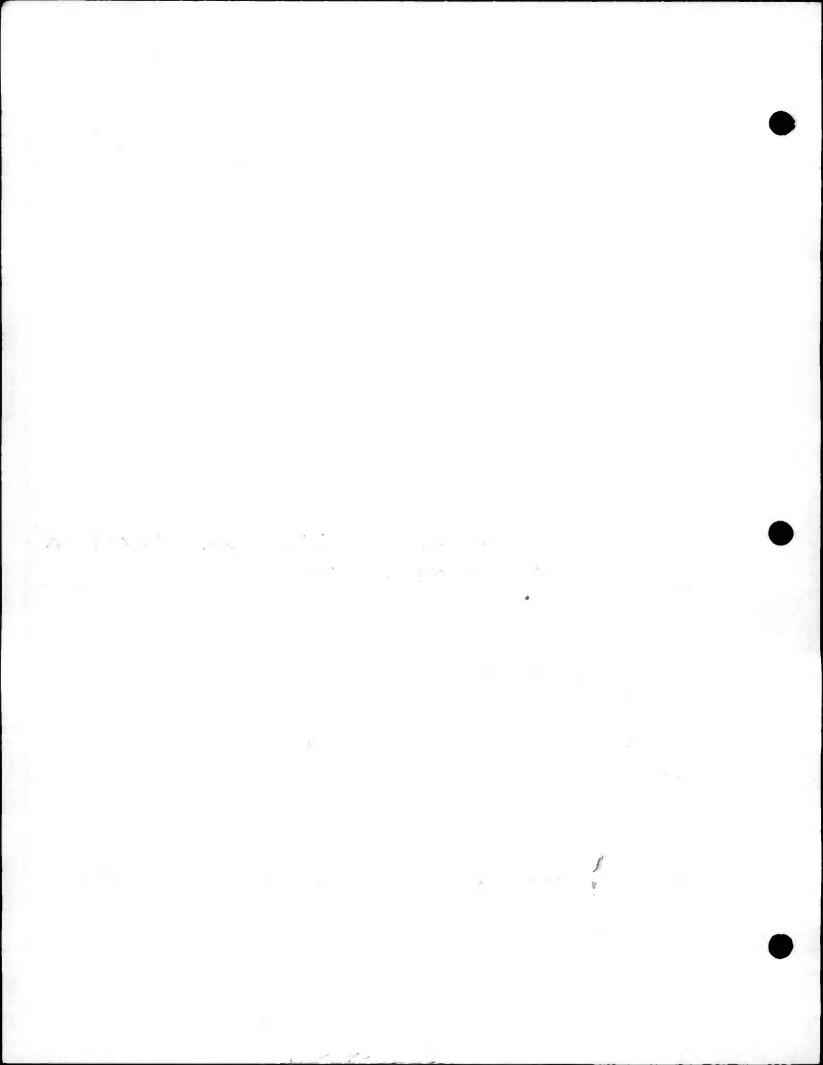
TO THE HOSPITAL DRATTENDING PHYSICIAN: The law requires that the death certificate be executed within a completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1. 2. 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to bunal, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other tranmatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND	1	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
			CE	ERTIFICATE	OI	F DEAT	ГН		REG. NO.

_	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		RTMENT OF H		MENTAL HYGIENE REG. NO.		
i	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN	VEA	3. TIME OF DEATN
	ELSIE	CARROLL	V	VEHRLE		10-28-9		7:45A M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	yrs. last birthday)		IF UNDER 24 HRS.	7. OATE OF BIRTN (Month, Day, Year)	8. BI	RTNPLACE (State or Foreign
	219 18 5265	1 □ M 2 🔀 F 68	YRS.	MONTHS DAYS	HOURS MIN.	8-22-23		Pennsylvania
	9a. FACILITY NAME (If not institution, give st	treet and number)		9b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY C	
HC H	5116 East Joppa	Road		Perr	y Hall		Balt	imore county
5	RESIDENCE OF DECEDENT		T 100 Ct			10d, INSIDE CITY		
DIRECTOR		more County	10c. G	TY, TOWN OR LOCAT	Pery	Hall		LIMITS?
	10e. STREET AND NUMBER			1 40	TIN AARE		10- OFFIZEN (1 NES 2 NO
RA	5116 East Joppa	Poad		10	21128	- 4		SA
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN I	··· C ADMED	42 MMC DEC				RACE — American Indian,
	1 Never Married 2 W Married	FORCES? 1 YES	2 NO	If yes, sp	ecify Cuban, Mexican			Black, White, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	nc nc) 1 1 1 1	2 NO Specify:	no	3	Specify: White
	15. DECEDENT'S EDUC		18e. DECEDENT	S USUAL OCCUPATION	ON	16b. KIND OF BUS	INESS/INDUST	ŧΥ
E	(Specify only highest grade Elamentary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	work done during mo use retired.)	at or working			
API.	12+	2		Retired	Clerk	Office	work	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	251			18. MOTHER'S NAM	ME (First, Middle, Malden S	Sumame)	
BE (Roy Jason Hitchc	ock, Sr.			Hazel	Perry Car	roll	
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Town		
- 1	Eugene Wehrle	Husband				y Hall, MD		
	20a. METHOD OF DISPOSITION 1	ioval from Stale	PLACE OF DISPO other place)	OSITION (Name of ce	metery, crematory or	20c. LOC	CATION — City	or Town, State
	4X Donation 5 Other (Specify)	1277		T OO MARKE A	ND ADDRESS OF FAC	- CMAMD	7.77 MOM	
1	21. SHUNATUHE OF FUNERAL SERVICE LIC	Ronald was	de, Dir			Dana		Y BOARD
	Janala 1111	11Mel 11.	6.91	PODDM	SSTRGITIN	noreSt,Balt	:O.,MD	21201
	23. PART I. Enter the diseases, or o	complications that caused List only one cause on each	the death. Do	not enter the mo	de of dyling, euch	h es cerdiec or respir	ratory errest,	Approximete
	IMMEDIATE CAUSE (Final	List only one cause on each	ch ane.	,		- 4-		Interval Between Onset end Deeth
	disease or condition resulting in death)	- METASI	A5 1	c LI	ING	CARC	INN	1A 1 VR
1	Totaling in assemy	DUE TO (OR AS A	CONSEQUENCE	OF			· V	
×	Sequentially list conditions,	145/114	DICY	TAZO	re			
THE	if any, leading to immediate	DUE TO (OR AS A (CONSEQUENCE (OF):				
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	C. DUE TO (OR AS A C	COMPECUIENCE	00.				
E	that initiated events resulting in death) LAST	DUE TO (OR AS A T	DUNSEUVERUE (DE):				
CERTIFICATION		d						
CAL	PART II. Other eignificant condition			In the underlying	g ceuse given in	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	Kes/ MATORY	HAILRE				1 TYES 2		COMPLETION OF CAUSE OF DEATH?
MEC	CAchesi	4						1 YES 2 NO
ä								
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (Che	eck only one)		
SIC	1 YES 2 NO	HOSPITAL: 1 Inpetiant 2 ER/Outpa	atient 3 DOA	OTHER: 4 Nursing Hor	ne 5 Residence	6 Other (Specify)		
E	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)		IME OF 28c. IN	JURY AT ORK?	28d. DESCRIBE HOW II	NJURY OCCURE	:D
ВУБ	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO			
	3 Suicide 6 Could not be	28e. PLACE OF INJURY - building, etc. (Special	- Al home, farm	, street, factory, offi	De	281. LOCATION (Street a City or Town, State)	and Number or A	ural Route Number,
	4 Homicide determined			_				
PLE	29e. CERTIFIER (Check only	SICIAN: To the best of my knowle	adge, death occu	irred at the time, dat	e and place, and due	to the cause(a) and mar	nner as stated.	
COMPLETED		ER: On the basis of examination	and/or investige	tion, in my opinion,	death occured at the	lime, data and place, an	d dua to the ca	use(a) and manner as stated.
EC	29 SIGNATURE AND TITLE OF SERTIFIE	ER //)		29c. LICENSE NU	MBER	29d. DATE SIG	SNED (Month, Day, Year)
0	Kolout K Dev	May	MD)	D 30	561	D 10	130/91
2	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF DEA	TH (ITEM 27) (IV	pe, Print)				(
	DR. ROBERT BROOM	KLAND 6701	N. Cha	rles St	GBMC [*]	Towson, I	MD 2120)4
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA		7				
	MOV 7 1991	Achia Davidson-A	andelles					





DIVISION OF VITAL RECORDS, P.O. BOX 13146,

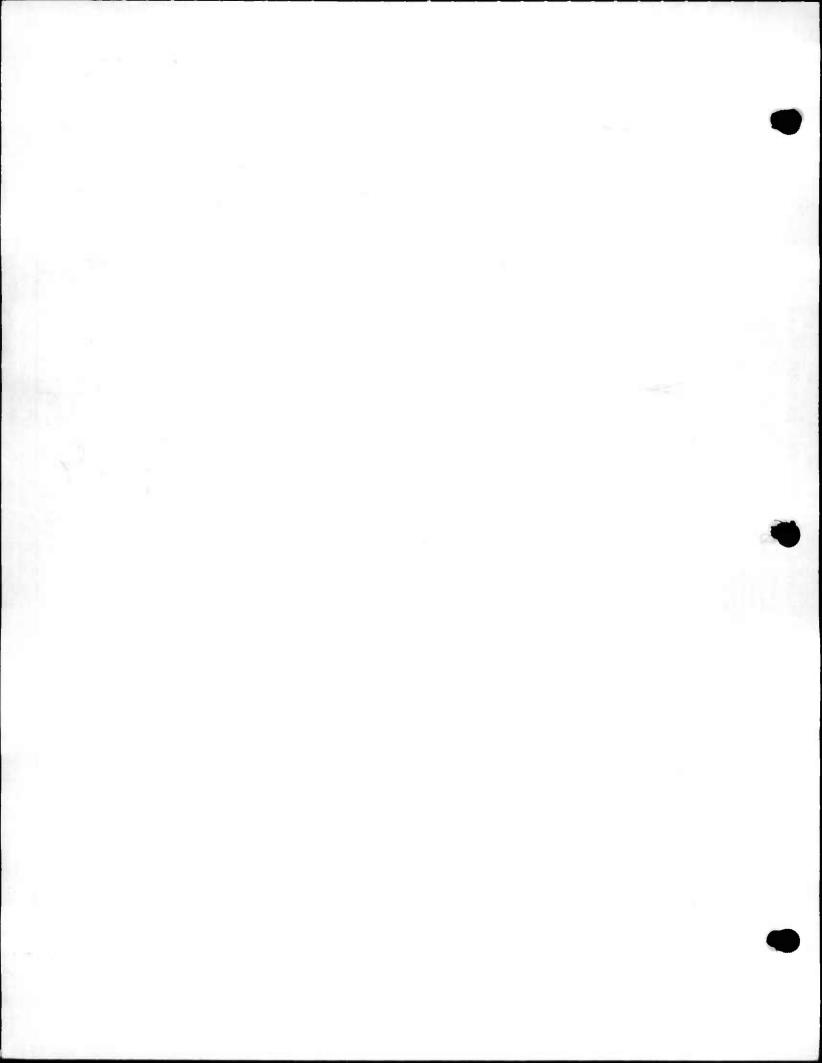
as the burial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Cars after death. Page 6 may be retained by the intending physician.

TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defined in as the burial-trans be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at one.

STATE OF MARYLAND / DEPARTM	MENT OF	HEALTH AN	D MENTAL	HYGIENE
CERTIFIC	ATE OF	DEATH		REG. NO.

1 - STATE REGISTRAR	STATE OF MARYLAND / DEPA CERTIF	RTMENT OF HEALTH AND FICATE OF DEATH	MENTAL HYGIENE REG. NO.	00475
1. DECEDENT'S NAME (First, Middle, L	Dervin V	Vilson	2. DATE OF DEATH DAY L	S. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 2 2/3 27623	5. SEX 6. AGE (In yrs. leet birthday) 7. The second of t) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (State or Foreign-Country)
9a. FACILITY NAME (If not institution,	Jelunkane	96. CITY, TOWN OR LOCATION OF D	EATH 9c. COUNTY	OF DEATH
10a. STATE 10b. CO		Letterne	me	10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND MUMBER	Ledwolaio	101. ZIP CODE	10g. CITIZEN	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES 2 NO Speci		RACE — American Indian, Black White, atc. Specify:
15. DECEDENT'S (Specify only highest Elementary/Secondary (0/12)	EDUCATION grade completed) Cotlege (1-4 or 5+) Cotlege (1-4 or 5+)	S USUAL OCCUPATION If work done during most of working use retired	16b. KINO OF BUSINESS/INDUS	TRY
17. FATHER'S NAME (First Middle, Las	nothing)	18. MOTHER'S N.	AME (First, Middle, Melden Surnerge)	eemm
190. INFORMANT'S MIME (Type/Print)	Telson 10b. MANLIN	NG ADDRESS (Street and Number or Rural	Route/Number, City or Jown, State, Zip Co	il Bail
20s. METHOD OF DISPOSITION 1 Secretary Burlel 2 Cremation 3 Clare Condition 5 Other (Specify)	Removal from State other place) -	OSITION (Name of commercy, cremetory or	20c. LOCATION - City	or Town, State
21. SIGNATURE OF FUNERAL SERVICE	ELICENSEE MUNICIPALITY	22. NAME AND ADDRESS OF F) note au	Brethe
	, or complications that caused the death. Do lure. List only one cause on each line. a. DUE TO (OR AS A CONSEQUENCE	IV infection	ch as cardlec or respiratory arrest	t, Approximate Interval Between Onaet and Daeth
Sequantially list conditions, if any, leeding to immediate	b. OUE TO (OR AS A CONSEQUENCE			
cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	C. DUE TO (OR AS A CONSEQUENCE	OF):		
PART II. Other algorificant cond	ditiona contributing to deeth but not resulting	g in the underlying cause given in	Part I. 24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHS
				OF DEATH?
25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:	26. PLACE OF DEATH CO	heck only one)	
1 VES 2 NO	1 Inpatient 2 PER/Outpatient 3 DOA	4 Nursing Home 5 Residence		
27. MANNES OF DEATH 1 Natural 5 Pending 2 Accident Investigs	(Month, Day, Year)	IME OF NJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCUI	
3 Suicide 8 Could no 4 Homicide determin		n, street, factory, offica	28f. LOCATION (Street and Number or City or Town, State)	Rural Route Number,
ann)	PHYSICIAN: To the best of my knowledge, death occu AMINER: On the besia of axamination and/or investiga			
296. SIGNATURE AND JITLE OF CER	PHRIER EUNSISE NO	29c. LICENSE NU D 3.5	JMBER 29d. DATE S	GIGNEO (Month, Day, Year)
30 NAME AND ADDRESS OF PERSON JUDITH FEW	WHO COMPLETED CAUSE OF GEATH (ITEM 27) (7)	pe, Print) E. Morumera	+ St. Baltin	un MD212
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE			



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	1. DECEDENT'S NAME (First, Middle, Las							2. DATE OF MONTH	DEATH DA	Y	YEAR	3. TIME OF DEATH
	Maurice 4. SOCIAL SECURITY NUMBER	W.		ung				11	01			3:50 P
	218-42-9543	1 🕅 M 2 🗆 F		rs. last birthday) YRS.	MONTHS	DAYS	HOURS MIN.	7. DATE OF (Month, D. 11_3(B. BIRTHI Country	PLACE (State or Foreign) Md
۳ ا	90. FACILITY NAME (If not institution, give						OR LOCATION OF		23.0		ITY OF DE	
DIRECTOR	Sinai Hospit RESIDENCE OF DECEDENT 100. STATE 10b. COU					tim						
- 1	Md				ALTO	OR LOCA	TION					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
VERAL	4738 Wilern Avenue					10	21215			U S		HAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	T EVER IN U.S	S. ARMED	13	If yee, sp	CENDENT OF HISPA secity, Cuban, Mexic 2 NO Spec	en, Puerto Rice	pecify Yes n, etc.)	or No-		- American Indian, White, etc.
PLETED	15. DECEDENT'S EI (Specify only highest gra Elementery/Secondery (0-12)	DUCATION ide completed) College (1-4 or 5 +		DECEDENT'S (Give kind of life. Do NOT u	work done	during me	ON ost of working	16b. KIP	ID OF BUS	INESS/INDI	USTRY	
E COMPL	17. FATHER'S NAME (First, Middle, Last) Warren Young						18. MOTHER'S N	AME (First, Midd (Hawkins	le, Maiden S	Sumeme) Jackso	n	
10 B	19. INFORMANT'S NAME (Type/Print) Virginia Young			196. MAILING 4738 V	ADDRES Vilen	s (Street o	nue Bal	Route Number, o	Md 212	State, Zip	Code)	
	20a, METHOD OF DISPOSITION 1 A Burlel 2 Cremetion 3 Re	moval from State		ACE AND DATE y, cremetory or o			ame of	DATE	20c. LOC	ATION — C	lfy or Tow	rn, State
	4 Donellon 5 Other (Specify)		·	Garri	son	ores:	t Veteran	11791	Owin	ngs Mi	11s,	Md
	· Fortia	Ebros	1)		22	March	n F/H West Wabash A					
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	С.	OR AS A CO	NSEQUENCE O	F):	cysm						Onset and Dec
	PART II. Other aignificant condition	ona contributing to	deeth but n	not resulting	in the u	nderiying	g ceuse given in		WAS AN A PERFORM YES 2	MED?		WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 \(\text{NO} \) NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF DEATH (C)	neck only one)				
	1 XYES 2 NO	1 X Inpatient 2 🗆					e 5 🗆 Residence	8 🗆 Other (Sp	ecify)			
	1 Natural 5 Pending 2 Accident Investigation	26e. DATE OF (Month, Da	y, Year)	20b. TIM INJ	E OF IURY M		URY AT RK? res 2 \(\text{NO}\)	28d. DESCRIE	BE HOW IN	JURY OCCI	JRED	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF building, e	INJURY — A	At home, ferm, a	street, fec	tory, office		26f. LOCATIO City or To	N (Street en wn, State)	d Number o	r Rural Ro	ute Number,
COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHY 2 🔀 MEDICAL EXAMIN	SICIAN: To the best of r	my knowledge	e, death occurre	ed at the	lime, date	end place, end due	to the cause(e	end mann	or as atated	d.	and manner as stated
u II	296 SIGNATURE AND PUTLE OR CEPTIFF		a				29c. LICENSE NU					Month, Day, Year)
	30. NAME AND ADOPESS OF PERSON W	THO COMPLETED CAUSE	E OF BEAT	ATEN OT	0.4-1		O.C.M.	Ε.		▶ 11	02	1991
	FARNET-PEN 31. DATE FILED (Month, Day, Year)	NE//	'S SIGNATUR	11 Pe		Str	eet, Ba	ltimo	re M	lary	land	21201
	NOV 07 1991	Julia Day	danne A	Concio BB								
14		-13		1,000								

91-6443-510

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFICATE OF DEATH

REG. NO.

1. DECEDENT'S NAME (First, Middle, Last)

30480

2 F F R R R R R

regin geep of the me as an

DIVISION OF VITAL RECO	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires	TO THE FUNERAL DIRECTOR: After this certificate has been signi
	풀	置;
	0	0

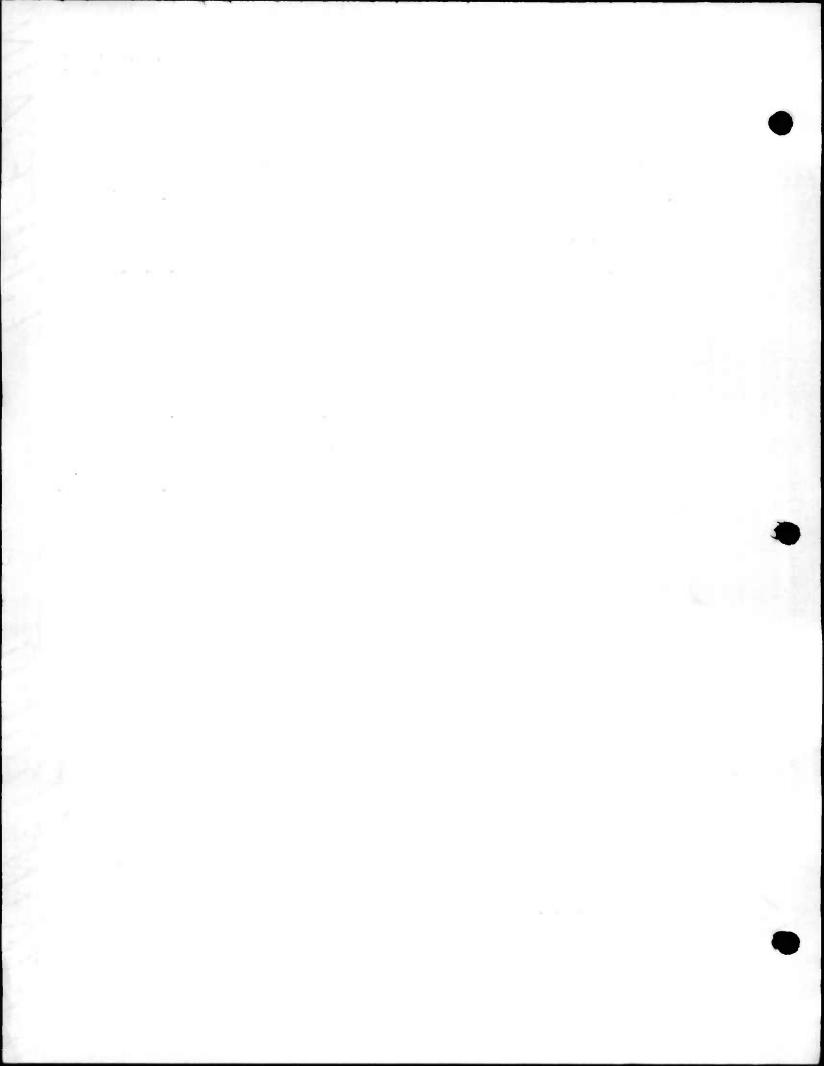
	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIFI	TMENT OF H	HEALTH AND M	IENTAL HYGIE				
	1. DECEDENT'S NAME (First, Middle, Last)	Caesar L	uis Alı	neida		2. DATE OF DEATH	DAY	YEAR 3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 050 50 1924	1 ØM 2 □ F 51	In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country) India		
TOR	9a. FACILITY NAME (If not institution, give s 12619 Quaking Br						Bowie 9c. COUNTY OF DEAT Prince Ge			
DIRECTOR	10a STATE 10b. COUNTY	e Georges	, TOWN OR LOCAT	TION		10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
FUNERAL	12619 Quaking Bra	anch Court	10	20720		197	10g. CITIZEN OF WHAT COUNTRY?			
BY	11. MARITAL STATUS 1 Never Married Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DO	2 NO	If yes, sp	ENDENT OF HISPANIC ochi, Cuban, Mexicon, NO Specify:	C ORIGIN? (Specify Y	DRILLO	14. RACE — American Indian, Black, Whita, etc. Sopoth: White		
COMPLETED	15. DECEOENT'S EOUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16e. DECEDENT'S I (Give kind of w life. Do NOT use	JSUAL OCCUPATION ork done during monoprised.)	ON st of working	16b. KIND OF B	USINESS/INDUS			
MPL		4	Comput	er Opera	ator	Privat	te Firm	1		
CO	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAM	E (First, Middle, Maide	n Surname)			
BE	Rosario Almeida				Emilia					
2	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural Ro					
	Manina Almeida 20a. METHOO OF DISPOSITION							yland 20720		
	1 ★ Burial 2 □ Cremetion 3 □ Remo	oval from State cem	PLACE AND DATE O stery, crematory or oth	F DISPOSITION (Na per place)	me of	DATE 20c. L	OCATION — CIt	or Town, State Spring Md.		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	re or ne	aven ce	D ADDRESS OF FACI	-23-9µ S	liver	spring Md.		
	Robert E	Elama	Pres	Bea1	1-Evans F	uneral H		.A. Md. 20715		
CERTIFICATION	23. PART I. Enter the diseases, or carbook, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	Plratory arrea	Interval Between							
MEDICAL	Major De	tha undarlying	ı cause givan in Pı	N AUTOPSY RMEO? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26 BI	ACE OF BEATH (C)					
SIC	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Output	effort 2 000	OTHER:	ACE OF DEATH (Check					
H	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME		Residence 6	Other (Specify)	IN ILIEN OCCUE	DED.		
ВУ Р	Natural 5 Pending	(Month, Day, Year)	INJU	RY WO	RK?		INCOM! OCCOR	ieb		
	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, atc. (Speci	At home, term, at		M 1 YES 2 NO 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC One) 2 Medical Examiner	IAN: To the best of my knowle : On the besis of exemination	idge, death occurred and/or investigation	at the time, date in my opinion, de	and place, and due to eath occured at the tin	the cause(a) and ma	nner as atated, nd due to the c	auso(a) and manner se stated.		
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER Pullen Delle	elal beg	Exam.	Lecal	29c. LICENSE NUMBI	ER	29d. OATE SI	IGNED (Month, Day, Year)		
	PALA DEVOR	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, F	essour	wed :	Hyatra	2 :111	121-91 MD 20781		
	31. DATE FILED (MODIL PRIZE 3 91	32. REGISTRAR'S SIGNA		مالا			2 2 2 2 2			

Mark at the time

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the completely filled in by the funeral director, page 5 should be detached for use as the bunk-transit permit. Pages 1, the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunk, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last) 2. QATE OF DEATH MONTN DAY YEAR 3. TIME OF DEATH												
1	Nell Be	atrice A	llwine					10	01	91	10:10 PM		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER 1 YEA		R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (State or Foreign Country)			
	578-68-1227	1 □ M 25€XF	91	YRS.	MONTHS DAY	S HOURS	MIN.	06/20/2			yland		
	9a. FACILITY NAME (If not institution, give :	street and number)			9b. CITY, TOV	N OR LOCAT	ION OF DE			NTY OF C			
DIRECTOR	St. Mary's Nurs	ing Cente	r		Leonardtown				St. Mary's				
EC	10a. STATE 10b. COUNT		10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY				
8	Maryland St.	Mary's	_	Le	eonard	own			LIMITS?				
AL	10e. STREET AND NUMBER					E	10g. CITIZEN OF WHAT COUNT			WHAT COUNTRY?			
BY FUNERAL	550 Peabody Str				2	0650		U.	Α.				
5	11. MARITAL STATUS	EVER IN U.S. ARM	MED	13. WAS	DECENDENT	OF HISPAN	NIC ORIGIN? (Specify in, Puarto Rican, atc.)	Yea or No-	14. RAC	E — American Indian, k, White, etc.			
×	1 Never Married 2 Married 3 Nover Married 4 Divorced	IF YES, GIVE WA						and the same of th			offy:		
	15. DECEDENT'S EDU	I I I I I I I I I I I I I I I I I I I	T.40. 000		1			- I			White		
COMPLETED	(Specify only highest grade	completed)	(Gh	ve kind of v Do NOT us	USUAL OCCUP vork done during se retired.)	most of work	ing	16b. KIND OF	BUSINESS/IN	DUSTRY			
ا ڐ	Elementery/Secondary (0-12)	College (1-4 or 5+)											
ਫ਼	17. FATHER'S NAME (First, Middle, Last)	-	L_Hor	ne Ma	aker	40, 140	THER 'O MA	ME (First, Middle, Mail	estic				
BE	Henry Foote 19a. INFORMANT'S NAME (Type/Print)		196	MAILING	ADDRESS (Str			Chesser Route Number, City or		n Code)			
유	Dorothea Allwin	e						ple Hills			48		
	20a, METHOD OF DISPOSITION 1 X Buriel 2 Cremetton 3 Ren	novet from State	20b. PLACE C	OF DISPOS	SITION (Name o	cemetery, cre	matory or	20c.	LOCATION -	City or To	own, State		
	4 Donation 5 Other (Specify)				Natio	nal C	'emet	ery Si	uitlan	d. M	aryland		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	1	,	22. NAM	AND ADDR	ESS OF FA	Lee I			me, Inc.		
	Cough /	won St	too					ander Fei	cry Rd	.,Cl	inton, Md.		
	23. PART I. Enter the diseece, or shock, or heert fellure.	complications that	caused the dec	eth. Do n	not enter the	mode of dy	/ing, suc	h ss cerdiec or re	epiratory sr	rest,	Approximate		
	IMMEDIATE CAUSE (Fine)	Liet only one caus	on each line.		1.	1		-	1		Interval Between Onset and Death		
	disease or condition	. 0	rule	0	pu	on	200	rong	HO	NU			
	IMMEDIATE CAUSE (Fine) disease or condition resulting in deeth) Due to (DB+6 A CONSEQUENCE OF):												
	Sequentially list conditions,												
N	Sequentially list conditions	h	If eny, leeding to immediate										
ATION	If eny, iseding to immediate	p. 1996-10 li	OR AS A CONSEC	NIENCE OF	n:								
FICATION	If eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	e	,										
TIFICATION	If eny, leeding to immediate ceuse. Enter UNDERLYING	e	OR AS A CONSEQ										
CERTIFICATION	If eny, iseding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	e	,										
AL CERTIFICATION	If eny, iseding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. DUE TO (OR AS A CONSEQ	WENCE OF	P):	ying cause	glven in	Part i. 24a. WAS	AN AUTOPSY	24	b. WERE AUTOPSY FINDINGS		
	If eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	c. DUE TO (OR AS A CONSEQ	WENCE OF	P):	ying cause	given in	PER	S AN AUTOPSY FORMED?	24	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
EDICAL	If eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	c. DUE TO (OR AS A CONSEQ	WENCE OF	P):	ying cause	given in	PER	FORMED?	24	AVAILABLE PRIOR TO		
MEDICAL	If eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	c. DUE TO (OR AS A CONSEQ	WENCE OF	P):	ying cause	given in	PER	FORMED?	24	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?		
MEDICAL	if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant condition	e. DUE TO (OR AS A CONSEQ	WENCE OF	In the under			PER	FORMED?	24	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?		
MEDICAL	If eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART ii. Other significant condition	c. DUE TO (OR AS A CONSEQ	esulting	In the under	PLACE OF	DEATH (Ch	1 TYE	FORMED?	24	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?		
MEDICAL	If eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 400 27. MANNER OF DEATH	the contributing to describe the contributing to describe the contributing to describe the contributing to describe the contribution of the contri	deeth but not re	DOA 28b, TIM	In the under	PLACE OF	DEATH (Ch	PER 1 YES	FORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?		
PHYSICIAN: MEDICAL	If eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 TO ST. MANNES OF DEATH 1 Results 8 Pending	e. DUE TO (deeth but not re	DOA 28b, TIM	OTHER:	PLACE OF	DEATH (Ch	PER 1 YES	FORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?		
BY PHYSICIAN: MEDICAL	If eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED MEDICAL EXAMINER? 1 YES 2 3. MANNES OF DEATH 1 MANNES OF DEATH 1 MANNES OF DEATH 2 Accident 3 Suicide 8 Could not be	HOSPITAL: 1 Inpatient 2 29e. OATE OF (Month, De) 28e. PLACE OF	Geeth but not re	esulting	OTHER: 4 Marsing EEOF 28c	PLACE OF Home 5 F INJURY AT WORK? YES 2	DEATH (Ch	PER 1 YES OPECK only one) 8 Other (Specify) 28d. OE\$CRIBE HO 28f. LOCATION (Sir	FORMED? S 2 NO W INJURY OCHER	CCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE DE DEATH?		
BY PHYSICIAN: MEDICAL	If eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 TO ST. MANNER OF DEATH 1 Name of DEATH 2 Accident Investigation	HOSPITAL: 1 Inpatient 2 29e. OATE OF (Month, De) 28e. PLACE OF	deeth but not re	esulting	OTHER: 4 Marsing EEOF 28c	PLACE OF Home 5 F INJURY AT WORK? YES 2	DEATH (Ch	PER 1 YES Peck only one) 8 Other (Specify) 28d. OESCRIBE HO	FORMED? S 2 NO W INJURY OCHER	CCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE DE DEATH?		
BY PHYSICIAN: MEDICAL	If eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART ii. Other significant condition 25. WAS CASE REFERRED & MEDICAL EXAMINER? 1 YES 2 7. MANNES OF DEATH 1 Manual 8 Pending investigation 9 9 9 9 9 9 9 9 9	HOSPITAL: 1 Inpatient 2 29e. OATE OF (Month, De) 28e. PLACE OF	deeth but not re	DOA 28b. TIM	OTHES: 4 by draing iE OF 26c rurry M 1 street, factory,	PLACE OF Home 5 F INJURY AT WORK? YES 2	DEATH (Ch	PER 1 YES Neck only one) 8 Other (Specify) 28d. OESCRIBE HO City or Town, S	FORMED? S 2 NO OW INJURY OCCUPANT AND INJURY	CCURED or or Rural	AMALABLE PRIOR TO COMPLETION OF CAUSE DE DEATH?		
BY PHYSICIAN: MEDICAL	If eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 TO TO THE STANDARD TO	HOSPITAL: 1 Inpatient 2 28e. OATE OF I (Month, De) 28e. PLACE OF building, e	ER/Outpetient 3 INJURY , Year) FINJURY — At horder (Specify)	DOA 28b. TIMI	OTHER: 4 Marsing E OF 28c URY M 1 street, factory,	PLACE OF Home 5 F INJURY AT WORK? YES 2 Office	DEATH (Ch	PER 1 YES Seck only one) 8 Other (Specify) 28d. OESCRIBE HO City or Rown, S to the cause(s) and	POW INJURY OC manner as atta	CCURED or or Rural atted.	AMALABLE PRIOR TO COMPLETION OF CAUSE DE DEATH?		
COMPLETED BY PHYSICIAN: MEDICAL	If eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED DI MEDICAL EXAMINER? 1 YES 2 7. MANNEL OF DEATH 1 Haural 8 Pending Investigation 2 Accident 3 Suicide 8 Could not be determined. 29a. CERTIFIER (Check only)	HOSPITAL: 1 Inpatient 2 28e. OATE OF I (Month, De) 28e. PLACE OF building, e	ER/Outpetient 3 INJURY , Year) FINJURY — At horder (Specify)	DOA 28b. TIMI	OTHER: 4 Marsing E OF 28c URY M 1 street, factory,	PLACE OF Home 5 F INJURY AT WORK? YES 2 office date and place on, dash occurs, as the control of the contro	DEATH (Ch	PER 1 YES 1 YES 20ther (Specify) 28d. OESCRIBE HO 28f. LOCATION (Str. City or Town, S	OW INJURY OC manner as atte, and due to 1	or or Rural	AMALABLE PRIOR TO COMPLETION OF CAUSE DE DEATH? 1 VES 2 NO Route Number,		
BE COMPLETED BY PHYSICIAN: MEDICAL	If eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED IX MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 28e. OATE OF I (Month, De) 28e. PLACE OF building, e	ER/Outpetient 3 INJURY , Year) FINJURY — At horder (Specify)	DOA 28b. TIMI	OTHER: 4 Marsing E OF 28c URY M 1 street, factory,	PLACE OF Home 5 F INJURY AT WORK? YES 2 office date and place on, dash occurs, as the control of the contro	DEATH (Charlesidence NO	PER 1 YES 1 YES 20ther (Specify) 28d. OESCRIBE HO 28f. LOCATION (Str. City or Town, S	OW INJURY OC manner as atte, and due to 1	or or Rural	AVAILABLE PRIOR TO COMPLETION OF CAUSE DE DEATH? 1 YES 2 NO Route Number,		
COMPLETED BY PHYSICIAN: MEDICAL	If eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED IX MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, De) 28e. PLACE OF building, e	ER/Outpetient 3 INJURY — At hostic. (Specify) The knowledge, decision and/or in	DOA 28b. TIM INJ	OTHER: 4 Morning E OF 28c UNY M 1 street, fectory,	PLACE OF Home 5 F INJURY AT WORK? YES 2 office date and place on, dash occurs, as the control of the contro	DEATH (Charlesidence NO	PER 1 YES 1 YES 20ther (Specify) 28d. OESCRIBE HO 28f. LOCATION (Str. City or Town, S	OW INJURY OC manner as atte, and due to 1	or or Rural	AMALABLE PRIOR TO COMPLETION OF CAUSE DE DEATH? 1 VES 2 NO Route Number,		
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1991

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2. DATE OF DEATH DAY

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BALTIMORE, MARYLAND 21215-0020	I hours after death, Page 6 may be retained by the hospital or attending physician,	ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician,	OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or remoral.	Man Of the control of

		N / A	5. SEX	6. AGE (In yrs. las	t birthday) YRS.	IF UNDER	1 YEAR DAYS	HOURS	24 HRS. MIN.	(Mo	e of BIRTN oth, Day, Year) 2.5 – 1.9	7 1	8. BIRTHPLAC Country) MEXI	CE (State or Foreign
	E .	9e. FACILITY NAME (If not institution, give a CARROLL COUNTY			-			NST		_	2.3 17	9c. COUNTY OF DEATH CARROLL		
	DIRECTOR	PENNSYLVANIA PERR			10c. CITY, TOWN OR LOCATION Y NEW BLOOMFIELD							10d.	. INSIDE CITY	
physician. burial-transit permit	FUNERAL	10e. STREET AND NUMBER					101. ZIP CODE 109. CITIZEN OF WHAT COUNT							
ian. transi	Ÿ.	22 CARLISLE STREET 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED					\perp	170					KICO	
	BY	1 Nanital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	TEVER IN U.S. AR YES 2 AN AR OR DATES A	2 □ NO If yes, specify Cuban, Maxican, Pu 1 □ YES 2 □ NO Specify:			m, Puerto y	Puarto Rican, etc.) Black, V Specify:			American Indian, ita, atc.			
the hospital or attending detached for use as the once.	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	(Gi	CEDENT'S ve kind of v Do NOT us	vork done	CCUPATIO	ON ist of workin	ng	-	b. KIND OF BU	SINESS/IND		LANIO	
the hospital detached for once.	MPLE	Elementary/Secondary (0-12)	, .	BORE						FOOD	/ FRI	UIT H	ARVESTI	
	8	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NA	ME (First	Middle, Maiden	Surname)		
retained by 5 should be notified at	BE	MARGARITO ALEJANDRES GIRON LUCILA FIGUEROA 196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2.1.7									VARGAS			
e retained 5 should notified	욘	MANUEL ALEJAND	RES	2.5				ND A						
death, Page 6 may be funeral director, page xaminer must be		20a. METHOD OF DISPOSITION		20b. PLACE	ND DATE	F DISPOS			VEN	DA			City or Town, S	RYLAND
death, Page 6 may funeral director, pa		1X Burial 2 ☐ Cremation 3 ☐ Rame 4 ☐ Donation 5 ☐ Other (Specity)		MFXT(CEN	/FTF	RV	11				, MEXICO
death, Pag tuneral di I. examiner		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE					D ADDRES						N STREET
hours after deat d in by the fun or removal.		- P. Kleven tu	dy			DI	JGAN	V FU	NER	AL H	OME BI	ENDEI	RSVILI	LE, PA.
death certificate be executed within 24 hos attending physician and completely filled lental Hyglene prior to burial, cremation, or iry, or other traumatic event, the m.	CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition reaulting in daath) Sequentially list conditions, if any, laading to immediata cause. Enter UNDERLVING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO	PLE IL OR AS A CONSEC OR AS A CONSEC	UENCE OF	j):	3							Onset and Death
by the attand Menta	- 01	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED?										E AUTOPSY FINDINGS LABLE PRIOR TO		
requires the seen signed of Health shows an	N: MEDICAL										1 YES 2		OF D	PLETION OF CAUSE DEATH? YES 2 NO
The he he	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF D	EATH (Ch	eck only o	ne)			
ertific the S	IXS	XXYES 2 NO	1 Inpatient 2 X			4 🗌 Nurs	ing Home		sidenca		er (Specify)			
NG PHYSICIAN: The ter this certificate heath with the State I marked, or Item	ВУ Р	1 Natural 5 Pending 2 Accident Investigation		ny, Year) -1991	12:5	O M	1 🗌 Y	RK? 'ES 2 [X	NO I		VER I		TO/AU	TO IMPACT
TENO! OR: A fter d	8	Suicide 8 Could not be determined	28e. PLACE O	F INJURY — At hor atc. (Specify)						261. LO C/t)	CATION (Street a or Town, State)	and Number	or Rural Route I	Number,
OR AT DIRECT OURS 3	Ē	29a, CERTIFIER			ON S					ROU				E 27
TO THE HOSPITAL OR ATTENDING PHYSICIAN: TO THE FUNERAL DIRECTOR: After this certifical be filed within 72 hours after death with the Sta IMPORTANT: If Item 28 is marked, or lie	COMPLETE	(Check only one) 2 MEDICAL EXAMINE	R: On the beals of	my knowledge, das	th occurre	d at the 11	me, data pinion, da	and place, eath occur	and dua	to the cr	use(s) and man a and place, an	ner as atate d due to the	d. cause(s) and	manner as stated.
THE H of filed w	BE	29b. SIGNATURE AND TITLE OF CERTIFIE	Halls	May				29c. LICE					SIGNED (Mont	
FFA	2	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUS	E OF DEATH (ITEM	27) (Type,	Print)		0.0	. M .	E.		10	-27-1	991
		MARIO F. GOLD 31. DATE FILED (MONTH, Day, Year)	J & REGISTRA	11	1 PE	NN	STRI	EET	BAL	TIM	ORE M	ARYL	AND 2	1201
		OCT 28'91	Julia Dar	HIS SIGNATURE	lette									

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospita TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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IMPORTANT:

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last) Helen Iola Allender 2. Date of Death MONTH DAY YEAR Oct. 26, 1991 3. TIME OF DEATN Oct. 26, 1991 3. TIME OF DEATN Oct. 26, 1991														
	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In	vrs. lest h	irthriav)	IF UNDER	2 1 YEAR	IE IMPE	R 24 HRS.	7 DAT	E OF BIOTH			3:16 p.m.
	215-07-5682		1 🗆 M 2 💢 F	89		YRS.	MONTHS	DAYS	HOURS	MIN.	No.	v. 22,	1901	Country	PLACE (Stote or Foreign) ryland
œ	90. FACILITY NAME (If not in Cherrywo		street end number) nor Nursi	ing Ho	ome	me Reisterstown						9c. COUNTY OF DEATH Baltimore			
18	RESIDENCE OF DE								0010	OOWII				Darci	mor e
DIRECTOR	10e. STATE	10b. COUNT					TY, TOWN OR LOCATION								10d. INSIDE CITY
	Md.		Baltimore)			Rei		rstov						LIMITS?
FUNERAL		King Dr	King Drive				101	zip cod	136		10g. CITIZEN OF W				
В	11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Divo	FORCES?	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES				If yes, sp	ecity Cube	OF NISPAN on, Mexices Specify	n, Puerto	IN? (Specify Yes Rican, etc.)	or No—	14. RACE Black Specifi	- American Indian, White, etc.	
8	15. DEC	EDENT'S EDU	CATION	1	16a. DECE	DENT'S	USUAL O	CCUPATIO	ON		16	b. KIND OF BU	SINESS/IN		
COMPLETED	Elementary/Secondary (0	y highest grade 1-12)	College (1-4 or 5	+)			keep		st of worki	ng				Store	
N N	17. FATHER'S NAME (First, M	iririle (net)				70011	recp	,01	1				-	core	
BE C		dore N	Waylor									Middle, Maiden	,		
0	19e. INFORMANT'S NAME (7				19b. N	ALLING	ADORESS	S (Street a	nd Number	or Rural F	Route Nur	mber, City or Tow	n, State, Zi	p Code)	
Ĕ	Sandra C	raven				109	Sun	ny I	King	Driv	re,	Reiste	rstov	vn, M	d. 21136
	20e. METHOD OF DISPOSITI	n 3 🗆 Rem	oval from State	20b. P	PLACEANE Pery, cremer	DDATE C	of DISPOS	ITION (Na	me of	ot.2	9,1	7E 20c. LO 991 Re:	cation —	city or Tow	n, State
	21. SIGNATURE OF JUNERA	L SERVICE LIC	ENSEE	10	1. 08		ts Cemetery Oct.29,1991 Reisterstown, Maryland 22. NAME AND ADDRESS OF FACILITY Eckhardt Funeral Chapel 21117								
	1 / Zehlandt					11605 Reisterstown Rd., Owings Mills, Mo							Mills. Md.		
CERTIFICATION	IMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially list conditi if any, leading to immercause. Enter UNDERLY! CAUSE (Disease or injuthat initiated events resulting in death) LAS	Dna, diate NG ry	b. DUE TO		CONSEQUE	ENCE OF):	ner	e-1	/· e		Cerin	om		intarval Between Onaat and Daeth
MEDICAL C	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE														
		Ane	min									1 TYES 2	NO		DF DEATN?
ä		na/n	w.fr.f.												
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	MEDICAL	HOSPITAL:	EB/Outpet		DO4	ОТНЕЯ	l:		EATN (Chec					
Ŧ	27. MANNER OF DEATH		28e. DATE OF			6b. TIME		28c. INJI				or (Specify)	1 11177/ 004		
ВУР		Pending nvestigation	(Month, D	ay, Year)		INJU	JRY M	WO			200. DE	SCRIBE HOW IN	IJUHY OCI	COHED	
	3 Suicide 6 6	25e. PLACE O building,	OF OF MAINY AND					281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTI	FYING PHYSIC	CIAN: To the best of	my knowled	ige, death	occurred	d at the ti	me, deta	end plece,	end due t	to the ce	use(e) end men	ner ee atat	ed.	and manner ee stated.
	29b. SIGNATURE AND TITLE					141				NSE NUMI		1			
TO BE	Role	x d	. Mon						0		p g	3	DAT	O	Month, Day, Year)
F	20. NAME AND ADDRESS OF		Mo SS	SE OF DEATH	N (ITEM 27	7) (Туре, I	Print)	2.	6		_		ch	Low	n, Md 21136
	31. DATE FILED (Month, Day, 1		32 PREGISTRA	R'S SIGNATI	Mand	W.	///	QU 9 1/1	4		- /	~ ~ ~ ~	. / 7/	-,	7 11.00

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be enscribed within 24 flows after death. Page 6 may be retained by the broppian.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and example in the time flow their director, page 5 should be detected for use as the burist-branst permit. Pages 1, 2, 3 shows be filed within 72 hours after death with the State Dept of Health and Mental Hyplem prior to burist, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatte event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH										3. TIME OF DEATH		
	ELAINE	Elizabet	th BALDWI	IN_					10		8	91	3 25P M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last birthd		birthday)	IF UNDER 1			R 24 HRS.	7. DATI	OF BIRTH		8. BIRTH	HPLACE (State or Foreign
	577-38-6724	1 - M 2 XF	64	YRS.	MONTHS	DAYS	HOURS	MIN.		29/27	- 0	Sala	amanca, NY
_	96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH									DEATH			
DIRECTOR	PRINCE GEORGE'S HOSPITAL CENTER CHEVERLY PRINCE GI									SEORGE'S			
E.	10s. STATE 10b. COUNTY	50		10c. CIT						10d. INSIDE CITY LIMITS?			
- 10	Maryland Pri	nce Georg	ge's		Hyati	yattsville						1 TES ZX NO	
R.	10s. STREET AND NUMBER 10f. ZIP CODE										ZEN OF V	WHAT COUNTRY?	
FUNERAL	7400 Jefferson Court 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ASMED					20784			U.S.A.			•	
	1 Never Married 2X Married	FORCES? 1	YES 2 XN	O O	It:	AS DECENDENT OF HISPANIC ORIGIN? (Specifices, specify Cuban, Mexicen, Puerto Rican, at			N? (Specify Ye Rican, atc.)	fy Yea or No— 14. RACE — American Ind Black, White, etc.			
à	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1 (YES	2/NO	Specify	γ.	Speci			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DEC	EDENT'S	USUAL OCC	UPATIO	ON		16	b. KIND OF BU	JSINESS/INC	DUSTRY	White
9	Elementary/Secondary (0-12)	College (1-4 or 5 -	*2		work done du se retired.)								
£ .	12		A.R.	A. I	Book 8	§ Ma	agaz	ine		Offic	e Cle	erk	
8	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First,	Middle, Maide	Surname)		
8	William C. Good									Seeley			
9	19a. INFORMANT'S NAME (Type/Print)									nber, City or To			
1	Joseph Baldwin							urt,		ttsvil			
- 1	1 X Burial 2 Cremetton/ 3 - Remo	yal from State	20b. PLACE All cemetery, crem		about minutes and				1	TE 20c. L			
- 1-	21. SIGNATURE A FUNEBAL BERVICEA IC	NSSE)	Marylan	nd St	ate \	/ets	s Cei	m. 1(0/22	/91 Ch	elter	nham,	Maryland
	· / Out N	177	0	2	Fra	anci	is Ga	asch	's S	ons Fu	neral	Hon	ne, PA
- 1													
_	-> Junes	120	hour		473	39 I	Balt:	imore	e Av	e., Hy	attsv	ille	e, MD 20781
4	23. PART I. Enter the diseases, or callock, or heart failure.	omplications the	t caused the dea	ath. Do r	473	39 I	Balt: da of dy	imore	e Av	e., Hy	attsv Olratory arr	7111e	Approximate
	IMMEDIATE CAUSE (Final	List only one ceu	ise on aech line.		473 not enter th	he mod	da of dy	ing, suci	h as car	diec or reap	elratory arr	rille rest,	
	Syock, or nestt failure.	e. MET	79STAT	7C	473 not enter the	he mod	da of dy	ing, suci	h as car	diec or reap	elratory arr	rille rest,	Approximate Intarval Batween
	IMMEDIATE CAUSE (Final disease or condition	e. MET	ise on aech line.	7C	473 not enter the	he mod	da of dy	ing, suci	h as car	diec or reap	elratory arr	7111e	Approximate Intarval Batween
ION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	e. MET. DUE TO	79 STATE	VENCE OF	PUUP:	he mod	da of dy	ing, suci	h as car	diec or reap	elratory arr	ville	Approximate Intarval Batween
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TO BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	DUE TO DU	GOR AS A CONSEOU (OR AS A CON	UENCE OF UENCE OF UENCE DE UEN	OTHER: 4 Nursing E OF 21 VIV G Print) Attended at the timen, In my opin	26. PL g Home 8c. INJL WO 7 1 Uy, office	DACE OF D ACE OF D S GREAT BY AT RK7 ES 2 GREAT and place and place	given in	Part I. Pack only o B Other 28d. DE 28t. LOC City to the ca	24a. WAS AI PERFO 1 YES SCRIBE HOW CATION (Street or Town, State use(a) and man and place, and man and man and man and place, and man and	N AUTOPSY RMED? 2 NO INJURY OCC and Number	24b. CURED or Rural R ed. a cause(n)	Approximate Interval Batween Onsat and Death Onsat and Death . WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

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	FOR	STATE OF MADVIA	ND / DEDAR	TMFNT OF HEALTH AND		91	30486				
_	1 - STATE REGISTRAR	STATE OF MARYLA	CERTIF	TMENT OF HEALTH AN CATE OF DEATH	MENIAL HYGIEN REG. NO						
	1. DECEDENT'S NAME (First, Middle, Last)					AY YEAR	3. TIME OF DEATH				
	LEON	MARCELL 5. SEX 6. AGE (In	e e e e e e e e e e e e e e e e e e e	BRODAUS	10 20	1991	8:50A				
	4-SOCIAL SECURITY NUMBER 578/11/1124	1 X M 2 D F 2 1	yrs. last birthday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HR MONTHS DAYS HOURS MIN	(Month, Day, Year)	Cou	THPLACE (State or Foreign miry)				
	9a. FACILITY NAME (If not institution, give s			9b. CITY, TOWN OR LOCATION OF	10/22/	9c. COUNTY OF	SH.D.C.				
8	3610 PARKWAY	TERRACE		SUITLA		111111111111111111111111111111111111111	E GEORGE				
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	v	40. 077	, TOWN OR LOCATION			7				
DIRECTOR	D.C	'		ASHINGTON			10d. INSIDE CITY LIMITS?				
	10e. STREET AND NUMBER		w	A S II I N G I U N		10a. CITIZEN OF	Y COUNTRY?				
ER/	1115 Clift	on ST.N.W.		20010			U.S.A.				
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U	U.S. ARMED	13. WAS DECENDENT OF HIS	PANIC ORIGIN? (Specify Yes		CE — American Indian, ick, White, alc.				
ΒYΙ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	ES	If yes, specify Cuberi, Ma 1 TYES 2 TNO Sp			Specify: BLACK				
ED	15. DECEDENT'S EDU (Specify only highest grade		18a. DECEDENT'S	USUAL OCCUPATION	16b. KIND OF BU	SINESS/INDUSTRY					
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	ork done during most of working retired.) UDENT	S	CHOOL					
COMPLETED			21								
	17. FATHER'S NAME (First, Middle, Last) LEO BROADUS			18. MOTHER'S DORI	NAME (First, Middle, Malden S PORTER	Sumame)					
TO BE	198. INFORMANT'S NAME (Type/Print) DORIS PORTER 199. MAILING ADDRESS (Street and Number of Rural Route, Number, City or Town, State, Zip Code) 1115 Clifton ST. N. W. WASH. D. C. 20010										
F											
	20m METHOD OF DISPOSITION 1 Durini 2 Cremation 3 Ram	oval from State cemet	ery, cremetory or off	F DISPOSITION (Name of ner place)	1	CATION — City or					
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	— Н	ARMONY	CEMETERY		Landove	er MD				
		0 ()	, 777	22. NAME AND ADDRESS OF THE HOU							
	jones	Elwall	20		14th ST.N						
	23. PARY i. Enter the diseases, pr c shock, pr heart fallure.	complications that caused t List only ona cause on eac	the death. Do no ch ilne.	ot enter the mode of dying, s	uch as cardiac or respi	ratory arrest,	Approximate interval Between				
	iMMEDIATE CAUSE (Final disease or condition	0	14	111. 0	111	//	Onset and Death				
	resulting in death)	DUE TO (OR AS A C	ONSEQUENCE OF	noundy	7/120	4					
z				1/							
5	Sequentially list conditions, if any, leading to immediata	DUE TO (OR AS A C	ONSEQUENCE OF	i i							
2	CAUSE (Disease or injury	DUE TO 100 40 40	and a second second								
ERTIFICATION	that initiated eventa resulting in death) LAST	DUE TO JOR AS A C	OMSEQUENCE OF	F)			i				
CE		L									
AL	PART II. Other significant condition	s contributing to death but	not resulting in	the underlying cause given	in Part i. 24s. WAS AN PERFOR		Ib. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO				
MEDICA					YES 2	□ NO	COMPLETION OF CAUSE OF DEATH?				
							VES 2 NO				
IAN:	25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEATH	75t-10-10-10-10-10-10-10-10-10-10-10-10-10-						
PHYSICI	EXAMINER? VI V YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpati	lent 3 DOA	OTHER:							
μ̈́	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME	OF 28c, INJURY AT	28d. DESCRIBE HOW II	NJURY OCCURED					
ВУ Б	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year) 10 20 19	9916:30	WORK? 1 ☐ YES 2√√NO	SUBJEC	ст ѕнот					
	3 Suicide 8 Could not be	28s. PLACE OF INJURY — building, atc. (Specify,	- At home, term, st		28t. LOCATION (Street a City or Town, State)						
ETE	Homicide determined	HALLWAY		DING		AND MAR	YLAND				
MPL				d at the time, data and place, and o							
CO	XX MEDICAL EXAMINE		ind/or investigation	, in my opinion, death occured at	he time, data and place, an	d dua to the cause	(a) and manner as stated.				
BE	285 SIGNATURE AND UTLE OF CERTIFIER	Hunn		29c. LICENSE I	IUMBER	29d. DATE SIGNE	D (Month, Day, Year)				

29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 10 OCME 20 1991 STREET BALTIMORE, MARYLAND 32. REGISTIANS SIGNATURE 91

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7525 31. DATE FILED (Month, 1

Deen signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tra		
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pinous s		shows any injury, or other traumatic event, the medical examiner must be notified at once
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	FOR 1 - STATE	STATE OF MARYL	AND / DEPAI	RTMENT	OF H	IEALTH AN	D MENTAL HYGI	ENE 9	1 30487
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) ELRY	BOYING:	1	ICATE	OF	DEATH	2. DATE OF DEATH	N	year 2. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 579-09-1706	5. SEX 6. AGE ((In yrs. lest birthday) 76 yrs.	IF UNDER	1 YEAR DAYS	IF UNDER 24 H	S. 7. DATE OF BIRTH	0 .00	8. BIRTHPLACE (State or Foreign SOUTH CAROLINA
TOR	90. FACILITY NAME (If not institution, give st G. NULS/NG RESIDENCE OF DECEDENT	HLITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEAT OF DESCRIPTION O							Y OF DEATH SEE GEDRAS
DIRECTOR	100. STATE 106. COUNTY MARYLAND PRINC	CE GEORGE'S	10c, CI	ry, town o		WASHII	ACTON		10d. INSIDE CITY
	10e. STREET AND NUMBER					. ZIP CODE		10g. CITIZ	1 YES 2 NO
FUNERAL	11905 BION DRIV						20744		U.S.A.
B	1 _ Never Married 2 _ Merried 3	12. WAS DECEDENT EVER IN FORCES? t YES IF YES, GIVE WAR OR DA	V.S. ARMEO 2 ZNO ATES	1	f yes, sp	ecify Cuben, Me	SPANIC ORIGIN? (Specify exicen, Puerto Ricen, atc. pecify:	Yes or No— 1	4. RACE — American Indian, Black, White, etc. Specify: BLACK
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementery/Secondery (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT u	work done d ise retired.)	turing mo	st of working		BUSINESS/INOU	STRY
OMP	12th grade 17. FATHER'S NAME (First, Middle, Last)		COOK	(REI	TRE			LROAD	
BE C	JOSEPH W. BOYIN	GTON, SR.					RRIE WILSON		
5	199. INFORMANT'S NAME (Type/Print) MRS. VANNESIA D. SMITH 199. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, Stelle, Zip Code) 6404 FOUR FOOT TRIAL COLUMBIA, MARYLAND 21045								
	20s METNOD OF DISPOSITION 1 A Burlel 2 Cremetion 3 Remo 4 Donation 5 Offier (Specify)	val from State 20b	PLACE AND DATE	OF DISPOSI	TION (Na	ETERY			ty or Town, State TWOOD, MARYLANI
	21. SIGNATURE OF SUMERAL SERVICE LICE		21	22. 1	RÖL	DADDRESS OF	JNERAL HOME PL. N.E. V	E, INC.	
	23. PART I. Enter the diseases, or coshock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death)	Sepsi	ach line.	not enter					
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DIE TO FOR AS A	CONSEQUENCE O	tum,	ρ,				>15yen
V: MEDICAL C	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. Chronic Renal Jan Wes 2 (1) Wes 2 (1								
PHYSICIAN:		HOSPITAL:		отныя			(Check only one)		1
	27. MANNER OF OEATN 1 Natural 5 Pending	27. MANNER OF CEATN 28e. OATE OF INJURY 27. MANNER OF CEATN 28c. INJURY AT (Moorth Day Mary) 28b. TIME OF 28c. INJURY AT					ce 6 Other (Specify) 28d. OESCRIBE NO	W INJURY OCCU	RED
red BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	2 Accident Investigation 3 Suicide 6 Could not be 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)					28f. LOCATION (Stre City or Town, St	net end Number or ste)	Rural Route Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSIC One) 2 MEDICAL EXAMINER	IAN: To the best of my knowle	edge, death occurre	ed at the tin	ne, date	end place, end	due to the cause(s) and	menner as stated	ceuse(s) and menner as stated.
ш	29b. SIGNATURE AND PILE OF CERTIFIER	()	A	.,у ор		29c. LICENSE			GIGNED (Month, Day, Year)
0 8	Jen	m will				D-1	8089	10	

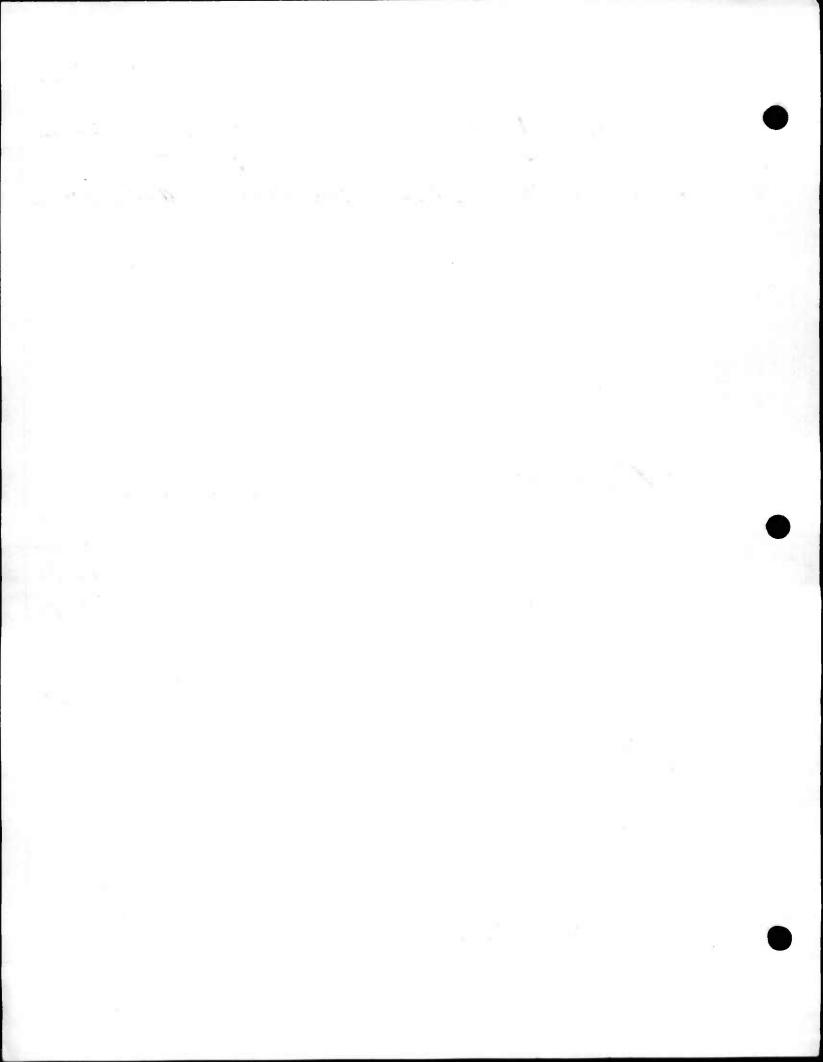
Green belt

GYCENWAY CTK DIL.

DOLLARY OI 32. REGISTAR'S SIGNATURE

JULIA DAVIDSON—Randelle

WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)



IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

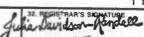
FOR

STATE OF MARYLAND / DEPARTMENT

	1 - STATE REGISTRAR	OIAIL OI II		ERTIF	ICAT	E OF	DEAT	TH	AIEM IA		. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DAT	E OF DEA	TN		VEAR	3. TIME OF DEATH
	CHRISTOPHER	JOHN	1		BID	DLE			10	I PI	25	1	991	10:08 P.M
	4. SOCIAL SECURITY NUMBER 2 16-90-7770	5. SEX	8. AGE (In yrs.		IF UNDE	DAYS	IF UNDER	24 HRS.	7. DATE	OF BIRT	N ear)		8. BIRTN	IPLACE (State or Foreign
O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED BY FUNERAL DIRECTOR TO BE COMPLETED BY FUNERAL DIRECTOR TO BE COMPLETED BY FUNERAL DIRECTOR TO BE COMPLETED BY FUNERAL DIRECTOR TO BE COMPLETED BY FUNERAL DIRECTOR		1 🔀 M 2 🗆 F	21	YRS.				1,3500		29-70)			YLAND
œ	9a. FACILITY NAME (If not institution, give					Y, TOWN (ON OF DE	ATN				NTY OF D	
6	SUBURBAN HOSP	LTAL			BE:	THES	DA					MON'	TGOM	IERY
REC	10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN	OR LOCAT	ION							10d. INSIDE CITY LIMITS?
		OMICO		S	ALIS	BURY			_					1 YES 2X NO
RAI	10. STREET AND NUMBER	-				- 1	ZIP CODI							WHAT COUNTRY?
JNE.	10 McBRYDE SQUAR	12. WAS DECEDENT	T EVED IN III O	101150			2180						U.S.A	-
	1 Naver Married 2 Merried	FORCES? 1	YES 2X	NO	13.		ecity Cuba	n, Maxicar	n, Puarto	N? (Speci Rican, et	fy Yaa c c.)	or No—		— American Indian, c, White, etc.
	3 Widowed 4 Divorced		AN ON DAILS			I [] TES	5 € NO	Specify	:				Speci	ÄHITE
TEC	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a, I	DECEDENT'S (Give kind of ife. Do NOT u	USUAL (OCCUPATIO	ON st of workin	ea .	16	b. KIND O	F BUSI	NESS/INC	DUSTRY	
) E	Elementery/Secondary (0-12)	College (1-4 or 5+)	STUDE)		-						
M	17. FATHER'S NAME (First, Middle, Last)	J lears		STUDE	IAT									
	HENRY O. BIDDLE							THLE					E	
	19a. INFORMANT'S NAME (Type/Print)			196. MAILING	ADDRES	S (Street a								
۲	HENRY O. BIDDLE			10 Mc									1801	
	20s. METHOD OF DISPOSITION 1 X Burlet 2 Cremetion 3 Rem	noval from Statu	20b, Pl.AC	EANDDATE	OF DISPO	SITION/No	ma-of		DAT				City or To	wn, Stata
	4 (3 Donation 5 (3 Other (Specify)		WICO	MICO I	MEMO	RIAL	PARI	ζ	10-	29 S	ALI	SBUI	RY, N	MARYLAND
	21. SIGNATURE OF FUNGINAL BERVICE LI	DENSEE	1			OLLO				HOME				
	" Men	HOVIO	furas		- 5	01 S	NOW I	TILL	RD	SAL	ISE		, MD	21801
	23. PART I. Enter the diseases, or shock, or heart failure. MAMEDIATE CAUSE (Final disease or condition resulting in death)	. Mu	COURSE OF SECONS	le n	In	r the mo	de of dyi	ng, such	as car	diac or r	respira	fory arr	est,	Approximate Interval Between Onset and Death
FICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):													
ERI	resulting in death) LAST	d												
DICAL	PERFORMED? AM 1 YES 2 □ NO CO								WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
ΞI									-	0				YES 2 HO
S	25. WAS CASE REFERRED TO MEDICAL EXAMINERY						ACE OF DE	ATH (Chec	ok anly a	ne)			-	
Si l	1 X YES 2 NO	HOSPITAL:	ER/Outpetient	AOD C E	4 Nu	Pt: ming Home	S [] Rei	sidence 6	□ Oth	er (Specify)	e:			
H	27. MANNER OF DEATH 1 Natural 5 Pending	28s. DATE OF 1 (Month: De 1 0 - 2 5 -			E OF URY 5 PM	The INJU	HCZ	TO SHARE THE PARTY OF THE PARTY	286. DE	FOR C	ON INJ	ST O	hit a	curbon
Mortin, Day, Mall 10 - 25 - 1991 8:45 PM WORK? 2X NO Reference 10 - 25 - 1991 8:45 PM WORK? 2X NO Reference 10 - 25 - 1991 8:45 PM Reference 10 - 2							ost co	ontro	d.					
Ĭ	4 Homicide 6 Could not be determined	286. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) ON STREET 281. LOCATION (Street and Number or Rural Route Number of Own, State) ON STREET 3900 POWDER MILL RO							ROAD					
OMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE							and dua t	o lhe ca	use(e) and	menne	er an atate	ed.	
	296. SIGNATURE AND TITLE OF CERTIFIES							NSE NUME		. 1				(Month, Day, Year)
	Dennis	Chute	aw					. M . E						6 - 1991
F	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	E OF DEATH (IT	EM 27) (Type,	Print)							•		
				111	PENI	N SI	REE	г ва	LT	LMOR	E	MAR	YLAN	ID 21201

31. DATE FILED (Month, Day, Year)

OCT 2 9 1991



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-trans be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.
IMPURIANT: If ITEM 28 IS MARKED, or ITEM 23 Shows any Injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)
OCT 2 3 1991

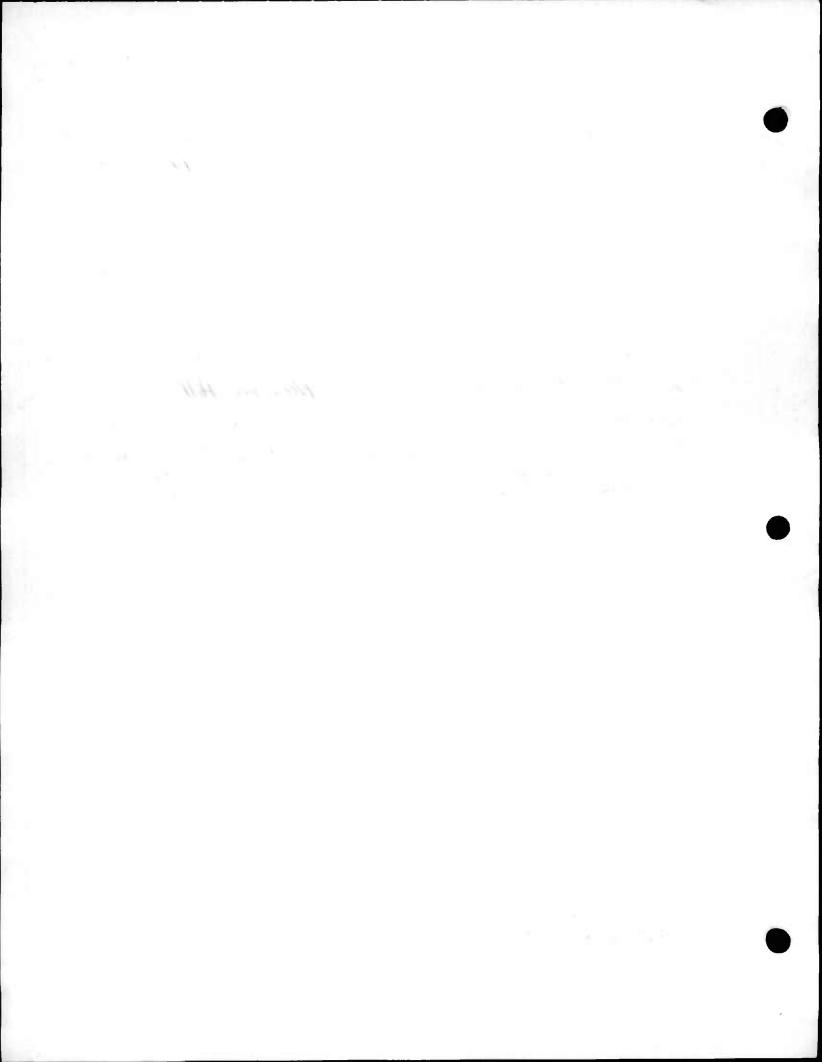
32. REGISTRAR'S SIGNATURE who Davidson-Randala

									9	30489
	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	RTMEN	T OF I	HEALTH	AND I	MENTAL HYGIE	NE	
	1. DECEDENT'S NAME (First, Micdie, Last)	BALDIN	N	4		DEA		2. DATE OF DEATH MONTH	DAY	YEAR // 2 CV
	4. SOCIAL SECURITY NUMBER 232-16-8137	5. SEX 6. AGE	(In yrs. lest birthday) YRS.	IF UNDI	ER 1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTN (Month, Day, Year)		B. BIRTHPLACE (State or Foreign Country)
70R	9e. FACILITY NAME (If not institution, give: PENINSULA GENERAL	street and number) HOSPITAL		9ь. СП		OR LOCATION			9c. COUNT	TY OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT						1, 1		T WIC	OMICO
_	md. W	10c. CIT	al	OR LOCA	TION N	. m	nd.		10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER	Ed. Inly	hury.	m	/ 10	1. zyl code	Sn	/	10g. CITIZI	EN OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR D	2 / NO	13	If yes, sp	CENDENT O	3- Maxica	IIC ORIGIN? (Specify Y n, Puerto Ricen, etc.)	es or No— 1	4. RACE — American Indian, Black, White, etc.
	15. DECEOENT'S EDU	CATION	16a. DECEOENT'S	USUAL	OCCUPATION	ON		16b. KIND OF B	ISINESS (INDI	BIK
COMPLETED	(Specify only highest grade	College (1-4 or 5 +)	(Give kind of life. Do NOT us	work done	during me		g	I OLL KIND OF B		
NO.	17. FATHER'S NAME (First, Middle, Last)	2.4.4		oak	m	18. MOTH	ER'S NA	ME (First, Middle, Maide		workers of Am
BE	Augusta C	Balder	in			No	ra	Lee Hil	//	
5	19a. INFORMANT'S NAME (Type/Print) Christohell Baldwin 19b. MAILING ADORESS (Street and Number or Rural Poute Number, City or Town, State, Zip Code) 1/07 West Rd. Salisbury, Md. 2/50/									
	20a, METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		D. PLACE AND DATE	ther pleca)	1	not.		OCATION — CI	ly or Town, State
	21. SIGNATURE OF PUNERAL SERVICE LIC	CENSEE		-		ND ADDRES		CUNERAL	Hom	
	- W				Wes	t Ro	1.	Salisbury	md.	21801
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel	Complications that causa List only ona cause on a	d the death. Do r	not anta	r the mo	da of dyli	ng, auch	as cardiac or eas	oiratory erres	Approximate interval Between Onset and Daath
	disease or condition resulting in death)	a. DUE TO (OR AS	A CONSEQUENCE OF	Aug Br	elin		m)	disea	1-6	10415
NO	Sequentially list conditions,	b	A CONSEQUENCE OF							
ICAT	If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury	с.								
CERTIFICATION	that initiated events resulting in death) LAST	OUE TO (OR AS /	CONSEQUENCE OF	F):						
	PART II. Other algoriticant condition	a contributing to death b	out not resulting i	n tha u	nderlying	g cause g	iven in l	Part I. 24s. WAS AI		24b, WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	Coal well	her & pu	emo ch		7			PERFO	/	AVAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH?
N N		· ·						-		1 TES 2 NO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL 2 ER/OUT	4 \	OTHE		ACE OF DE	ATH (Che	ck only one)		
HYS	1 YES 2 NO 27. MANNER OF DEATN	patient 3 DOA	4 🗆 Nu	rsing Nom		ildence (28d. OESCRIBE NOW	IN HIEW COOLIN		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	Netural 5 Pending (Month, Day, Year) NJURY WORK?					NO	aud. OZGONIBE NOW	INJUNT OCCU	neu .
	3 Suicide 8 Could not be detarmined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)							281, LOCATION (Street City or Town, State	and Number or	Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 CERTIFYING PNYSI	CIAN: To the best of my know	ledge, death occurre	ed at the	time, data	and place,	and due t	to the cause(s) and me	nner as atated.	
E C0	29b. SIGNATURE AND TITLE OF CERTIFIEF		m end/or investigation	n, in my	opinion, d					euse(s) and manner as stated.
TO BE	Williams	logers				29c. LICEN	2 /			-20-9/

SALISBURY

md

2/80/



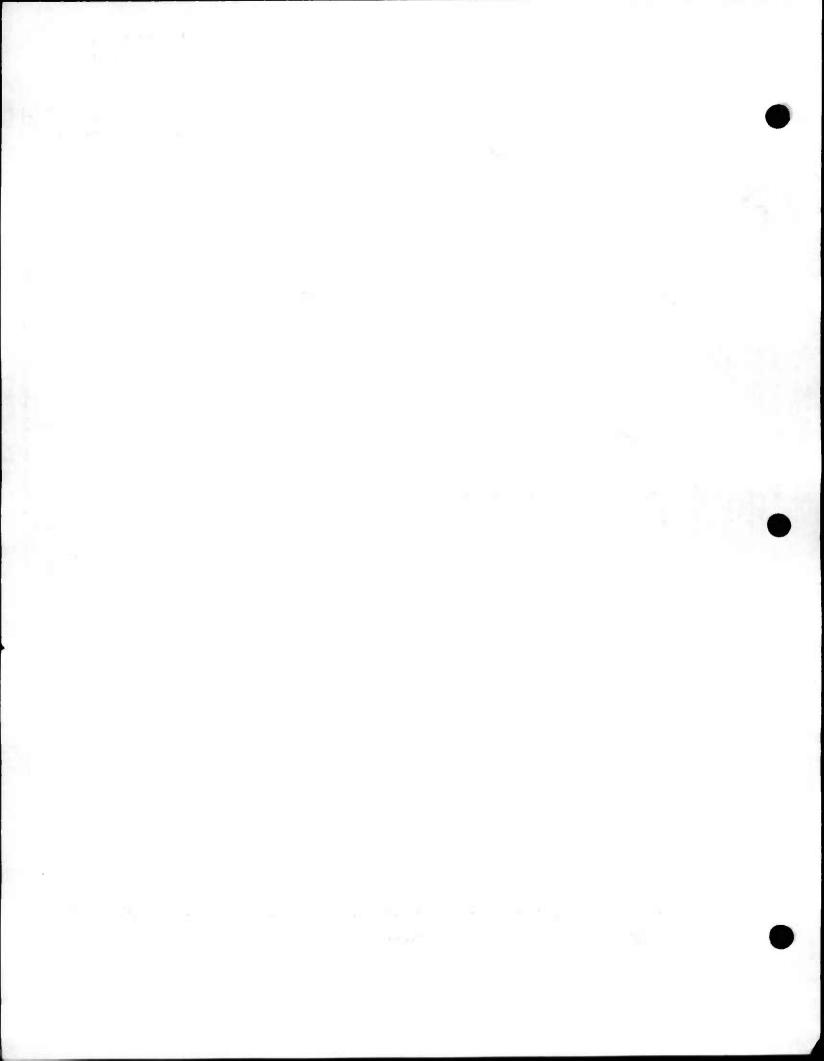
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicians.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the furnal-transit permit. Pabe filled within 72 hours after death with the State Dept, of Health and Memal Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL REC	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law require	TO THE FUNERAL DIRECTOR: After this certificate has been sig be filed within 72 hours after death with the State Dept, of Hea	IMPORTANT: If item 28 is marked, or item 23 shows

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
]	Enoch Earl Brow	n. Sr.				MONTH DA		M25 "	
	4. SOCIAL SECURITY NUMBER 5. SEX		yrs, last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		THPLACE (State or Foreign	
	216-09-69111 XIM	42 F 7	79 YRS.	MONTHS DAYS		(Month, Day, Year)	Cour	ntry)	
	9a. FACILITY NAME (If not institution, give street and r		6	OF CITY TOWN	STATE OF BUILDINGS	3-14-19		ryland	
œ					OR LOCATION OF DI		9c. COUNTY OF	DEATH	
DIRECTOR	Carroll County Ger	n. Hosp.		West	minster	•	Carr	oll	
EC	10a. STATE 10b. COUNTY		Inc. CIT.	Y, TOWN OR LOC	TION			I The state of the	
E		3						10d. INSIDE CITY LIMITS? 1 YES 2 NO	
	Maryland Carrol	<u>T</u>		Westmi	nster				
FUNERAL		10e. STREET AND NUMBER					10g. CITIZEN OF	WHAT COUNTRY?	
in in	1100 Meadow Branch	h Rd.			21158		U.S.	Α .	
5	11. MARITAL STATUS 12. WAS	S DECEDENT EVER IN L	J.S. ARMED	13. WAS DE	CENDENT OF HISPAN	NIC ORIGIN? (Specify Yea		CE — American Indien, ick, White, etc.	
	AE VI	RCES? 1 K YES (ES, GIVE WAR OR DAT	2 NO	If yes, s	S 2 NO Specify	in, Puarlo Rican, atc.)	Bla		
ВУ	1 3 Widowed 4 Discread	WW TI	1.5		S 2,00 NO Specing	y:		White	
	15. DECEDENT'S EDUCATION	1	16a. DECEDENT'S	USUAL OCCUPAT	ION	16b. KIND OF BUS		AUTOS	
COMPLETED	(Specify only highest grade completed Elamentary/Secondary (0-12) College	d) le (1-4 or 5 +)	(Give kind of w life. Do NOT us	work done during n se retired.)	nost of working		Mileson Mary		
김	10) (I OF 5+)	מו	on the second		P711	mbing		
N	17. FATHER'S NAME (First, Middle, Last)		LIU	mber	T				
						ME (First, Middle, Maiden			
띪	John Milton Br	rown			A	nn Marga	ret		
6	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADORESS (Street	and Number or Rural I	Route Number, City or Town	n, State, Zip Code)	21158	
- 1	Ruth Brown		1100	Meado	w Branc	h Rd. W	estmins	ster. Md.	
	20a, METHOD OF DISPOSITION 1 Disposition 3 Removal from		PLACE AND DATE O	FDISPOSITION /			CATION - City or 1		
	1 Donation 5 Other (Specify)	n State comete	tery, cremetory or of	ther place)					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	131	AGLELE	22. NAME /	AND ADDRESS OF FA	S II/IZ/Y	FINKS	sburg, Md.	
	N49111	01				uneral Cl	hem ol	21117	
	My Cellu	and							
	23. PART I. Enter the diseases, or complica	ationa that caused f	the death. Do n	of enter the m	ode of dving, such	h se cerdisc or respir	Jings w	Approximate	
	anock, or neart failure. List only	y one cause on eac	h ilne.	u. c	000 01 07	n as caraino or resp	atory arrows	Interval Between	
	iMMEDIATE CAUSE (Final disease or condition		AL	1.			1	Onaet and Death	
	resulting in death) a.	(own	House	unon	an	rest		
	d =	DUE TO (OR AS A C	ONSEQUENCE OF		++0	w pu			
Z I	Sequentially list conditions, b.		CA	1000	stale	w/ m	els.	İ	
H	If any, leading to immediate	DUE TO (OR AS A C	ONSEQUENCE OF): V A A	A A	1			
CERTIFICATION	CAUSE (Disease or Injury		CA	- 13-W	eddon.	-			
Ē	that initiated events	DUE TO (OR AS A C	ONSEQUENCE OF):					
F	resulting in death) LAST								
빙	0.								
	PART II. Other significant conditions contrib	buting to death but	not reaulting in	n the underlyin	g cause given in	Part I. 24s. WAS AN		b. WERE AUTOPSY FINDINGS	
EDICAL						PERFORI	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
8						1 🗆 YES 2	3000	OF DEATH?	
Σ						_		1 TES 2 1200	
ž								•	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (Che	ack only one)			
Sic	nose.	PITAL: estiant 2 - ER/Outpeti	lant 3 DOA	OTHER:	me 5 🗆 Realdenca	e Coher (Specify)			
≟		a. DATE OF INJURY	28b. TIME	E OF 28c, IN	JURY AT	28d. DESCRIBE HOW IN	""IBY OCCUBED		
	1 Natural 5 Pending	(Month, Day, Year)	INJU	URY W	DRK?	286. DEŞUMBE HUM IN	JUNT OCCUMED		
B	2 Accident Investigation	THE OF MAINING			YES 2 NO				
	3 Suicide 6 Could not be determined	 PLACE OF INJURY — building, atc. (Specify) 	At home, term, at	treet, factory, offic	200	28t. LOCATION (Street at City or Town, State)	nd Number or Rural	Route Number,	
E									
COMPLETED	29a. CERTIFIER (Check only	the best of my knowled	ige, death occurre	d at the time, dat	and place, end due	to the causele) and many	nor an etglad		
Ž	one) 2 MEDICAL EXAMINER: On the	basis of examination s	and/or investigation	n. In my opinion,	death occured at the	time date and place and	f due to the course	fol and manner on stated	
	- Annual Contract of the Contr			· · · · · · · · · · · · · · · · · · ·	Jean October 1	time, usts and prace, and	due to the cause/	a) and manner as stated.	
出	29b. SIGNATURE AND TITLE OF SERVICES	. 1	10		29c. LICENSE NUM	IBER	29d. DATE SIGNE	D (Month, Day, Year)	
2	week -	4	11/		0389	15	10	30	
-	30. NAME AND ADDRESS OF PERSON WHO COMPLE		H (ITEM 27) (Type,	Print)			-		
	FREKS)	8	ANCETO	P	8t W	est mu	ston 1	10 21157	
I	31. DATE FILED (Month, Day, Year) 32.	PECISTRAT'S SIGNATI	URE Panda BL		<u> </u>			<u> </u>	
	nct 31 '91 9	fulla vaviacon.	may for the						
								,	

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משני שני שני בעני	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FINEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
2	е в тау	ector, pag		must b
	eath. Page	uneral din		aminer
נ ס	irs after de	n by the fi	be filed within 72 hours after death with the State Depti, of Health and Mental Hygiene prior to burial, cremation, or removal.	edicai ex
	n 24 hou	balli h	ation, or	the m
5	ted within	complete	al, cremi	event,
(00000000000000000000000000000000000000	be execu	cian and	or to burn	raumatic
	ertificate	ing physic	иднепе рп	other tr
	e death o	he attend	Mental H	jury, or
	s that th	ned by t	aith and	any In
	w require	been sig	of He	S shows
	I: The lan	cate has	state Dec	item 23
	HYSICIAN	is certifi	of the S	ed, or
,	DING P	After th	death w	s mark
	R ATTEN	RECTOR	urs affer	m 28 i
	PITAL DI	ERAL DI	N 72 NOI	T. If ite
	THE HOS	THE FUN	Illed with	ORTAN
	2	0	8	Ĕ

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI	MENT OF HEALTH AND	MENTAL HYGIENE	1		
	1. DECEDENT'S NAME (First, Middle, Lest) HELEN	Α.		Baylis	2. DATE OF DEATH MONTH DAY		3. TIME OF DEATH F	
	4. SOCIAL SECURITY HUMBER 137 - 40 - 8182 9e. FACILITY HAME (If not institution, give str	1 - M 2 - 86	S YRS.	F UNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN	7. DATE OF BIRTH (Month, Dey, Yeer) 11-22-04	8. BIR Cou N e	TTHPLACE (State or Foreign untry) W YORK	
DIRECTOR	PENINSULA GENERAL		9	SALISBURY	DEATH	9c. COUNTY OF WICON		
	Maryland Som	erset	10c, CITY, 1			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
BY FUNERAL	Manokin Manor 11. Marital Status 1 Nevgr Merried 2 Merried 3 Widowed 4 Divorced	Apartments 12. Was decedent even in u FORCES? 1 yes IF yes, give wan or dati	S. ARMED	101. ZIP CODE 2 180 13. WAS DECEMBENT OF HISI If yes, specify Cuban, Mex 1 VES 2 NO Soe	PAHIC ORIGIH? (Specify Yee o	U .	S . NCE American Indian, ack, White, etc.	
	15. DECEDEHT'S EDUC. (Specify only highest grade of	ATIOH 1	8e. DECEOEHT'S US	UAL OCCUPATION	18b. KIND OF BUSIN		White	
COMPLETED	Elementery/Secondary (0-12) 1 7 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5 +)	Housev	vife				
		70			NAME (First, Middle, Maiden Su			
) BE	Henry Veslo 190. IHFORMANT'S HAME (Type/Print)		19b. MAILING AD	DRESS (Street and Number or Rur	etta Dicke	State Zin Code		
10	Mrs. Doris Idl	er					o NV 1107	
	Mrs. Doris Idler RR2, 505 Matthews Lane, Cutchogne, NY 119 20e. METNOD OF DISPOSITION 1 Burles 2 Cremation 3 Removel from State 4 Donation 5 Other (Special Control of Control							
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	<u> </u>	22. HAME AND ADDRESS OF	FACILITY		y, Marylan	
	James J. F	limmon !	M00295	Princess	ineral Home Anne, Md.	21853		
	23. PAPM . Enter the diseases, or co- ahock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	mplications that beused the lat only one cause on each	he death. Do not hilne.	enter the mode of dying, as	ich aa cardiac or reapirei	lory arrest,	Approximate Interval Between Onset and Death	
RTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):							
CERTIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF):					
EDICAL	PART II. Other algnificant conditions	contributing to death but	not resulting in t	he underlying cause given i	Part I. 24e. WAS AN AU PERFORME	ED?	Ib. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?	
Σ					_		1 TES 2 NO	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PLACE OF DEATN (Check only one)			
IXSI		h. Inpatient 2 ☐ ER/Outpatie		THER: ☐ Nursing Nome 5 ☐ Residence	8 Other (Specify)			
ву РНҮ	1 Hatural 5 Pending 2 Accident Investigation	28e. DATE OF IHJURY (Month, Day, Year)	28b. TIME OI INJURY		28d. DEŞCRIBE HOW INJU	JRY OCCURED		
<u>a</u>	3 Suicide 3 Could not be determined 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 28l. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINED	AN: To the best of my knowledg	ge, death occurred at	the time, date end place, end de	ue to the cause(e) end menne	r ee atated,		
	29b. SIGHATURE AHD TITLE OF CERTIFIER	On the page of examination of	id/or investigation, in	my opinion, death occured at the				
TO BE		c - Kappine	m	29c. LICENSE NI	S 2 / 9 21	DATE SIGNE	7 - 9	
		man M.P.	Mt ve	man Rd. A	Princess A	205. 1	nd. 21853	
	31. DATE FILED (Month, Day, Year) OCT - 9 '91	32. REGISTRAR'S SIGHATU	IRE	•		,		



TO BE COMPLETED BY FUNERAL DIRECTOR

	FOR 1 STATE	STATE OF MARYLAND			MENTAL HYGIENE	11 301	192		
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		ERTIFICAT	E OF DEATH	REG. NO.				
- //	,		D	2. DATE OF DEATH MONTH DAY	YEAR	O 7 . 72 A . M			
	Ottmer 4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.	Bragg lest birthdev) IF UNI	DER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	S. BIRTHPL	03:32 A: M		
	236-18-7666	1 M M 2 □ F 73	YRS. MONTH		10-14-1918	WEST	VIRGINIA		
TOR	Physicians Memoria	The second secon	90.0	LaPlata	JEATH	9c. COUNTY OF DEA Ch	arles		
DIRECTOR	100. STATE 100. COUNTY MARYLAND CHAR			OF LOCATION OF LOCATION					
FUNERAL	100. STREET AND NUMBER 41 HIGHLAND PLACE			101, ZIP CODE 20640		10g. CITIZEN OF WH	AT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	MARITAL STATUS 12. WAS DECEDENT, EVER IN U.S. AI FORCES? 1 \(\) YES 2 \(\) IF YES, GIVE WAS OR DATES			ANIC ORIGIN? (Specify Yeardson, Puerto Rican, atc.)	r No- 14. RACE -	- American Indian, White, etc.		
COMPLETED	15. DECEOENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working kile. Do NOT use retired.)					NESS/INOUSTRY			
MP	7TH GRADE	IMA	CHINIST I		US GOVT.				
BE CO	17. FATHER'S NAME (First, Middle, Lest) WILLIAM SCOT BRAGG MARY ETTA TURNER								
2	199. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) HELEN I. BRAGG 41 HIGHLAND PLACE, INDIAN HEAD, MD 20640								
	2& METHOD OF DISPOSITION 1 🖒 Burial 2 🗆 Cremation 3 🗆 Remarks 4 📮 Donation 5 🗀 Other (Specify)		CE AND DATE OF DE	SPOSITION (Name RIAL GARDENS	10-28 WAL	DORF. MAR			
	Lysel Blak	ANKENSHIP, MOO8	MELLI	2. NAME AND ADDRESS OF P	THE HUNT	T FUNERAL	HOME, INC.		
	23. PART I. Enter the diseases, or o	complications that caused the	deeth. Do not en				Approximate		
	IMMEDIATE CAUSE (Finel disease or condition	RESP RA	TORY	PALLURE			Interval Between Onset and Death		
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST								
5	resulting in deeth) LAST	a CAPPONIC	- HE	VIT ANDIS	1	10	-		
MEDICAL	PART II. Other eignificent condition	a contributing to deeth but no	et resulting in the	underlying cause given i	n Part I. 24a. WAS AN A PERFORM	MED?	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? I YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТН						
	1 VES 2 VÃO 27. MANNER OF BEATH 1 Natural 5 Pending	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	e 6 ☐ Other (Specify) 28d. DE\$CRIBE HOW IN	JURY OCCURED				
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — Albuilding, atc. (Specify)		1	26f. LOCATION (Street ar City or Town, State)	181. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
Ш	29a. CERTIFIER 1 CERTIFYING PHYSI	ICIAN: To the best of my knowledge	death occurred at ti	ne time, data and place, and d	us to the cause(s) and many	ner as stated.			
COMPLETED	and and	ER: On the basis of examination and					and manner as stated.		

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

D. 7C Post Office Rd.

32. REGISTRAR'S SIGNATURE

Julia Devide a Pardole

Sanjeeb K. Mishra M.D.

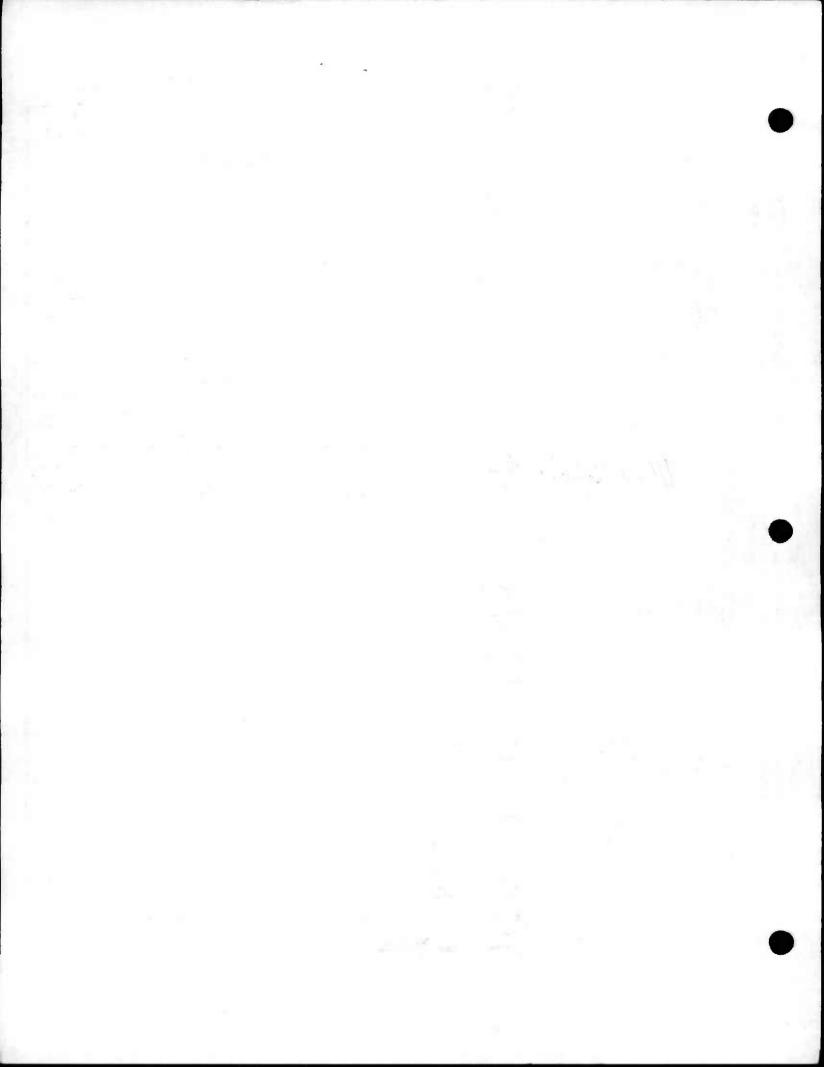
31. DATE FILED (Month, Day, Year)

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DHMH-18 Rev 1/89

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Cenna Center, Waldorf,

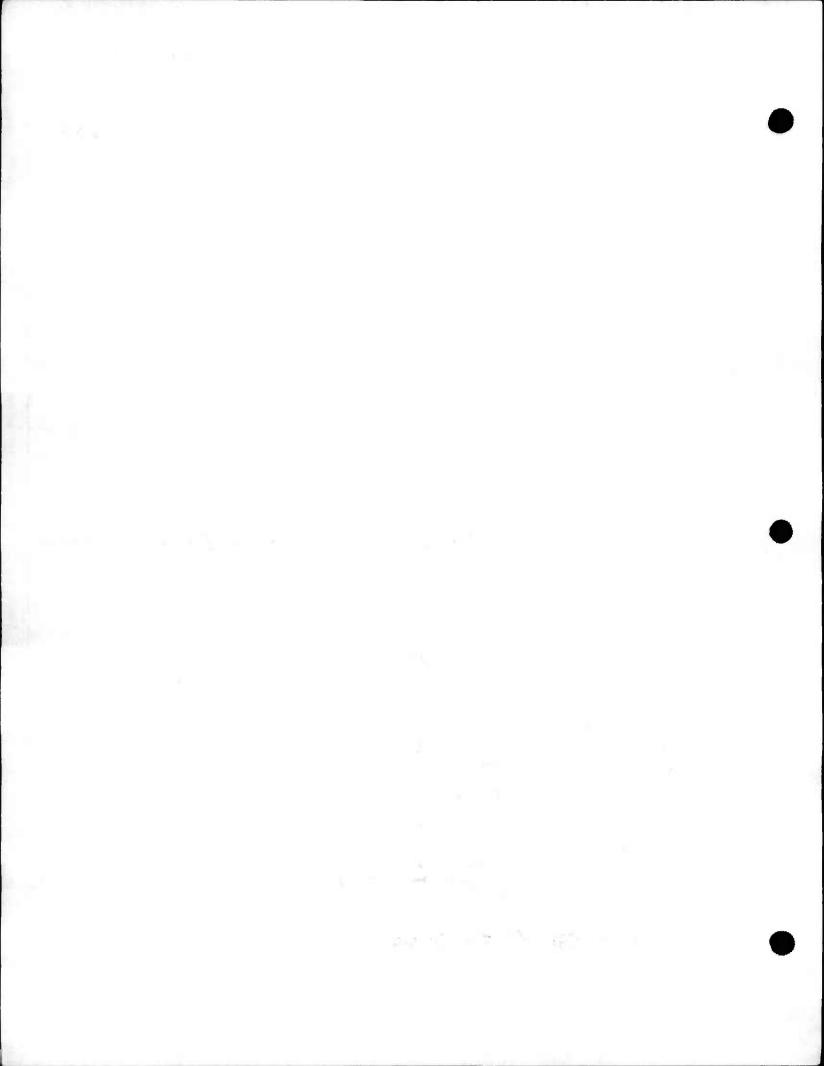


after death. Page 6 may be retained by the hosp	y the funeral director, page 5 should be detache noval.	cal examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache he fine within 72 hours after death with the State Deor. of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
to the hospital or attending physicia	TO THE FUNERAL DIRECTOR; After this certified within 72 hours after death with the	IMPORTANT: If Item 28 is marked, or	

	FOR STATE REGISTRAR	STATE OF M		DEPAR					MENTAL	HYGIEN REG. NO				
	1. DECEOENT'S NAME (First, Middle, Last)									OF DEATH	_		3. TIME OF DEATH	1
	HELEN MARJORTE	RATLEY							MONTH			YEAR	0952	_ м
ij	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER			24 HRS.	7. DATE C		7		IPLACE (State or For	e/gn
- 1	579 10 3751	1 🗆 M 2 🛴 F	73	YRS.	MONTHS	DAYS	HOURS	MIN.	- 100	22.19	918		hington	TY.
0	9a. FACILITY NAME (If not institution, give st	reet and number)	3,277		9b. CITY	, TOWN	OR LOCAT	ON OF D	EATH		9c. COUN			
DIRECTOR	NAVAL AIR STATIO		PAT	HXE	IT RI	VER			ST	MA	RY'S			
EC		10b. COUNTY				OR LOCA	TION						10d. INSIDE CITY	
E	Maryland Calve	Calvert			olom	nc							LIMITS?	NO
	10e. STREET AND NUMBER				OTTAIL		f. ZIP COD	E			10g. CITE	ZEN OF	WHAT COUNTRY?	
FUNERAL	14385 Calvert Street					- 1	2068	8			US	SA		
5	11. MARITAL STATUS	12. WAS DECEDENT	T EVER IN U.S. AF						NIC ORIGIN	? (Specify Ye	a or No-		E — American India	n,
ВУ	1 Never Married 2 🔀 Married 3 Widowed 4 Divorced	IF YES, GIVE W		Į.			2 NO			ioani, atc./	į.	Spec		te
	15. DECEDENT'S EDUC	NATION	Leis- pe	ECEDENT'S	1	OCH IDAT	ON		405	KIND OF BU				
H	(Specify only highest grade	completed)	(C	ive kind of	work done	during m	ost of work	ing	100.	KIND OF BU	SINESSTINE	OSTRI		
PL	Elementary/Secondary (0-12)	College (1-4 or 5+		usew	ife					hor	10			
COMPLETED	17. FATHER'S NAME (First, Middle, Last) Carl Lee Reiser						16. MOT	HER'S N		fiddle, Maiden	Surname)			
BE C	Carl Lee Reiser								Eth	nel Ca	ther:	ine	Cole	
	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILIN	G ADDRES	\$ (Street	and Numbe	er or Rural	Route Numb	er, City or Tov	vn, State, Zip	Code)		
2	19a. INFORMANT'S NAME (Type/Print) ROYCE E. Railey 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Same as #10													
	20a. METHOD OF DISPOSITION 1													
	21. SIGNATURE OF FUNERAL SERVICE LIC				22.	NAME A	NO ADDRI	ESS OF F	ACILITY T	ausch :	El 2000	1 1100	m	-
	· Dyams	oc C			440	05 Br	comes	Is.					land 20676	
	23. PART I. Enter the diseases, or o				not ente	the me	ode of dy	Ing, au	ch es cerd	lec or reep	lratory arr	reat,	Approxima	
	000									Onest and				
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Provoble Myocardial Infarction Se									v sec				
	DUE TO (OR AS A CONSEQUENCE OF):													
ON	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING									İ				
FIC	CAUSE (Disease or Injury that Initiated events	DUE TO	(OR AS A CONSE	OUENCE (OF):								1	
H	resulting in death) LAST	d.												
	DAOT II. Other significant condition	a contribution to	dooth but not		la tha u			-bran to	n Dawl I				b. WERE AUTOPSY FI	
MEDICAL	PART II. Other significant condition	s contributing to	death but not	resulting	in tha u	nderiyir	ig ceuse	given it	Part I.	24a. WAS AI PERFO		24	AMAILABLE PRIOR COMPLETION OF C	
Ŏ		-					— I	1 TYES	2 NO		OF DEATH?	, and a		
Σ	101								1 TYES 2	10				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			-		26 6	I ACE OF	DEATH /C	heck only on	-1				_
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL:	E9/Outnotion	Voca	OTHE	R:								
H	27. MANNER OF DEATH	1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 4 ☐ Nursing Home 5 ☐ Rasidence 8 ☐ Other (Specify) 28a. DATE OF INJURY 29b. TIME OF 28c. thJURY AT 28d. DESCRIBE HOW INJURY OCCURED								_				
	1 Natural 5 Pending Investigation	- th	28b. TIME OF 28c. INJURY AT WORK? M 1 YES 2 NO											
) BY	2 Accident investigation 3 Suicide s Could not be	ome, farm,					281. LOCATION (Street and Number or Rural Route Number,							
TEI	4 Homicide determined building, etc. (Specify)													
PLE.	29s. CERTIFIER (Check only Check only CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(s) and menner as stated.													
COMPLETED	and only	R: On the beals of a											(a) and manner as si	tated.
N N	29b. SIGNATURE AND TITLE OF CERTIFIE	R	2	1	,	-	29c. LI	CENSE NU	JMBER		29d. OAT	E SIGNE	O (Month, Day, Year)	
m	DR. WILLIAM D. H	BOYD, IT	Lni	Some	TH	m	D. 1	4285					ER 29. 1	901
2	30, NAME AND ADDRESS OF PERSON WH		SE OF DEATH OT	EN 27 /3/	o Delet	1 40	1/	4/07			- 00	TOD	WIN 67.	771

17 JEFFERSON STR 31. DATE FILED (Month, Dei, "Year) OCT 2 1 1991

T. P.O. BOX 435
32. REGISTRAR'S SIGNATURE
Likia Navidson-Randell



TO BE COMPLETED BY FUNERAL DIRECTOR

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO.			
1. DECEDENT'S NAME (First, Middle, L	Eli				2. DATE OF DEATH DAY YEAR 3. TIME OF D			
JUSTIN	E.	BI	LANTON		10 2		12:38 P M	
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		IF UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	8. BIRT	NPLACE (State or Foreign itry)	
9a. FACILITY NAME (If not institution, s					7/17/91		ltimore	
CARROLL COUL	NTY GENERAL			R LOCATION OF OR		CARRO		
Md. 10a. STATE 10b. CO	unty Carroll		TOWN OR LOCAT			· · · · · · · · · · · · · · · · · · ·	10d. INSIDE CITY LIMITS? 1 YES 2 NO	
10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN OF	WNAT COUNTRY?	
2607 A	Arthur Ave.			21	784	USA		
11. MARITAL STATUS 1 Typever Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR O	2 X NO	If yes, spe	ENDENT OF NISPAN	IIC ORIGIN? (Specify Yea n, Puarto Rican, etc.)		E — American Indian, ck, White, atc.	
15. OECEDENT'S							White	
(Specify only highest of	grade completed)	16a. DECEOENT'S US (Give kind of worldife. Do NOT use	rk done during mos	N st of working	16b. KIND OF BUS	INESS/INDUSTRY		
Elamentary/Secondary (0-12)	College (1-4 or 5+)	Non			N.C.			
17. FATNER'S NAME (First, Middle, Last		ı Kon		16. MOTNER'S NA	ME (First, Middle, Maiden S	one Sumame)		
James E	. Blanton,	Jr.			ne Spanos			
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DORESS (Street ar	nd Number or Rural I	Route Number, City or Town	, State, Zip Code)		
James E. Blan 200. METNOD OF DISPOSITION					Sykesvill			
1 Buriel 2X Zremation 3 1 1 4 Donation 5 Other (Specify)	Ramoval from State	b. PLACE AND DATE OF metery, cremation or other C	remati	.on	0ATE 20c. LOC 10/28 Ha	mpstea	d, Md.	
21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE		22. NAME AN	AOORESS OF FA	Haight	Funer	al Home	
23. PART I. Enter the diseases,	Haight		POBOX	. 195	syesville	, Ma.	21784	
iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b. OUE TO (OR AS /	A CONSEQUENCE OF): A CONSEQUENCE OF):	it Dec	ith =	syndrom	٠	interval Between Onset and Death	
reaulting in death) LAST	d							
PART II. Other algolificant condi	llons contributing to death &	but not resulting in	the underlying	cause given in	Part I. 24s. WAS AN A PERFORM	MED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? YES 2 \(\sqrt{\text{NO}}\) NO	
25. WAS CASE REFERRED TO MEDICA EXAMINER?			26. PLA	CE OF DEATH (Che	ck only one)			
1 TYES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out		OTHER: Nursing Home	5 Residence	6 Other (Specify)CA	RROLL (CO. GENERAL	
27. MAÑNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 28c. INJU WOR	RY AT	26d. DESCRIBE NOW IN.			
3 Suicide 6 Could not 4 Nomicide determined		f — At home, ferm, stre cify)	et, factory, office		26f. LOCATION (Street an City or Town, State)	d Number or Rurel	Route Number,	
29a. CERTIFIER (Check only one) 1 CERTIFYING PROPERTY ONE) 2 MEDICAL EXAM	NYSICIAN: To the best of my know	riedge, dasth occurred a	at the time, date a	ind placs, and due	lo the cause(a) and mann	er as stated.		
29b. SIGNATURE AND TITLE OF CERTI		The state of the s						
Dennis &	· Chute up			O . C . M		≥ 10 -	(Month, Day, Year) 26 - 1991	
30. NAME AND ADDRESS OF PERSON	WNU COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pri		TET BAI	TIMORE, M	ADVI ANI	21201	
31. OATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN		MM DIKI	T DWT	TITORE, M	UKITWNI	21201	
OCT 28 '91		on-Pandelle						

DHMN-16 Rev 1/89

Y - ---

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atten TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTME	ENT OF HEALTH AND	MENTAL HYGIEN		0 7 7 0		
	1. DECEDENT'S NAME (First, Middle, Vast)	Bland.			2. DATE OF GEATH	AY 9 / YEAR	3. TIME OF DEATH		
	215-09-6488	5. SEX 6. AGE (In yrs. le	YRS. IF U	NDER 1 YEAR IF UNDER 24 HRS. HIS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 03-19-97				
TOR	9a. FACILITY NAME (If not institution, give street Carroll County General Residence of December 1			oty, town or location of i	DEATH	9c. COUNTY OF			
DIRECTOR	10a, STATE 10b. COUNTY	33.6		YN OR LOCATION			10d. INSIDE CITY		
	Maryland Carro.	ll County	Syk	Cesville 101. ZIP CODE		10g. CITIZEN OF	1 YES 2 NO		
FUNERAL	6610 Carroll Hic			2178		U.S.A			
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	RMED NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxie 1 YES 2 NO Spec	can, Puerto Rican, etc.)	Blec	E — American Indian, ck, whita, atc. White		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade contents) Elementary/Secondery (0-12)	mpleted) (0	e. Do NOT use retire	one during most of working ed.)		SINESS/INDUSTRY			
OMF	17. FATHER'S NAME (First, Middle, Last)		Home	maker	Dome	estic			
BE C	John Witcel				ry Gilberg	<i>Surrieme)</i>			
5	190. INFORMANT'S NAME (Type/Print) Mrs. Rita M. Larrin	nore		ness (Street and Number or Rura rroll Highlar			- MD 21784		
	20a, METHOD OF DISPOSITION 1	il from State 20b. PLACE	AND DATE OF DIS	Position (Name of Mem. Park	DATE 20c. LO	cation - city or to	own, Stata		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	L Haidet		22. NAME AND ADDRESS OF F		.O. Box	195)		
-		1		Sykesville,	Maryland 2	1784			
	IMMEDIATE CAUSE (Final	st only one causa on sach line	e.		ch aa cerdiac or respi	ratory arrest,	Approximate intervel Batwaen Onset and Death		
TION	disease or condition resulting in deeth) e. Condition Out to (or as a consequence of): Sequentially list conditions, if any, leading to immediate Out to (or as a consequence of):								
CERTIFICATION	CAUSE (Disease or injury CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): treaulting in death) LAST								
	d								
PHYSICIAN: MEDICAL	PART II. Dthar significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO								
NAN	25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEATH (C	heck only one)				
IYSIC		OSPITAL: Inpetient 2 ER/Outpetient 3							
BY PF	1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW IN	NJURY OCCURED			
n n	3 Suicide 8 Could not be datermined	28e. PLACE OF INJURY — At he building, atc. (Specify)	factory, offica	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.								
TO BE		w. M.D.		29c. LICENSE NU		≥ 16 - 2			
	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH (ITE 140R INAN , M.D.	M 27) (Type, Print) CARR			ESTMINSI	GP MD 21157		
	OCT 30 '91 fu	MADRINAN, M.D. 32. REGISTRAR'S SIGNATURE tha Davidson-Mandell	e.						

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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	1 - STATE REGISTRAR	STATE OF M	IARYLAND /	DEPART	MEN1	OF HE	ALTH AND	MENT	AL HYGIE		U	0430
	1. DECEDENT'S NAME (First, Middle, Last) Murphy		BEA				Z	2. DAT	ber 1		944	3. TIME OF DEATH 8: 45 P
Œ	4. SOCIAL SECURITY NUMBER 212-14-7221 9a. FACILITY NAME (If not institution, give st	1 1 M 2 F 7 4 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Wear) 1 0 - 0 1 - 19 17 Mary 10 - 0 1 - 19 17 Mary 10 - 0 1 - 19 17 Mary 10 - 0 1 - 19 17 Mary 10 - 0 1 - 19 17 Mary 10 - 0 1 - 19 17 Mary 10 - 0 1 - 19 17 Mary 10 - 0 1 - 19 17 Mary 10 - 0 1 - 19 17 Mary 10 - 0 1 - 19 17 Mary										ryland
COMPLETED BY FUNERAL DIRECTOR	10. STREET AND NUMBER 1105 Eastern A 11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced 15. DECEDENT'S EDUC (Specify only highest grade of the content o	Venue, 12. WAS OECEDENT FORCES? 1 IF YES, GIVE W WORLD	Baltimore 101. ZIP CODE 101. ZIP CODE 2 1 2 2 1 EDENT EVERTIN U.S. ARMED 1 VES 2 NO NO WAR OF DATES 1 VES 2 NO 1 VES 2 NO 101. ZIP CODE 1 VES 2 NO 1					White 16b. KIND OF BUSINESS/INDUSTRY Unty				
TO BE COM	17. FATHER'S NAME (First, Middle, Last) MUTPHY Beall 19e. INFORMANT'S NAME (Type/Print) Millicent G. E 20e. METHOD OF DISPOSITION 1 Surfal 2 Cremetton 3 Remo 4 Donatton 5 Other (Specify) 21. SIGNATURE OF TWERAL SERVICE LICE	val from Stata	19b.	MAILING A	ADDRESS AST DISPOSI or place)	CStreet and	Alma Number or Rure Ave.	Pof I Route Num Ba DA	finber nber, Chy or To ltim C IE 20c. L /15 F	erger wn, State, Zip Ore, Ocation — (md.	
CERTIFICATION	Princess Anne, Md. 21853 23. PARY I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Anterior Myocardial Infarction DUE TO (OR AS A CONSEQUENCE OF): Coronary Artery Disease DUE TO (OR AS A CONSEQUENCE OF): C. OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):								Approximate Interval Batwean Onset and Daath			
Ŋ.	Renal Insufficie Hyperglycemia Congestive Heart	ncy	laath but not re	aulting in	tha und				1 🗌 YES	RMEO?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
TED BY PHYSICIAN: MEDIC		HOSPITAL:								rute Number,		
TO BE COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIED 30. NAME AND ADDRESS OF PERSON WHO J. KUShney, M.D. 31. OATE FILEO (Month, Day, Year) CCT 15 '91	On the basis of exa	mination and/or im	restigation,	In my op	elnion, deat	h occured at the	MBER	and place, a	25d. DATE	SIGNED	and manner as stated. Month, (Rb), (Hear)

AND SALES OF STREET

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit with ithe State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

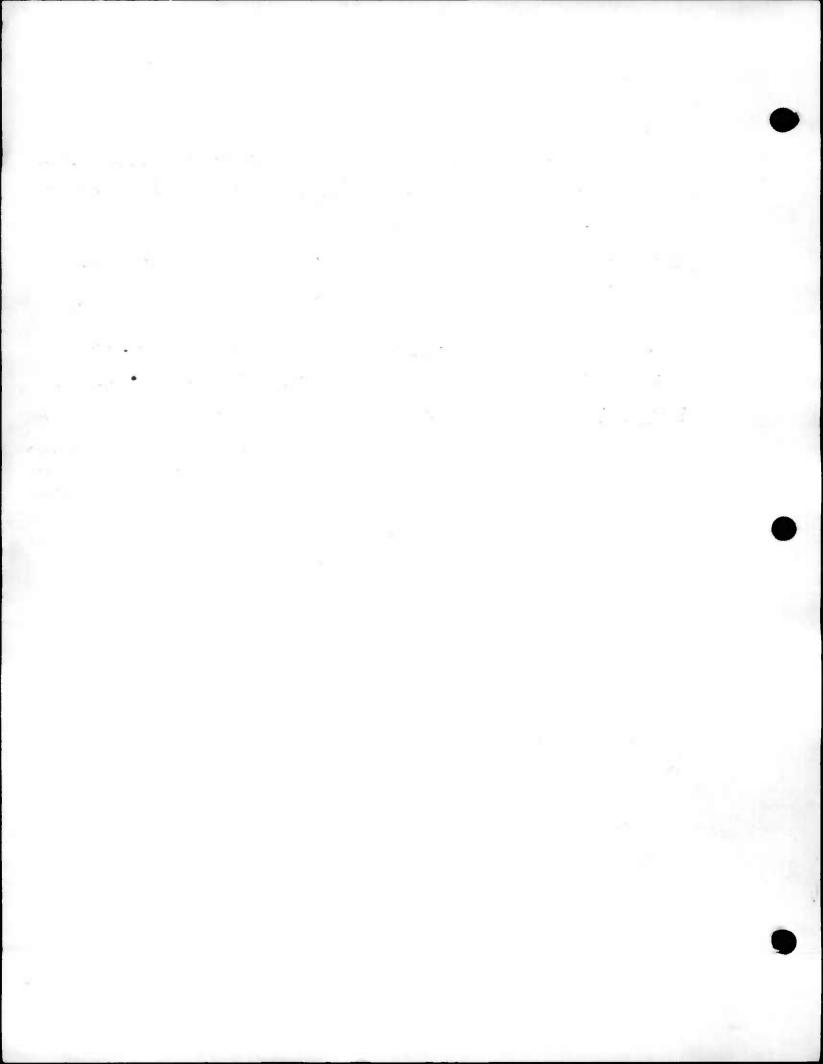
STATE	OF M/	ARYLAND /	DEPARTMENT	OF H	EALTH	AND	MENTAL	HYG	ENE
		CI	ERTIFICATE	OF	DEAT	'H		REG.	NO.

FOR 1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTM CERTIFICA	IENT OF H	IEALTH AND DEATH	MENTAL HYGIE		
1. OECEDENT'S NAME (First, Middle, Lest) NELLIE	E. CLA	HYTON			2. DATE OF DEATH MONTH		S. TIME OF DEATH 5: 150m M
577-42-2178	5. SEX 6. AGE (III	In yrs. last birthday)	UNDER I YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State of Foreign Country) Marvland
PRINCE GEORGES RESIDENCE OF DECEDENT	11	ENTER 96.	_	EVERL	EATH	9c. COUNTY PRINC	OF DEATH
10a. STATE 10b. COUNTY	ce George'		own or locat	Hgts.			10d, INSIDE CITY LIMITS? 5 YES 2 NO
10% STREET AND NUMBER 705 60th Ave	e.		101	20743			N OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO	It yes, spe	ENDENT OF HISPAT ecify Cuben, Mexica 2 NO Specifi	NIC ORIGIN? (Specify an, Puerto Rican, etc.) fy:		RACE — American Indian, Black, White, atc. Specify: Black
15. DECEDENT'S EDUCA (Specify only highest grade oc Elementary/Secondary (0-12) 7th	ATION ompleted) College (1-4 or 5+)	16a. DECEDENT'S USU. (Give kind of work of life. Do NOT use ret) Homem	done during mo- tired.)	DN st of working		BUSINESS/INDUST	TRY
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maid		
Thomas Henny	Brown			Mary	Allen		
Mary E. Brown		196. MAILINO ADD Same a	DRESS (Street as	nd Number or Rural I	Route Number, City or 1	own, Stete, Zip Coo	de)
20e. METHOD OF DISPOSITION 1 CREMENTAL 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	rel from State ceme	PLACE AND DATE OF DIS etery, crematory or other p Iarmony M	lem. P	ark 10	/26/91 I	LOCATION - CHY	
21. SIGNATURE OF FUNERAL SERVICE LICEN	. Pratt		22. NAME AN H . S 492	Mashin B.Washin B.Burr	ngton & oughs Av	Sons,I	Inc.
23. PART I. Entar tha diseases, or conshock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONTROL OF A CONTROL OF A CON	CONSEQUENCE OF):	924	avre:			Interval Batween Onset and Death
PART II. Other algorificant conditions of the co	contributing to death bu support of faily	t not resulting in the	adva	rueo d	PERF	AN AUTOPSY ORMEO? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
EXAMINER?	HOSPITAL:		HER:	ACE OF DEATH (Che			
27. MANNEB OF OEATH	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJU	JRY AT	8 Other (Specify) 28d. DESCRIBE HOW	/ INJURY OCCURE	ED
1 Natural 5 Pending 2 Accident investigation	(Monn, Day, Idan)	INJURY	M 1 Y	RK? ES 2 NO			
3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Specif)	- At home, term, street,	, factory, office		28t. LOCATION (Stree City or Town, Stat	it and Number or Ri le)	tural Route Number,
2 MEDICAL EXAMINER:	AN: To the best of my knowled On the basis of examination	dge, death occurred at a	the time, data a	and place, and due ath occured at the	to the cause(s) and m time, data and piaca,	enner as stated.	use(a) and manner as stated.
296. SIGNATURE AND TITLE OF CENTIFIER	gh			29c. LICENSE NUM	BER 9	≥ Oct	GNED (Month, Day, Year) 20 1991
30. NAME AND ADDRESS OF PERSON WHO I	7525 (TH (LTEM 27) (Type, Print)		nive D	rive. G	very Sel	21 rud 2017
31. DATE FILEO (1991) 02 15" 91	32. REGISTRAR'S SIGNAT						

	The all Modernto CR ATTENDING PRINCION. The law impaires that the death certificate be executed within 2- nours after death. Page 6 may be retained by the hospital or attending physician.	THE PLANEAL DIRECTUR. Ame rescentificate has been signed by the attending physician and comparish filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Plane	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to buries, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	зде 6 та	director, p		er must
	r death. F	he funeral	<u>a</u>	examin
	nours afte	ed in by th	or remov	medical
	11 6v	ertely fills	mation,	nt, the
	cutted w	фило р	unal, co	Sc eve
	e be see	sician an	irlor to t	trauma
	corrificat	drig phy	tyclene s	other
	ne death	the atten	Mental h	ilary, o
	is that th	yed by	affill and	amy la
	w require	been sig	f, of He	show
	E The IS	cate has	State Deg	Item 23
	PSICIAN	is certifi	of the S	ed, or
	DING P	After th	death w	s mark
	R ATTEN	RECTUR	urs after	1m 28
	SHALL D	ERAL DI	计范围	TE II IN
	THE HOS	THE FUR	flied with	PORTAN
í	Þ	P	2	蓋

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR CERTIFICATE OF DEATH REG. NO.
	1. DECEDENT'S NAME (First, Middle, Leat) Imanuel Carter 2. DATE OF DEATH MONTH DAY 10 21 91 1 PM
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. DATE OF BIRTH (Month, Day, Year) 7. DA
H 5	SO. FACILITY NAME (Il not positivition, give aspect and number) So. CENTER HOND OR LOCATION OF DEATH HONE HOUNDE Medical Center Hone Solis, Md. ANNE Arunde!
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. CQUATY 10c. CITY, TOWN OR LOCATION 10d. INSIGE CITY LIMITS?
- 91	100. STREET AND NUMBER 100. CITIZEN OF WHAT COUNTRY?
FUNERAL	3328 Arundel BAY Road 21403 U.S.A.
ā	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. Was DECEDENT EVER IN U.S., ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No-Il Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. RACE — American Indian, Bleck, White, etc. 15. Yes 2 No Specify: 16. Yes 2 No Specify:
EIED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.)
APLE I	Elamentary/Secondary (0-12) College (1-4 or 5+) POSTAL CALLICK U.S. COVERNIENT
BE COMPL	17. FATHER'S NAME (First, Middle, Last) Robert Carter 18. MOTHER'S NAME (First, Middle, Maiden Surname) Charlotte Carter
2	190. INFORMANT'S NAME (Type/Print) ETheLL: Carter 3328 Ahundel Bay Road Annafolis, Nd.
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) NT. O I VET Cemetery Washing to N D.C.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS DE FACILITY THE LES FUNERAL HOME
j	William O. ables 621 Fla. Ave, N.W. Wash, D.C
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line. INMEDIATE CAUSE (Size)
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Preumonia 2 weeks
	DUE TO (OR AS A CONSEQUENCE OF):
20	Sequentially list conditions, fit any, leading to immediata
5	CAUSE (Disease or Injury CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF):
CERTIFICATION	that initiated events resulting in death) LAST d.
CAL	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PREFORMED? ANILABLE PRIOR TO
	Bowel abstruction 1 yes No 10 COMPLETION OF CAUSE OF DEATH?
Ξ	Renal Insufficiency
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? MQSPITAL: OTHER:
2	1 VES 2 NO 1 Inpatient 2 ER/Outpettent 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 286. DATE OF INJURY 286. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED
	Netural 5 Pending (Month, Day, Year) INJURY WORK? Accident Investigation M 1 YES 2 NO
	3 Suicide 6 Could not be building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.
2	296. SIGNATURE AND TITLE OF OURTIFIED 296. DATE SIGNED (Morgin, Day, Year)
9	EW Colly MD D16354 > 19/21/91
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) EW COLE 51 FRANKLIN ST ANNAP, MD 21401
	31. DATE FILED (Month, Day, Year) 32. REGISTRAN'S SIGNATURE
	OCT 23 91 July Tairidson Randose



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours share death. Plays 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely find in the funerial direction page 5 should be detach	noval	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
within 24 hour	pletely filled in	remation, or r	ent, the me
be executed v	ician and comp	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	raumatic evi
eath certificate	ttending physi	tal Hygiene pr	, or other t
es that the de	gned by the a	eafth and Men	s any Injury
The law requir	le has been si	te Dept. of Hi	ım 23 show
PHYSICIAN:	this certifical	with the Sta	rked, or ite
ATTENDING I	LECTOR: After	rs after death	m 28 is ma
HOSPITAL DR	FUNERAL DIR	within 72 hour	ANT: If Iter
TO THE	TO THE	be filed v	IMPORT

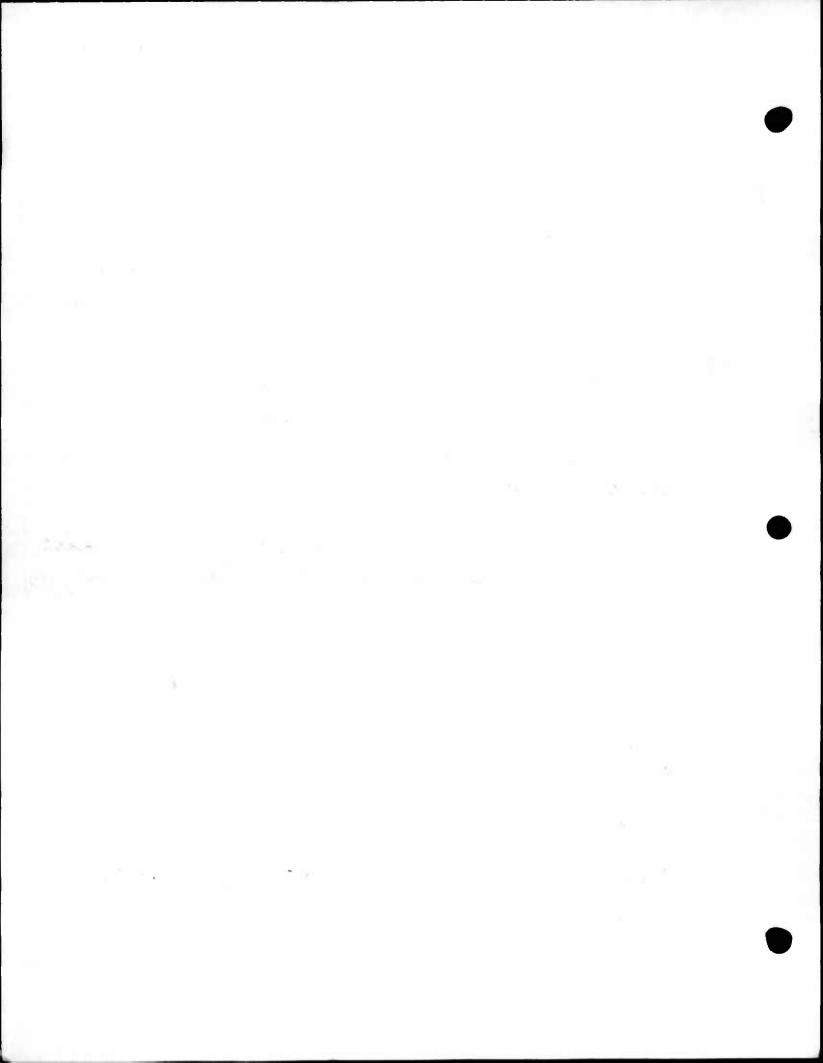
Thomas G.

											9	1	30499	
	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR					MENT	AL HYGIEI				
	1. DECEDENT'S NAME (First, Middle, Last)									E OF DEATH			3. TIME OF DEATH	-
	MARIE CH	RISTENSEN							MON 1		6	91	5 20P	М
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	birthday)	IF UNDE	R 1 YEAR	IF UNDER		7. DAT	E OF BIRTH		a. BIRT	HPLACE (State or Foreign	
	475-22-8655	1 □ M 2\CXF	87	YRS.	MONTHS	DAYS	HOURS	MIN.	Aprī	19°,	L904	Court	Denmark	
_	9a. FACILITY NAME (If not institution, give street and number)				9b. CIT	Y, TOWN C	R LOCATI	ON OF D	EATH			INTY OF I		
0	PRINCE GEORGE'S H	DSPITAL C	ENTER		CHI	EVERI	_Y				PRI	VCE (GEORGE'S	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY				10c. CITY, TOWN OR LOCATION								Last Moint of	
뜸						at Tonkom Udila								
	10e. STREET AND NUMBER	ce George	es			101	ZIP CODE	E			10a CIT	IZEN OF	YES 2 □ NO WHAT COUNTRY?	_
FUNERAL	7748 Emerson Ro	٦.				100	2078				log. Cr,	U.S		
3	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	ARMED 13. WAS DECENDENT OF HISPA				ANIC ORIGIN? (Specify Yea or No.— 14. R			14. RAC	E — American Indian.	_	
	1 Never Married 2 Married	FORCES? 1	YES 2. WAR OR DATES XX	10		If yes, spe 1 YES	ecify Cuba	n, Maxica	in, Puerto	Rican, etc.)		Blac	ck, White, atc.	
B√	3 Wildowed 4 Divorced				. 1		XX	Opeon,	,.			Spec	White	
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Gi	CEDENT'S	work done	during mos	ON st of workin	na	16	Sb. KIND OF BU	JSINESS/INI	DUSTRY		
[뿌]	Elementary/Secondary (0-12)	College (1-4 or 5 d	F)	onema omema						0-	11			
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)		III	JIMEIMO	iker						n Hor	ne _		
	UNKNO	JN								Middle, Maldel Peders				
BE	19a. INFORMANT'S NAME (Type/Print)		1900			5								
임	Esther Anderson		7	748 F	Mer	s (Street a	nd Number R A T	J I a	Aoute Nur n h am	mber, City or To	wn, State, Zij	p Code)	d 20784	
Ш	29a. METHOD OF DISPOSITION		206. PLACE A					1 1 11 (1)						-
	1 ☐ Burlet 2 For Cremetion ☐ Rem 4 ☐ Donation ☐ Quest Specify	ovel from State	corregery, cree	twitory or of	the place)				A 7			,Virginia	
	21. SIGNATURE OF FUNERAL SERVICE LIC		Metroj	10111	an (NAME AN	D APPRE	S OF FA	-22-	m Fune			, , , , , , , , , , , , , , , , , , , ,	_
	Milling.	2/											1 00000	
\vdash	23 PADY i Enter the diseases per	/	24 -							.,Lanh			and 20706	
	23. PAST I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between													
	IMMEDIATE CAUSE (Final disease or condition			1	6	N	1	1.1.	.+	1-	1		Oneat and Dea	ith
	resulting in death)	a.	(ORASIA CONSEO		000	yes	une	yes	er	/ au	lure		6 avalle	5
_	Sequentially list conditions, if any, leading to immediate Due to (OH AS A CONSEQUENCE OF):									.,				
CERTIFICATION										5				
CAT	cause. Entar UNDERLYING													
Ė	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSEQ	UENCE OF	ን:									
띪	resulting in death) LAST	d												
C	PART II. Other significant condition	s contributing to	death but not re	aultina i	n the w	ado els de e		don to	David I					
S			death but hot it	auting t	ii tira ui	derlying	causa g	Jivan in	Part I.	24e. WAS AP PERFO		248	MAILABLE PRIOR TO	
MEDICA										1 TYES	2 [NO		COMPLETION OF CAUSE OF DEATH?	
													1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO														
SIC	EXAMINER? HOSPITAL: OTHER:													
27. MANNER OF DEATH 288. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRI								Other (Specify) DESCRIBE HOW INJURY OCCURED						
ВУР	1 Natural 5 Pending Investigation	(Month, De	ay, Year)	INJ	URY M	WOI	RK? 'ES 2	NO	200. DESCRIBE NOW INJURY OCCURED					
	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE O	F INJURY — Al hon	ne, farm, a	treel, fec				28f. LO	CATION (Street	and Number	or Rural I	Route Number.	-
TED	U 4 Homicide datermined (Speciny)													
COMPLET	29a. CERTIFIER (Check only	CIAN: To the best of	my knowledge, das	th occurre	d at the	ime, date	and place	and due	In the co	nuss(s) and	nner ce et-	lad		
N	one) 2 MEDICAL EXAMINE	R: On the basis of ax	amination and/or in	rveatigation	n, In my d	opinion, de	onth occur	ed at the	lime, det	a and place, a	nd dua lo Ih	na causeli	a) and manner as stated	
Ö	296. SIGNATURE AND TITLE OF CERTIFIE		1		1 .		29c. LICE							
0	Thomas (1)	UMA	CAROLI	n	11		D	17	47	9	29d. DAT	7	(Mortin, Day, Year)	
2	20 NAME AND ADDRESS OF DEDSONARIA	11110			11		V	0 /	' /			11/	CA //	

Julia Tavida - Bandose

Hyattsville, Maryland

DHMH-16 Rev 1/89



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH FOR STATE

	REGISTRAR		CERTIFI	CATE O	F DEATH	REG. NO						
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH				
	RYAN	L. COX					NTH DAY YEAR					
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7, DATE OF BIRTH		9 1 6:34 pM				
	213-94-8454	1 🕅 M 2 🗆 F 1	6 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 1-1-1975		Country)				
	9e. FACILITY NAME (If not institution, give st			9b. CITY. TOW	N OR LOCATION OF DE			Maryland				
E												
ド	CREEK AT SHULT	Z RUAD AND	SPRINGE	ROOK	ROAD CI	LINTON	PRI	NCE GEORGES				
Ä	10e, STATE 10b. COUNTY		10c. CITY	TOWN OR LOC	CATION			10d. INSIDE CITY				
百	Maryland Princ	e George's		Clinto	on			LIMITS?				
A	10e. STREET AND NUMBER				101. ZIP CODE		10a, CITIZEI	N OF WHAT COUNTRY?				
E	10906 New England	Drive			2073	5						
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS D		NIC ORIGIN? (Specify Yes		S.A.				
	1 X Never Married 2 Married	2 X NO	If yes,	specify Cuben, Mexice	n, Puarto Rican, etc.)	. 0. 140	. RACE — American Indian, Black, White, etc.					
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT		,,,,,,	ES 2 TO NO Specify	/:		Specify: White				
	15. DECEDENT'S EDUC (Specify only highest grade	ATION	18a. DECEDENT'S	SUAL OCCUPA	TION	16b. KIND OF BU	SINESS/INDUS					
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	ork done during in retired.)	most of working							
₹ I	11th		Stude	nt		High	h Scho	01				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden						
BE (Willard	Branit Cox			Anr	na Ruth Ric	chhour	o				
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stree		Route Number, City or Tow						
٩	Willard B. Cox					ive Clinto						
	20a. METHOD OF DISPOSITION	20b. f	N ACEAND DATEO	EDIEBORITION (Alama of	20.10	0.171011					
	1 ☐ Burial 2 ☐ Cremation 3 ☐ Remo	val from State carget	tary, crematory or oth	ion Cen	eterv 10)-21-91 C	linton	, Maryland				
ĺ	21. SIGNATURE OF FUNERAL SERVICE LIC	MISEE		22 NAME	AND ADDRESS OF FA	las Funera	LINCON	, naryranu				
	· //d/15 / //	1-		Geor	ge P. Kal	las Funeral	L Home					
	10004 1 rac			9190	Oxon Hil	I Rd. Oxor	n Hill	, Md. 20745				
	23. PART i. Enter the diseasea, pr ci ahock, pr heart fellure. L IMMEDIATE CAUSE (Finei disease pr condition resulting in death)	list only Die cause on each	the deeth. by he	0	8			Approximate intervel Between Onset and Death				
		DUE TO (OR AS-A.C	ONSEQUENCE OF	Trice	900 03	2 rounic	9					
Z	Sequentially list conditions.											
Ĕ	if any, leading to immediate BUE TO (OR AS A CONSEQUENCE OF):											
5	CAUSE (Disease Dr Injury											
CERTIFICATION	that initieted eventa reaulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF)	:								
	PART ii. Other significant conditions	contributing to deeth but	not resulting in	the underlyi	ng ceuse given in	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS				
EDICAL			PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE							
		1 TYES 2	1 TYES 2 NO OF DEA									
PHYSICIAN: M						-		1 09YES 2 NO				
٤∥	25. WAS CASE REFERRED TO MEDICAL											
) S	EXAMINER? HOSPITAL: OTHER:											
ž∥	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME		IJURY AT	8 X Other (Specify)	CREEK					
-	1 Natural 5 Pending	(Month, Day, Year)	INJU	RY W	ORK?	AUTO/GXE	D OBLE	ED DRIVER OF				
à ∏	2 Accident Investigation 3 Suicide Could get be	200. PLACE OF INJURY —	At home days of	T	~	E) COTE	WI OF	to creek				
	4 Homicide 8 Could not be determined	building, etc. (Specify	ET	y, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ERSEK ON STRULTZ RD. CLINTON								
<u> </u>	29a. CERTIFIER		2 KB. CLINTON									
린	ner as stated.											
COMPLETED	2 MEDICAL EXAMINER	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the ceuse(s) and menner as stated.										
BE	286. SMATURE ANOTHER OF CERTIFIER		29c. LICENSE NUM	BER	29d. DATE SIGNED (Month, Day, Ye.							
		X			O.C.M	1.E.		18/1991				
위	30 HAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type, F	Print)			/					
	H.M.H	III NOX	PENN S	TREET	BALTIM	ORE, MAR	YT.ANT	21201				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	URE		D.L.B.L.	to y min		31301				
	art 2 i 191	Lulia Davidson	- Randelle									
	901 4-1	(-									

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(F)